

# Admissions Checklist *Domestic Students*

## Required for Acceptance

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The following files are required for consideration for admittance to Monterey Bay Academy

- COMPLETED ENROLLMENT APPLICATION** including addresses, phone numbers and signatures
- COMPLETED RECOMMENDATIONS** from all three (3) sources (English teacher, Math teacher, and Pastor/Counselor/Principal)
- CURRENT TRANSCRIPT** or *final* progress reports from all high school years.
- REQUEST FOR RECORDS** with complete address and phone number of your current school. MBA will forward the request to the school.
- FINANCIAL INFORMATION** form complete with address, phone numbers, and financially responsible party's social security number
- MEDICATION INFORMATION** form
- APPLICATION FEE OF \$50** for U.S. and Canadian students, **\$100 for foreign students**. *Application and Registration Fees are non-refundable.*
- EIGHTH GRADE DIPLOMA** (copy only)

## Required at Registration (or sooner)

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In order to expedite the registration process, the following items should be completed and turned in to the Academic Affairs Office at least two (2) weeks before registration, and must be completed the day of registration.

- MEDICAL FORMS** including Consent to Treatment and Medical Exam (conducted by a private physician and completed within one year prior to the student's enrollment)
- ACCEPTABLE USE POLICY** form
- WORK PACKET** including forms B1-1 (Request for Work Permit), I-9 (Employment Eligibility Verification), W-4 (Employee Withholding Allowance), MBA Work Experience Application, MBA Student Work Agreement
- STUDENT'S SOCIAL SECURITY CARD** (photo copy)
- STUDENT'S MEDICAL INSURANCE CARD** (photo copy of front and back sides)
- STUDENT'S OFFICIAL IMMUNIZATION RECORD** since birth (photo copy of front and back sides)

## For Your Information

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These documents are for your information only, and do not need to be returned.


- Tuition Rates
- Tuition and Financial Aid (Budget Calculator)
- Financial Aid Information
- Home v. Boarding (Cost Analysis) and sample
- SAFE information sheet
- Letter from the Vice-Principal of Academic Affairs
- Letter from the Student Labor Coordinator
- B1-1 Statement of Intent to Employ General Summary
- I-9 Employment Eligibility Verification (Pages 1-3 and 5)
- W-4 Employee Withholding Allowance (worksheet)

### Financial Aid documentation

Refer to the Financial Aid Information page for applicable deadlines for each application.

**Faxed Applications are strongly discouraged.**

*Providing false or misleading information may be grounds for denial of admission.*



# M O N T E R E Y   B A Y   A C A D E M Y

Summer 2010

Dear Candidate for Admissions:

Thank you for your interest in applying to Monterey Bay Academy. We are excited that you are considering MBA for your high school education.

**Mission Statement**

Monterey Bay Academy is committed to excellence in communicating Jesus Christ while teaching young people to balance academics with everyday living in a clear and practical manner so they will be equipped to grow in wisdom, integrity, and service.

Monterey Bay Academy students are academic, athletic and artistic; they are creative analytical and curious; they are leaders, thinkers and motivators. As different as they are when they arrive, MBA students have in common the desire to take full advantage of the extraordinary learning, leadership and spiritual experiences that MBA offers. If this sounds like a journey that would inspire you, Monterey Bay Academy is the school for you.

Take a few moments to fill out the forms in the *Required for Acceptance* section and send them in along with your application fee and we will start the process for you. Make sure you give your recommendation forms to the appropriate people along with a stamped envelope addressed to MBA. This assures the confidentiality required in the recommendation process. Also, please submit a copy of your latest transcripts or grade reports.

Once these documents are received, the admissions committee will review your application and contact you with the results. It's just that easy!

If you have any questions about Monterey Bay Academy or the application process, feel free to contact me via phone at 831-728-1481 x 1218 or by e-mail at [academics@montereybayacademy.org](mailto:academics@montereybayacademy.org).

We look forward to having you on campus next fall!

