



# Vienna Adventist Academy

## Application for Admission

Date of Application \_\_\_\_\_

School Year Applying for \_\_\_\_\_

### I. Applicant Information

Applicant's Name \_\_\_\_\_

First Name

Middle Initial

Last Name

Preferred Name

Grade applying for \_\_\_\_\_

Current Grade \_\_\_\_\_

Current School \_\_\_\_\_

Date of Birth (Month/day/Year) \_\_\_\_\_

Age \_\_\_\_\_

Male/Female

Place of Birth \_\_\_\_\_

Birth Certificate/Passport \_\_\_\_\_

Social Security Number \_\_\_\_\_

*(optional)*

Home Address \_\_\_\_\_

\_\_\_\_\_

Street Name

City

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State

Zip Code

Home Phone

### II. Family Information

Parents are:  Married  Divorced  Separated  Single  Widowed

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Relationship to Student

\_\_\_\_\_

Relationship to Student

\_\_\_\_\_

Home Address *(If different from student's)*

\_\_\_\_\_

Home Address *(If different from student's)*

\_\_\_\_\_

E-mail

\_\_\_\_\_

E-mail

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Cell Phone

\_\_\_\_\_  
Occupation/Employer

\_\_\_\_\_  
Occupation/Employer

*If parents are separated/divorced:*

Who has legal custody? \_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_

Siblings of applicant:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

Church Affiliation \_\_\_\_\_

**III. Questionnaire: *Please answer the following questions as completely as possible.***

1.) What characteristics of Vienna Adventist Academy interest your family, and why do you feel that our school is a good match for your child?

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

2.) VAA is dedicated to nurturing and encouraging students' intellectual, artistic, social, physical, and spiritual abilities. What are your child's strengths in these areas?

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3.) In what areas would you like to see your child grow?

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4.) Please describe your child's interests, hobbies, talents, and awards in both academic and extracurricular activities.

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5.) Please describe any learning disabilities your child may have and any accommodations they may need.

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**Vienna Adventist Academy reserves the right to withdraw acceptance or dismiss the applicant from school in the event that incomplete or inaccurate information is provided. The application information is confidential and is intended for the school's purposes only.**

**This form is an application for admission only. Upon completion of all application procedures and School Board approval, you will be notified of acceptance.**

**We (I) affirm that the information provided in this application is true to the best of our (my) knowledge.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

***Please submit this application with a non-refundable testing fee of \$50.00 to:***

**Admissions  
Vienna Adventist Academy  
340 Courthouse Rod. SW  
Vienna, VA 22180**

*Vienna Adventist Academy does not discriminate on the basis of race, color, religion, national or ethnic origin, gender, or handicap in the administration of its educational program, admission policies, and other school-administered programs.*