

# Re-application for Admission

Monterey Bay Academy, 2008/2009

## Office Use Only

Att \_\_\_\_\_ Action \_\_\_\_\_

Cit \_\_\_\_\_ Date \_\_\_\_\_

Acad \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering  10  11  12  
First Middle Last

Home Address \_\_\_\_\_  
Street Address or Post Office Box Apartment # City State Zip Country

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_\_  Dorm  Day

Student's Email \_\_\_\_\_@\_\_\_\_\_.

Seventh-day Adventist?  Yes  No Baptized SDA?  Yes  No If not an SDA, what religion are you? \_\_\_\_\_

Student lives with?  Father & Mother  Father only  Mother only  
 Guardian  Mother and Stepfather  Father and Stepmother  Other \_\_\_\_\_

Who has legal custody of the student?  
 Father & Mother  Father only  Mother only  
 Guardian  Mother and Stepfather  Father and Stepmother  Other \_\_\_\_\_

Who should receive grades, bills, and other correspondence?  
 Father & Mother  Father only  Mother only  
 Guardian  Mother and Stepfather  Father and Stepmother  Other \_\_\_\_\_

### Father or Male Guardian

Name (Dr./Mr./Rev.) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone (h) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (h) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's Email \_\_\_\_\_@\_\_\_\_\_.

Profession/Position \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone (w) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (w) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Mother or Female Guardian

Name (Dr./Mrs./Rev.) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone (h) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (h) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent's Email \_\_\_\_\_@\_\_\_\_\_.

Profession/Position \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone (w) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (w) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I am in full harmony with the rules and principles laid down for the government of this school as written in the school bulletin and student handbook. I also understand that additional publicly-announced rules will have the same force as those printed. If accepted, I hereby agree to obey the rules of the school, work where I am assigned, and cooperate in upholding the standards of the school.

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

I agree to enroll my student at Monterey Bay Academy for the 2007-2008 school year. I agree to support and uphold the regulations and principles upon which MBA is based as delineated in the school bulletin and student handbook. I agree to assume the financial responsibility for the above named student and to pay the bills promptly.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Work Experience Application

Student's Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Month / Day / Year

Home Address \_\_\_\_\_  
Street Address or Post Office Box City State Zip Country

Home Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(A photocopy of Social Security Card is required. Students will not be hired at MBA if a photocopy of this card is not on file with work records.)

Grade Entering  9  10  11  12 Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_  
Month / Day / Year

## Parents or Guardians

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Father's Work Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother's Work Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Home Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother's Home Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Cell Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother's Cell Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Monterey Bay Academy has a limited number of jobs available for student workers. Scholarship recipients (SAFE and Pathways) have priority in receiving a job assignment to meet their scholarship work requirements. Students who are employed by Monterey Bay Academy will be issued payroll checks. As the school work program is designed to assist families with their financial obligation at Monterey Bay Academy, students who are employed at Monterey Bay Academy are required to sign their checks over to the school so that their wages may be credited to their tuition accounts.

The school nurse must have on file a medical Consent to Treatment form.

\_\_\_\_\_ I am 18 years old and have a valid driver's license. (Attach a photocopy of license.) Issuing State \_\_\_\_\_ License Number \_\_\_\_\_

Please indicate your choice of work by placing 1, 2, or 3 in the spaces below according to your first, second, and third choices. We will try to honor one of these choices.

**Note:** Student employment at the Boys' and Girls' Dormitories is at the discretion of the Head Deans, and requires an interview with the deans.

- |                             |                          |                      |
|-----------------------------|--------------------------|----------------------|
| <b>Monterey Bay Academy</b> | _____                    | Music                |
| _____ Academic Affairs      | _____                    | Reader for a teacher |
| _____ Business Office       | _____                    | Recruitment          |
| _____ Cafeteria             | _____                    | Security (weekends)  |
| _____ Custodial             |                          |                      |
| _____ Garage                | <b>Campus Industries</b> |                      |
| _____ Grounds               | _____                    | Calfee Design        |
| _____ Library               | _____                    | Campus Laundry       |
| _____ Maintenance           | _____                    | Rainbow Fin Company  |

### Checklist of Required Documents for Employment at MBA

- \_\_\_\_\_ B1-1 Statement of Intent to Employ Minor and Request for Work Permit
  - \_\_\_\_\_ 1-9 Employment Eligibility Verification/ID documents
  - \_\_\_\_\_ W-4 Employee's Withholding Allowance Certificate
  - \_\_\_\_\_ Consent to Treatment
  - \_\_\_\_\_ Signed agreement for payroll checks to be credited to student's account
- Note: B1-4 Permit to Employ and Work will be issued by MBA for employed minors.*