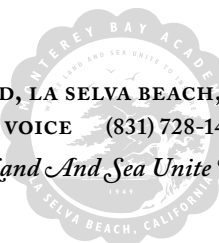
Sincerely,



**Shelley Hulin**  
Vice-Principal for Academics  
Director of Admissions  
Monterey Bay Academy  
[academics@montereybayacademy.org](mailto:academics@montereybayacademy.org)

783 SAN ANDREAS ROAD, LA SELVA BEACH, CALIFORNIA 95076-1911  
(831) 728-1481 VOICE (831) 728-1485 FACSIMILE

*Where Land And Sea Unite To Inspire*



# Enrollment Application

Monterey Bay Academy

For Office Use Only Application Fee (\$50) \_\_\_\_\_

Semester Applying for: Fall 20\_\_ : Spring 20\_\_

I plan to be a:  Dorm Student  Day Student

## Candidate Information

Name \_\_\_\_\_  
First Middle Last  
*Please print name exactly as it should appear on permanent records.*

Preferred Name \_\_\_\_\_  Male  Female Applicant's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_.

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

Has a parent or grandparent graduated from MBA in the past? If so, please list their name(s), including maiden name: \_\_\_\_\_

## Current School Information

Current Grade 8 9 10 11 12 Applying for Grade 9 10 11 12

School Name \_\_\_\_\_ School District/Conference \_\_\_\_\_

School Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ School Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Has applicant ever been expelled, denied re-enrollment at a school, counseled not to return to a school, or been the subject of any major school disciplinary action?

Yes  No *If yes, please explain:* \_\_\_\_\_

## Parent/Guardian Information

### Parent/Guardian #1

Name (Dr./Mr./Mrs./Ms.) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

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

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

Phone (h) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_

Business/Firm \_\_\_\_\_

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

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

Send school mailings (grades, finances, etc.) to this address

If parents are separated or divorced, who is the custodial parent? \_\_\_\_\_

Please list siblings of the applicant:

Sibling Name \_\_\_\_\_ Sibling Age \_\_\_\_\_ Sibling School \_\_\_\_\_

Sibling Name \_\_\_\_\_ Sibling Age \_\_\_\_\_ Sibling School \_\_\_\_\_

How did you first learn about Monterey Bay Academy?  Word of Mouth  Church  School Presentation  MBA DVD  Internet/MBA website

Other \_\_\_\_\_  Current MBA student \_\_\_\_\_

**Medical Information**

Is there any medical or other reason that the applicant cannot participate fully in any normal school activities, including athletics or extracurricular activities?

Yes  No *If yes, please explain:* \_\_\_\_\_

Are there any special factors or conditions, including any special medications or allergies, affecting your child about which the school needs to be informed?

Yes  No *If yes, please explain:* \_\_\_\_\_

**Church Affiliation**

Place of Worship \_\_\_\_\_ Pastor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SDA Baptized  SDA Attending  Other \_\_\_\_\_

**Personal Information**

1. Is it your personal desire to attend Monterey Bay Academy and be part of a Seventh-day Adventist, Christian environment? If No, please state why in the space provided.

Yes

No \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. The majority of the classes taught at Monterey Bay Academy are college preparatory. Are you planning on attending a college/university after high school?

Yes  No

**Eighth (8th) Grade Graduation**

School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Month / Year

School Address \_\_\_\_\_  
City State Country

School Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ School Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

*In order to better serve your child, we need to know if there have been any experiences that will influence the community life at Monterey Bay Academy. This includes things such as suspensions, expulsions, psychiatric care, substance use or abuse, or any other behavioral problems at home or at school. **Please note on a separate sheet any situations that could influence your child's experience at Monterey Bay Academy. Failure to notify us could result in your child's dismissal from Monterey Bay Academy.***

**Contract of Parent or Guardian**

I have read the answers to the above questions and find that they are all correct. I agree to the conditions herein stated in the institution's annual announcement or as shall be announced by the administration during the year. I agree to assume the financial responsibility for the above student and to pay the bills promptly.

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

**Student's Pledge and Contract**

I understand that Monterey Bay Academy is operated primarily for the private education and training of Christian young people who are in harmony with the philosophy and objectives of Christianity. I understand that it is expected of me to live according to Christian principles as found in the Bible in general and promoted by the Seventh-day Adventist church in particular.

I willingly pledge to observe all the regulations of Monterey Bay Academy and uphold all the principles upon which it is based as delineated in the school Bulletin and Student Handbook. I understand that if I break this pledge, I automatically forfeit the privilege of membership at this school and may be asked to withdraw or may not be allowed to remain in school.

