

(Office Use Only)

Start Date: _____



APPLICATION FORM

711 E. Yale Avenue, Denver CO 80210 • Phone: 303-744-1069 • Fax: 303-744-1060

All information must be provided for this application to be considered.

STUDENT INFORMATION:

NAME (Last) _____ (First) _____ (Middle) _____ M/F _____

Grade Level Applying For: _____ School Year Applying For: _____

Birth Date ____/____/____ Student Lives With: _____

Previous School: _____ Reason For Change: _____

PARENT/GUARDIAN INFORMATION:

FATHER'S NAME (Last) _____ (First) _____ Home Phone _____

Address _____ City, State, Zip _____

Cell Phone _____ Work Phone _____ Email _____

Church Membership _____ Party Responsible for Payment _____

Employer _____ Occupation _____ Marital Status _____

Employer Address: _____

Preferred Method of Contact During School _____

MOTHER'S NAME (Last) _____ (First) _____ Home Phone _____

Address _____ City, State, Zip _____

Cell Phone _____ Work Phone _____ Email _____

Church Membership _____ Party Responsible for Payment _____

Employer _____ Occupation _____ Marital Status _____

Employer Address: _____

Preferred Method of Contact During School _____

FAMILY/STUDENT HISTORY:

Have your children ever attended an Adventist school? _____ Do you currently owe a bill at another school? _____

Has your child/children ever been/had: 1. Suspended _____ 2. Expelled _____ 3. Asked to withdraw _____

4. Extended absences _____ 5. Involved in substance abuse _____

Has your child ever been identified with a type of disability? _____ If yes, please explain: _____

Where do you feel your student falls on the educational spectrum - weak, average, or strong? Circle one.

CHRISTIAN COMMITMENT:

Are you a Christian? Yes _____ No _____

What is your relationship to Jesus Christ? _____

Do you take your child/children to weekly worship services? Yes/No If no, why not? _____

Why do you want a Christian education for your children? _____

Is your child a baptized member of your church? _____

Pastors' Name _____ Phone Number _____

STUDENT PLEDGE:

As a student at Mile High Academy, I will do my best to honor Jesus Christ in my words and actions. I will not engage in activities that are contrary to the mission of the Seventh-day Adventist church. I agree to abide by the rules and policies as stated in the handbook. I will maintain positive academic growth, so that I can become a caring, constructive, and Christian member of society.

Student Signature _____ Date _____

PARENT/GUARDIAN STATEMENT:

I understand that this application can only be considered upon payment of this non-refundable application fee.

I certify that the information provided here is complete and accurate. I understand that if it is inaccurate it may result in my child being asked to withdraw from the school.

I understand that once classes have begun for a semester, I am responsible to pay the full tuition to the end of that semester.

I agree to support and abide by the rules and policies as stated in the handbook.

Parent/Guardian Signature _____ Date _____

Upon completion please mail to: Mile High Academy
Admissions
711 E. Yale Ave.
Denver, CO 80210

Mile High Academy admits students of any race, color, or ethnic origin to all the rights, programs, and activities made available to students of the school. It does not discriminate on the basis of race, national or ethnic origin in the administration of its educational policies, admissions policies, scholarships, athletics, or any school administered programs.