Previous work experience \_\_\_\_\_

Please give an indication of your financial need. Circle the number of hours you need to work per day:      1                      2                      3                      4  
(max for 14-15 yrs)      (max for 16-17 yrs)

*Approximately \$1000.00 can be made per year per hour of work a day (eg. - Four hours of work per day would approximately equal \$4000.00 for the school year).*

Do you have any health conditions that would limit your participation in a work assignment?  Yes  No

If yes, please explain \_\_\_\_\_

**MBA Work Policy:** Regular attendance is expected for working at Monterey Bay Academy. Irregular attendance at your job assignment may result in your being asked to withdraw from enrollment at Monterey Bay Academy. Responsible use of the timeclock is expected. (See Student Handbook for further details.)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** Student will not be assigned a job at Monterey Bay Academy until all employment documents are on file in the Student Labor Coordinator's office.

# Statement of Intent to Employ Minor and Request for Work Permit

Not a work permit—Print all information except signatures

## For Minor to Complete

\_\_\_\_\_  
Last Name                      First Name                      Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Age \_\_\_\_\_      Grade \_\_\_\_\_  
\_\_\_\_\_  
Street Address or Post Office Box                      City                      State                      Zip                      Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
**Monterey Bay Academy**  
School Name  
**783 San Andreas Road**                      **La Selva Beach**                      **CA**                      **95076-1911**      School Phone # ( **831** ) **728** - **1481**  
Street Address or Post Office Box                      City                      State                      Zip

## For Employer to Complete (Please review rules for employment of minors on page 02.)

**Monterey Bay Academy**  
Name of Business  
**783 San Andreas Road**                      **La Selva Beach**                      **CA**                      **95076-1911**      Business Phone # ( **831** ) **728** - **1481**  
Street Address or Post Office Box                      City                      State                      Zip  
**As Assigned**  
Minor's Work Duties                      **\$8.00**  
Hourly Wage

Maximum number of hours of employment when school is in session:

Mon. 3/4    Tues. 3/4    Wed. 3/4    Thurs. 3/4    Fri. 3/4    Sat. 8    Sun. 8    Weekly = 31/36

*In compliance with California labor laws, this employee is covered by worker's compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

\_\_\_\_\_  
Supervisor's signature                      **Shirley Babienco, Student Labor Coordinator**  
Supervisor's name (print or type)

## For Parent or Guardian to Complete

*This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that, to the best of my knowledge, the information herein is correct and true. I request that a work permit be issued.*

*In addition to this employer, my child is working for:* \_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Signature of parent or legal guardian                      Date

## For School to Complete

**School Records**  
Evidence of minor's age                      Type: Regular \_\_\_\_\_  
Vacation \_\_\_\_\_  
Year-Round \_\_\_\_\_  
Work Experience Education                      **X**  
Other (specify) \_\_\_\_\_

# General Summary of Minors' Work Regulations

- **If federal laws, state laws and school district policies conflict, the more restrictive law (the one most protective of the employee) prevails.**
- Generally, minors must attend school until age 18 unless they are 16 years or older and have graduated from high school or received a state Certificate of Proficiency.
- Employers of minors required to attend school must complete a "Statement of Intent to Employ Minor and Request for Work Permit" (form B1-1) for the school district of attendance for each such minor.
- Employers must retain a "Permit to Employ and Work" (form B1-4) for each such minor.
- Work permits (B1-4) must be retained for three years and be available for inspection by sanctioned authorities at all times.
- A work permit (B1-4) must be revoked whenever the issuing authority determines the employment is illegal or is impairing the health or education of the minor.

16 – 17

*When school is in session:* Daily maximum of 4 hours, Monday through Thursday. May work up to 8 hours on any non-school day or on any day that precedes a non-school day. May be permitted to work up to 48 hours per week. Students in Work Experience Education or cooperative vocational education programs may be permitted to work a maximum of 8 hours on a school day.

*When school not in session:* May work up to 48 hours per week but no more than 8 hours in any one day.

Work must be performed no earlier than 5 a.m. or later than 10 p.m. except that work may extend to 12:30 a.m. on nights preceding non-school days. Students in Work Experience Education or cooperative vocational education programs may be authorized to work until 12:30 a.m. on nights preceding school days with specified written permission.