I am committed to developing attitudes, spiritual values, and mental abilities in keeping with the stated philosophy and objectives of Monterey Bay Academy.

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

# Student's Personal Information

Attach Picture Here (optional)

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

1. Is it your personal desire to attend Monterey Bay Academy and be part of a Seventh-day Adventist, Christian environment? If No, please state why in the space provided.
- Yes
- No \_\_\_\_\_

2. Look at the list below and mark your top **three (3)** reasons for wanting to attend MBA. Please number your answers 1, 2, and 3 respectively, with 1 representing your most important reason for choosing MBA. Using the same list and numbering system as above, mark at the end of each statement what you believe your parent's top **three (3)** reasons are for wanting you to attend MBA.

**Your reasons for wanting to come to MBA**

**Why you believe your parents want you to attend MBA**

- |  |       |
|--|-------|
| <input type="checkbox"/> Christian values  | _____ |
| <input type="checkbox"/> Strong academic program (Science, Math, History, English)                                       | _____ |
| <input type="checkbox"/> Strong elective program (Computer tech., Music, Art, Sports, Industrial tech., Performing Arts) | _____ |
| <input type="checkbox"/> Learning independence   | _____ |
| <input type="checkbox"/> Sense of community/ social environment ("MBA feels like family." or "My friends are here.")     | _____ |
| <input type="checkbox"/> Family issues / Problems  | _____ |
| <input type="checkbox"/> Change of "scenery"   | _____ |
| <input type="checkbox"/> Recreational sports (surfing, mountain biking, scuba diving, etc.)                              | _____ |
| <input type="checkbox"/> Location  | _____ |
| <input type="checkbox"/> Cultural exchange (eg. "I want to learn English and American ways.")                            | _____ |
| <input type="checkbox"/> Parents (eg. "My mom and dad are sending me to MBA, I didn't have much to say about it.")       | _____ |
| <input type="checkbox"/> New identity (eg. "I need a fresh start.")  | _____ |
| <input type="checkbox"/> Time out (eg. "I want to work on some personal things away from my old environment.")           | _____ |
| <input type="checkbox"/> Opportunity to experience leadership opportunities  | _____ |
| <input type="checkbox"/> Other _____   | _____ |

3. Mark each of the following categories that apply to you. Then circle those substances, listed within each question, that specifically apply to you. **Do not** circle those prescribed by a physician.

Have you ever:

- |  |       |             |            |
|--|-------|-------------|------------|
| <input type="checkbox"/> Used tobacco or other stimulants (cigarettes, speed, cocaine)?        | When? | Month _____ | Year _____ |
| <input type="checkbox"/> Used alcohol or other depressants (barbiturates, sleeping pills)?     | When? | Month _____ | Year _____ |
| <input type="checkbox"/> Used inhalants (glue, nitrous oxide, petroleum products, hair spray)? | When? | Month _____ | Year _____ |
| <input type="checkbox"/> Used hallucinogens (marijuana, hash, LSD, acid, peyote, mushrooms)?   | When? | Month _____ | Year _____ |
| <input type="checkbox"/> Used narcotics (heroin, opium, codeine, morphine, methadone)?         | When? | Month _____ | Year _____ |
| <input type="checkbox"/> Pushed (sold or supplied) any of the above named substances?          | When? | Month _____ | Year _____ |
| <input type="checkbox"/> Other _____   | When? | Month _____ | Year _____ |

4. Mark any of the following disciplinary measures that are applicable to you. **In the space provided, give dates and a brief reason for such disciplinary measure.**

- |   |       |
|---|-------|
| <input type="checkbox"/> Suspended from school                  | _____ |
| <input type="checkbox"/> Asked to withdraw from school          | _____ |
| <input type="checkbox"/> Expelled from school                   | _____ |
| <input type="checkbox"/> Involved in a law violation            | _____ |
| <input type="checkbox"/> Involved in gang activities            | _____ |
| <input type="checkbox"/> Involved with the juvenile authorities | _____ |

5. The majority of the classes taught at Monterey Bay Academy are college preparatory. Are you planning on attending a college/university after high school?
- Yes     No

*All questions may be continued on the back of this page.*

# Current English Teacher Recommendation

**To the Applicant:**

Please type or print your name, have your parents or guardian sign below, and then give this form to your current English teacher with a stamped envelope.

