



## REFERENCES

Please provide the names and addresses of the three people who are recommending the student:

1. \_\_\_\_\_  
Principal or dean address phone number
2. \_\_\_\_\_  
English Teacher address phone number
3. \_\_\_\_\_  
Math Teacher address phone number

## ACADEMIC INFORMATION

Previous Schools attended:

Grade	Name of School	Address (city, state, country)	Years Attended (ex. 2000-2001)
8 <sup>th</sup>	_____	_____	_____
9 <sup>th</sup>	_____	_____	_____
10 <sup>th</sup>	_____	_____	_____
11 <sup>th</sup>	_____	_____	_____

Please list any correspondence courses you are currently taking.  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an unpaid school account?  Yes  No

If yes, where? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any health conditions that would limit your participation in work or physical education.  None

\_\_\_\_\_  
\_\_\_\_\_

Please list any special services that you will require.  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DISCIPLINE

I have been:  Suspended from school  Asked to withdraw from school

If yes, why? \_\_\_\_\_

\_\_\_\_\_

Have you used any of the following in the past year? (C: currently P: past N: never)

Tobacco: \_\_\_\_\_ Liquor: \_\_\_\_\_ Illegal Drugs: \_\_\_\_\_ Profanity: \_\_\_\_\_ Have you been convicted of a felony: \_\_\_\_\_

## PARENT AND STUDENT CONTRACTS

I have read carefully the information contained in the Fletcher Academy Bulletin. If accepted, I voluntarily agree to uphold the ideals, standards, and principles set forth in the Bulletin and pledge my cooperation and loyalty. Since Fletcher Academy is associated with the Seventh-day Adventist church, I understand that the values and standards of the church are reflected in the school rules and regulations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the answers to the above questions and find that they are all accurate. I agree to assume the financial responsibility for the above student and to pay bills promptly. I realize that payment is due upon receipt of statement and becomes delinquent 25 days following the date of statement. Since Fletcher Academy is dedicated to a work and study program, my signature below indicates my support of the work program and grants Fletcher Academy permission to issue my child a work permit. I understand that no records or transcripts will be released until the account is paid in full. I understand that students are covered by insurance for accidents only and my insurance or I is responsible for any medical costs. In case of emergency I give my permission for the administration or the dean to authorize medical services for my child. Furthermore, I consent to drug testing of my child as outlined by the student bulletin.

Parent of Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_