

# Miami Union Academy

12600 NW 4<sup>th</sup> Avenue • North Miami, FL 33168 • Office: 305-953-9907 • Fax: • 305-953-3602  
[www.muasda.org](http://www.muasda.org)

## STUDENT APPLICATION FORM

A Non-Refundable \$50 Application Fee Must Accompany This Application

APPLICANT			
Legal Name: First	Middle	Last	Name You Go By
Permanent Address: Street		City:	State/Zip
Country:	Phone Number:	Date of Birth: ____/____/____ Current Age: ____	Place of Birth(City/State/Country) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> USA <input type="checkbox"/> _____	If you are not living in your country of citizenship, what is your legal status? <input type="checkbox"/> Permanent Residency <input type="checkbox"/> Visa (Type) _____		SSN
Religious Denomination: <input type="checkbox"/> SDA <input type="checkbox"/> Other: _____	Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of baptism (mm/yy) _____	Church Where You Hold Membership: Conference:	

ENROLLMENT				
The student will enter _____ grade.		Is any current student responsible for recruiting you to Miami Union Academy? Name: _____		
Previous School		Address (Street)		Phone #:
City:	State	Zip	Year Attended	Date of K/8 <sup>th</sup> Grade Graduation (If Applicable)
<b>NOTE:</b> Grade placement of students is tentative until official transcripts and records are received from last school.				

DISCIPLINE HISTORY	
Have you ever been – <input type="checkbox"/> Asked to Withdraw(Explain) <input type="checkbox"/> Suspended (Explain) <input type="checkbox"/> Expelled (Explain) <input type="checkbox"/> No Major Discipline Action	Explanation:
What is your experience regarding the following: (Use the appropriate letter: <u>P</u> =Past; <u>C</u> =Currently; <u>N</u> =Never) <i>Used Profanity    Used Narcotics    Used Alcohol    Used Tobacco</i>	If <u>P</u> or <u>C</u> is answered, please explain frequency and last time:

MEDICAL INFORMATION		
<b>Health</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<b>Do you have any physical condition that may limit or interfere with learning in any capacity? Check all that apply</b>  <input type="checkbox"/> Easy Fatigue <input type="checkbox"/> Emotional/Mental Problems <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Nervousness	<b>List any prescription medication taken regularly.</b>  <input type="checkbox"/> Vision Problems <input type="checkbox"/> Heart Condition <input type="checkbox"/> Asthma <input type="checkbox"/> Other: _____

PERSON TO RECEIVE INFORMATION			
	Father <input type="checkbox"/> Natural <input type="checkbox"/> Step	Mother <input type="checkbox"/> Natural <input type="checkbox"/> Step	Other Relationship
Name			
Spouse's Name			
Home Address			
Home Phone			
Occupation			
Employer			
Work Address			
Work Phone			
Fax #:			
Cell #:			
E-Mail Address:			
Church Membership/Denomination	<input type="checkbox"/> Baptized SDA <input type="checkbox"/> Non-Baptized SDA	<input type="checkbox"/> Baptized SDA <input type="checkbox"/> Non-Baptized SDA	<input type="checkbox"/> Baptized SDA <input type="checkbox"/> Non-Baptized SDA
Applicant lives with:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Send Final Grades:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Send Bill:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Responsible for Bill:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Parents: <input type="checkbox"/> Married & Together <input type="checkbox"/> Divorced & Neither Parent Remarried <input type="checkbox"/> Divorced and At Least One Parent Remarried	<input type="checkbox"/> One or More Parent Deceased <input type="checkbox"/> Other	<input type="checkbox"/> Separated	Applicant's Siblings: # of Brothers _____ # of Sisters _____
Emergency Contacts:			
Name: _____	/Relationship: _____		Phone # _____
Name: _____	/Relationship: _____		Phone # _____

### AGREEMENT

Made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Miami Union Academy, student and parent/guardian, in the event that Miami Union Academy agrees to accept this student, we understand it will be under the following conditions:

- ✓ Student and parent/guardian acknowledge that they are responsible to receive and read the school handbook, and that they take responsibility to support all terms and conditions if said information included herein are correct and complete.
- ✓ Student and parent/guardian acknowledge that all photographs taken for the school may be included in promotional material for the school.
- ✓ I, the undersigned parent/guardian, accept financial responsibility for this student, and do understand and agree that the student will not be permitted to take exams, and will not be able to participate in graduation exercises until the student's account is current or satisfactory financial arrangements have been made.

_____ Student	_____ Parent/Guardian
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### FOR OFFICE USE

Date of Registration \_\_\_\_\_  
 Fees Paid:\$ \_\_\_\_\_  
 Beginning Date: \_\_\_\_\_