Applicant's Name \_\_\_\_\_ Applying to Grade \_\_\_\_\_

**To the Parent/Guardian:**

Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To the Teacher:**

Monterey Bay Academy is committed to a rigorous college preparatory curriculum in a supportive atmosphere. MBA seeks a diverse student body population, and has financial aid programs available. With this background in mind, please complete the form below. This recommendation will remain confidential and will not become part of the student's permanent record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor.

**Academic Qualities**

NO OPPORTUNITY TO OBSERVE		POOR	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	ONE OF THE BEST EVER
	Study Habits						
	Attention Span						
	Ability to Work Independently						
	Ability to Organize and Communicate Ideas						
	Motivation						
	Intellectual Curiosity						
	Critical and Abstract Thinking Skills						

**Personal Qualities**

NO OPPORTUNITY TO OBSERVE		POOR	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	ONE OF THE BEST EVER
	Creativity						
	Self-Confidence						
	Leadership Potential						
	Reaction to Criticism						
	Reaction to Setbacks						
	Concern for Others						
	Personal Conduct						
	Personal Integrity						
	Ability to Act Independently						
	Ability to Work Cooperatively						
	General Level of Maturity						
	Sense of Humor						

*Continued on the next page*

1. Please compare this student's academic achievement to his/her ability:

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

2. Comment on this student's reading and writing skills:

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

3. In this student's academic work, does he or she require prodding or additional supervision? Please elaborate:

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

4. Have absences in any way affected the student's classroom performance?

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

5. Comment on the student as a person. (Consider maturity, integrity, behavior, relationship with peers, self-confidence, spirituality).

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

6. Is there any additional information that can be better conveyed in a phone conversation?  Yes  No  If Necessary

Hours and Phone Number where you can be reached: Hours \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Grade(s) you taught this applicant: 7 8 9 10 11 12

Teacher Name \_\_\_\_\_ Position \_\_\_\_\_

Subject(s) you taught applicant \_\_\_\_\_ Grade(s) Received \_\_\_\_\_

School \_\_\_\_\_ School Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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

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

	NOT AT ALL	SOMEWHAT	FAIRLY	VERY FAMILIAR
I am familiar with Monterey Bay Academy's program:				

	NOT AT ALL	WITH RESERVATION	MIDLY	WITH CONFIDENCE	ENTHUSIASTICALLY
I recommend this student:					
Academic Ability and Promise					
Character and Personal Promise					
Overall					

# Current Mathematics Teacher Recommendation

**To the Applicant:**

Please type or print your name, have your parents or guardian sign below, and then give this form to your current English teacher with a stamped envelope.

Applicant's Name \_\_\_\_\_ Applying to Grade \_\_\_\_\_

**To the Parent/Guardian:**

Please read and sign the statement below.

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To the Teacher:**

Monterey Bay Academy is committed to a rigorous college preparatory curriculum in a supportive atmosphere. MBA seeks a diverse student body population, and has financial aid programs available. With this background in mind, please complete the form below. This recommendation will remain confidential and will not become part of the student's permanent record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor.

**Academic Qualities**

NO OPPORTUNITY TO OBSERVE		POOR	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	ONE OF THE BEST EVER
	Study Habits						
	Attention Span						
	Ability to Work Independently						
	Ability to Organize and Communicate Ideas						
	Motivation						
	Intellectual Curiosity						
	Critical and Abstract Thinking Skills						

**Personal Qualities**

NO OPPORTUNITY TO OBSERVE		POOR	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT	ONE OF THE BEST EVER
	Creativity						
	Self-Confidence						
	Leadership Potential						
	Reaction to Criticism						
	Reaction to Setbacks						
	Concern for Others						
	Personal Conduct						
	Personal Integrity						
	Ability to Act Independently						
	Ability to Work Cooperatively						
	General Level of Maturity						
	Sense of Humor						

*Continued on the next page*

1. This student is enrolled in:  Arithmetic  Pre-algebra  Algebra  Geometry  Other \_\_\_\_\_  
 Section level of course:  Remedial  Regular  Advanced  Mixed-ability

Textbook(s) \_\_\_\_\_

Suggested Math placement for next year \_\_\_\_\_

2. Please compare this student's academic achievement to his/her ability:

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

3. Please describe the student in Math. (Compare ability to retain mathematical relationships and principles, drawing generalizations, applying basic principles in word problems, and relying on memory versus conceptual processes.)