## Minors under the age of 18 may not work in environments declared hazardous or dangerous for young workers as listed below:

1. Explosive exposure
2. Motor vehicle driving/outside helper
3. Coal mining
4. Logging and sawmilling
5. Power-driven woodworking machines
6. Radiation exposure
7. Power-driven hoists/forklifts
8. Power-driven metal forming, punching, and shearing machines
9. Other mining
10. Power-driven meat slicing/processing machines
11. Power-baking machines
12. Power-driven paper products/paper baling machines
13. Manufacturing brick, tile products
14. Power saws and shears
15. Wrecking, demolition
16. Roofing
17. Excavation operation

14 – 15

*When school is in session:* On school days daily maximum 3 hours. On non-school days may work 8 hours. Weekly maximum of 18 hours. Students in Work Experience Education and career exploration programs may work up to 23 hours per week.

*When school is not in session:* Daily maximum 8 hours and weekly maximum 40 hours.

*May not work during public school hours* except students in Work Experience Education or career exploration programs.

Work must be performed no earlier than 7 a.m. nor later than 7 p.m. any day of the week. From June 1 to Labor Day work hours may be extended to 9 p.m.

## Younger than 14

Labor laws generally prohibit nonfarm employment of children younger than 14. Special rules apply to agricultural work, domestic work and the entertainment industry.

For more complete information about hazardous occupations, contact the U.S. Department of Labor (Child Labor Bulletins 101 and 102) and the California Department of Industrial Relations, Division of Labor Standards Enforcement. Regional offices are located in several California cities. They are listed in the "Government Listings" sections of telephone directories.

- Minors younger than 16 years are allowed to work only in limited, specified occupations that exclude baking, manufacturing, processing, construction, warehouse, and transportation occupations.
- In addition to safety regulations, labor laws applicable to adult employees also generally apply to minor employees, including workers' compensation insurance requirements.
- Child labor laws do not generally apply to minors who deliver newspapers or work at odd jobs, such as yard work and baby-sitting, or in private homes where the minor is not regularly employed.
- A day of rest from work is required if the total hours worked per week exceed 30 or if more than 6 hours are worked on any one day during the week.

Page 02 of the Statement of Intent to Employ  
California Department Of Education Form B1-1 (Revised 6/03)  
<http://www.cde.ca.gov/ci/ct/we/weeresources.asp>

# Medication Information Form

Name of Student \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_  
Month / Day / Year

Medication Allergies  Yes  No  
If yes, please explain \_\_\_\_\_

It is necessary for the School Nurse and Dean to know the medication your child is on in case of any medical situation. This form is confidential and used only for the protection of your child.

Is there any history of mental illness or counseling services your child has undergone?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Current Medications

	Name	Dose	Frequency	Reason for Medication
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

My child is not on any medication at this time.  
**I will inform the School Nurse and/or Dean if any medication is prescribed.**

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

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date (Month/Day/Year)

# Continuing Consent to Treatment and Authorization to Release Information

**Monterey Bay Academy**  
783 San Andreas Road  
La Selva Beach, California 95076-1911

Phone 831.728.1481 Fax 831.728.1485  
<http://www.montereybayacademy.org>  
info@montereybayacademy.org

We, the undersigned parents or guardian of \_\_\_\_\_, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of the physician Monterey Bay Academy may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital.

It is understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Monterey Bay Academy or the physician to exercise their best judgement as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the school nurse at Monterey Bay Academy.

We hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish to the insurance company retained by the school any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Dated \_\_\_\_\_ Foreign Student's Guardian Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_ Guardian's Address (Street Address, City, State, Zip) \_\_\_\_\_

Mother Signature \_\_\_\_\_ Guardian's Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Student Accident Insurance

A secondary student accident insurance policy is provided for all students who have completed registration. The student is responsible for promptly reporting an injury to the school nurse within 24 hours.

## Worker's Compensation Insurance

Worker's compensation insurance coverage is provided for all students while at work. A report of an injury must be made to the school nurse within 24 hours.

## Medical Care

Monterey Bay Academy provides the services of a registered nurse who conducts clinics in the respective dormitories. Medical treatment requiring the care of a physician becomes the responsibility of the parent. As much as possible, dental work and medical examinations should be cared for during school vacation time.