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

4. Have absences in any way affected the student's classroom performance?

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

5. Comment on the student as a person. (Consider maturity, integrity, behavior, relationship with peers, self-confidence, spirituality).

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

6. Is there any additional information that can be better conveyed in a phone conversation?  Yes  No  If Necessary

Hours and Phone Number where you can be reached: Hours \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Grade(s) you taught this applicant: 7 8 9 10 11 12

Teacher Name \_\_\_\_\_ Position \_\_\_\_\_

Subject(s) you taught applicant \_\_\_\_\_ Grade(s) Received \_\_\_\_\_

School \_\_\_\_\_ School Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Street Address or Post Office Box City State Zip Country

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

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

I am familiar with Monterey Bay Academy's program:

	NOT AT ALL	SOMEWHAT	FAIRLY	VERY FAMILIAR

I recommend this student:

	NOT AT ALL	WITH RESERVATION	MIDLY	WITH CONFIDENCE	ENTHUSIASTICALLY
Academic Ability and Promise					
Character and Personal Promise					
Overall					

# Pastor/Counselor/Principal Recommendation

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

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

The above mentioned student is an applicant for admission to Monterey Bay Academy. Founded in 1949, MBA is a college preparatory, boarding and day school for young men and women in grades 9 through 12. Affiliated with the Seventh-day Adventist Church and accredited by the Western Association of Schools and Colleges, Monterey Bay Academy combines rigorous academics with training in arts and athletics. Character development is fostered within a Seventh-day Adventist Christian framework.

We value your assessment of the student as integral component of the admissions process. Please complete this confidential recommendation form and return it to the admissions office at Monterey Bay Academy in the envelope provided. Thank you for your time and effort.

1. How well do you know this students?

Well    Some    Little    Records Only   How many years? \_\_\_\_\_

Please check the adjectives that most nearly describe the applicants standing on the items listed below:

### Christian Experience

- Active
- Passive
- Disinterested
- Antagonistic

### Intellectual Aptitude

- Very quick to learn
- Learns easily
- Must study hard to learn
- Educational disabilities

### Strength of Character

- Firm, Steady, Consistent
- Fairly Stable
- Weak, easily influenced

### Choice of Friends

- Chooses wisely
- Somewhat wisely
- Somewhat carelessly
- Chooses carelessly

### Industriousness

- Resourceful and enthusiastic
- Average worker
- Works only under pressure
- Not interested in work

### Church Attendance

- Attends regularly
- Rarely attends
- Never attends

### Trustworthiness

- Very trustworthy
- Generally trustworthy
- Tends to be dishonest

### Health

- Very strong and healthy
- Average health
- Weak, low vitality

### Cooperation

- Helpful
- Works well with others
- Critical

### Attitude Toward Authority

- Respectful and cooperative
- Indifferent, aloof
- Disrespectful and uncooperative, easily annoyed

### Family's Financial Responsibility

- Meets obligations promptly
- Usually meets obligations
- Not sure

### Personal Appearance

- Well groomed
- Neat and clean
- Careless

2. Would you feel comfortable with our child being assigned as a roommate with this student?

Yes    No   If no, why? \_\_\_\_\_

3. Do you recommend the applicant as a desirable student for a Christian school?

Yes    No    With reservation

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

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

Remarks \_\_\_\_\_

# Record Release and Confidentiality Form

## To the Applicant:

Please type or print your name and give this form to your school's office with a stamped envelope. **Official transcripts must come directly from your school.**

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Previous School Name \_\_\_\_\_

School Address \_\_\_\_\_

Street Address or Post Office Box

City

State

Zip

Country

School Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Fax # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## To the Parent/Guardian:

Please read and sign the statement below.

For the student named above, I authorize the release of school records: an official transcript of all grades, cumulative folder, and medical folder, as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## To Applicant's Current School:

We are requesting the following: \_\_\_\_\_ Official Transcript \_\_\_\_\_ Cumulative Folder \_\_\_\_\_ Medical Folder

The files should include all grades earned for courses taken to date, attendance, the scores for aptitude and achievement tests, and, if applicable, first semester grades for the current year as soon as they become available. **Please note that a copy of this form should be included with transcripts.**

**Public Law 93-380**, regarding the "Release of School Records," has been modified by **SB 182, article 5, Privacy of Pupil Records, 10947**, which reads:

A school district is not authorized to permit access to pupil records to any person without parental consent or under judicial order except that:

- {A} Access shall be permitted to the following: Officials and employees of other public schools or school systems including local, county, or state correctional facilities where educational programs leading to high school graduation are provided. Where the pupil intends to or is directed to enroll subject to the rights of the parent is provided in **Section 10939**.

Thank you for your assistance. Should you have any questions, please contact us via the information below:

Vice Principal for Academic Affairs  
**Monterey Bay Academy**  
783 San Andreas Road  
La Selva Beach, California 95076-1911

Phone 831 728.1481 x 1218  
Fax 831 728.1485  
<http://www.montereybayacademy.org>  
[academics@montereybayacademy.org](mailto:academics@montereybayacademy.org)

# Financial Information 2010/2011

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: \_\_\_\_\_

I am a:  U.S. student  International student  International/ECL student

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 \_\_\_\_\_

# 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 the current school year 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.**

---

## 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.**

---

## 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  Sophomore  Junior  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



# M O N T E R E Y   B A Y   A C A D E M Y

Summer 2010

Dear MBA Parents and Students:

Attached to this letter are forms that you should complete if you are planning on being hired at Monterey Bay Academy for the 2010-2011 school year. Monterey Bay Academy operates under the California Child Labor Laws and these completed forms are necessary to be in compliance with the law. I have highlighted the areas that you need to fill out.

Two of the most easily obtained documents that I must have for your I-9 form are (1) a photocopy of the student's Social Security card and (2) photo ID of the student applicant. (I receive a copy of the student's MBA photo ID badge after registration.) Valid USA passports and Driver's Licenses are acceptable photo identification. This paragraph pertains to new student applicants to Monterey Bay Academy. If you are a returning student, I have your Social Security card on file.

Please note: I **cannot place you in a job until your entire work file is completed and in my office**. Below is a checklist to make sure you have everything completed before sending them to my office.

I am looking forward to a good year working with you.

Sincerely,

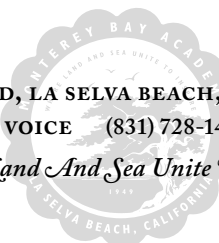
*Shirley Babienco*  
Student Labor Coordinator

## Checklist

- \_\_\_\_\_ **B1-1 Request for Work Permit**
- \_\_\_\_\_ **I-9 Employment Eligibility Verification**
- \_\_\_\_\_ **W-4 Employee's Withholding Allowance Certificate**
- \_\_\_\_\_ **Work Experience Application** (MBA document)
- \_\_\_\_\_ **Student Work Agreement** (MBA document)
- \_\_\_\_\_ **Social Security Card** photocopy

783 SAN ANDREAS ROAD, LA SELVA BEACH, CALIFORNIA 95076-1911  
(831) 728-1481 VOICE    (831) 728-1485 FACSIMILE

*Where Land And Sea Unite To Inspire*





**STATEMENT OF INTENT TO EMPLOY MINOR AND REQUEST FOR WORK PERMIT**

CDE B1-1 (REV. 04-10)

**General Summary of Minors' Work Regulations**

FLSA-Federal Labor Standards Act, CDE-California Department of Education, *EC-California Education Code*, *LC-California Labor Code*

- **If federal laws, state laws, and school district policies conflict, the more restrictive law (the one most protective of the minor) prevails. (FLSA)**
  - Employers of minors required to attend school must complete a "Statement of Intent to Employ Minor and Request for Work Permit" (CDE B1-1) for the school attendance for each such minor. (*EC 49162*)
  - Employers must retain a "Permit to Employ and Work" (CDE B1-4) for each such minor. (*EC 49161*)
  - Work permits (CDE B1-4) must be retained for three years and be available for inspection by sanctioned authorities at all times. (*EC 49164*)
  - A work permit (CDE B1-4) must be revoked whenever the issuing authority determines the employment is illegal or is impairing the health or education of the minor. (*EC 49164*)
  - A day of rest from work is required in every seven days, and shall not exceed six days in seven. (*LC 551, 552*)
- Minors under the age of 18 may not work in environments declared hazardous or dangerous for young workers, examples listed below: (*LC 1285–1312*)
1. Explosive exposure
  2. Motor vehicle driving/outside helper
  3. Roofing
  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. Power saws and shears
  10. Power-driving meat slicing/processing machines