Parents' Names \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(Please Print)

Parent's Address \_\_\_\_\_  
Street Address or Post Office Box City State Zip Country

Father's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mother's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Mother's Place of Employment \_\_\_\_\_

Father's Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother's Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student's Birthdate \_\_\_\_\_  
Month / Day / Year

Date of last Tetanus Booster \_\_\_\_\_ List all Allergies \_\_\_\_\_

Comments \_\_\_\_\_

## Student's Insurance Information

Company \_\_\_\_\_

Policy # \_\_\_\_\_

Company Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
Street Address or Post Office Box

City State Zip Country

Attach a copy of your insurance card here, front and back.

# Acceptable Use Policy

This policy is valid for the duration of stay of the student at Monterey Bay Academy

## Internet and Electronic Mail Permission Form

Monterey Bay Academy is pleased to offer its students access to a computer network for electronic mail and the Internet. To gain access to email and the Internet, all students must obtain parental permission and must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to email and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately it is true that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or offensive. Monterey Bay Academy believes, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and therefore support the school's choosing to make Internet available to their students. Ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information services.

Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. **Parental permission is required. Access is a privilege—not a right. Access entails responsibility.**

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## Internet and Email Rules

Students are responsible for good behavior and communication on the school computer network just as they are anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. The school takes very seriously the responsibility for appropriate use of the network. Teachers and/or the librarian will guide students toward resources acceptable within the framework of the general school standards.

Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that stored files would always be private.

- Students will take responsibility to be polite and courteous in all communications.
- Students will be responsible with all computer hardware and software.
- Students will respect others' passwords, folders, work, and files.
- Students will observe all copyright laws.

**Any activity not in accordance with these general rules may result in a loss of access as well as other disciplinary or legal action.**

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## User Agreement and Parent Permission Form

As a user of Monterey Bay Academy's computer network, I agree to comply with the above state rules—communication over the network in a reliable fashion while honoring all relevant laws and restrictions.

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

\_\_\_\_\_  
Birthdate (Month/Day/Year)

\_\_\_\_\_  
Printed Name

Grade Entering  Freshman  Junior  Sophomore  Senior

As the parent or legal guardian of the student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use—setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Street Address or Post Office Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

# Financial Information 2008/2009

Please make sure this application is filled out completely so processing will not be delayed.

School ID #: \_\_\_\_\_

Please print legibly

Student Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address or Post Office Box  
City State Zip

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Male  Female

Birthdate \_\_\_\_\_ Citizenship \_\_\_\_\_  
Month / Day / Year

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I am a baptized member of the Seventh-day Adventist Church:  Yes  No

Membership Location: \_\_\_\_\_

1) Do you have an unpaid school bill at another school? **If Yes, where?**

Yes  No

School Name \_\_\_\_\_  
City State Zip

2) Are you anticipating an employee discount due to a parent's SDA employment?

Yes  No

If Yes, who is financially responsible for the Education Allowance:

Institution \_\_\_\_\_  
City State Zip

Residence:  Dormitory  Day

Grade Entering:  09  10  11  12

## Financial Guarantor Information

Please print legibly

**Who is responsible for the above student's account:**

Name \_\_\_\_\_  
Last First Middle

Billing Address (Please complete if different from above.)  
Street Address or Post Office Box  
City State Zip

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Tel # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_  
Ask about automatic monthly credit card payment for your account.

Guarantor's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Guarantor employed by:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street Address or Post Office Box  
City State Zip

Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

I am a baptized member of the Seventh-day Adventist Church:

Father  Mother  Legal Guardian

Membership Location: \_\_\_\_\_

## Payment Agreement

By signing below, I confirm that I have read and understand the financial policies as outlined in the current school bulletin, (i.e., the non-refundable entrance fee, non-refundable Basic Charge #1, results of account becoming delinquent, etc.).

I understand that I am responsible for all charges made on the above account and will make timely payments to keep it current.

Signature of Financial Guarantor \_\_\_\_\_

Financial Guarantor's Relation to Student \_\_\_\_\_

Please print name of Financial Guarantor \_\_\_\_\_

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

### For Office Use Only

SDA  Regular  Dorm  Day

Date Enrolled \_\_\_\_\_

SAFE  Pathways  3-Way  WSF  ECI  Int'l  Other

Notes: \_\_\_\_\_

### To MBA Business Office:

I want tithe taken out of my student's payroll earnings for this school year.  
Tithe funds are remitted to the MBA Seventh-day Adventist Church.

Signature \_\_\_\_\_

Date \_\_\_\_\_