**HOURS OF WORK**

<b>16 &amp; 17 Year Olds</b>	<b>14 &amp; 15 Year Olds</b>	<b>12 &amp; 13 Year Olds</b>
Must have completed 7 <sup>th</sup> grade to work while school is in session. ( <i>EC 49112</i> )	Must have completed 7 <sup>th</sup> grade to work while school is in session ( <i>EC 49112</i> )	Labor laws generally prohibit non-farm employment of children younger than 14. Special rules apply to agricultural work, domestic work, and the entertainment industry. ( <i>LC 1285–1312</i> )

**School In Session**

4 hours per day on any schoolday ( <i>EC 49112; 49116; LC 1391</i> ) 8 hours on any non-schoolday or on any day preceding a non-schoolday. ( <i>EC 49112; LC 1391</i> ) 48 hours per week ( <i>LC 1391</i> ) WEE students & personal attendants may work more than 4 hours on a schoolday, but never more than 8. ( <i>EC 49116; LC 1391, 1392</i> )	3 hours per schoolday outside of school hours ( <i>EC 49112, 49116; LC 1391</i> ) 8 hours on any non-schoolday No more than 18 hours per week ( <i>EC 49116; LC 1391</i> ) WEE students may work during school hours & up to 23 hours per week. ( <i>EC 49116; LC 1391</i> )	2 hours per schoolday and a maximum of 4 hours per week. ( <i>EC 49112</i> )
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**School Not In Session**

8 hours per day ( <i>LC 1391, 1392</i> ) 48 hours per week ( <i>LC 1391</i> )	8 hours per day ( <i>LC 1391, 1392</i> ) 40 hours per week ( <i>LC 1391</i> )	8 hours per day ( <i>LC 1391, 1392</i> ) 40 hours per week ( <i>LC 1391</i> )
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**Spread of Hours**

5 a.m.–10 p.m. However, until 12:30 a.m. on any evening preceding a non-schoolday ( <i>LC 1391</i> ) WEE students, with permission, until 12:30 a.m. on any day ( <i>LC 1391.1</i> ) Messengers: 6 a.m.–9 p.m.	7 a.m.–7 p.m., except that from June 1 through Labor Day, until 9 p.m. ( <i>LC 1391</i> )	7 a.m.–7 p.m., except that from June 1 through Labor Day, until 9 p.m. ( <i>LC 1391</i> )
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**For more information** about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.

## Instructions

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### **Section 3, Updating and Reverification**

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
  - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
  - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### **What Is the Filing Fee?**

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### **Photocopying and Retaining Form I-9**

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. **(State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

# Form W-4 (2010)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b> _____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}			
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____			
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b> _____			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____			
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}	
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1** Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3.” . . . . . **2** \_\_\_\_\_
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9** Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

# Work Experience Application 2010/2011

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
  - \_\_\_\_\_ I-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 \$4,000.00 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.

# Monterey Bay Academy

783 San Andreas Road ♦ La Selva Beach CA ♦ (831) 728-1481 ♦ Fax: (831) 728-1485  
Web Site: [www.montereybayacademy.org](http://www.montereybayacademy.org) E-mail Address: [financial@montereybayacademy.org](mailto:financial@montereybayacademy.org)

## Work Agreement

Work Supervisor/Department

Name of Student

There are two objectives for the work program at Monterey Bay Academy. First, it is to provide a program for *training student in the disciplines of work*. It is our goal that the work experience will *teach responsibility, consistency, and perseverance*. Secondly, the work program will provide the student a way to earn part of their school expenses. The administration will provide each student with the hours of labor he/she has agreed to perform in order to help defray expenses. *If the student fails to work the hours reserved for him/her, the parent must assume full responsibility for the portion not defrayed by the student's work. Parents must also assume financial responsibility for missed work due to family vacations, medical appointments, disciplinary action, and school extracurricular activities* (band, sports, tours, class trips, etc.), or unexcused absences. *It is the responsibility of the student to use their ID badge to clock IN/OUT every time they work, and to sign their weekly time card provided by the supervisor. If the student does not get his/her timecard turned into the office by the end of the pay period, wages will be delayed.*

### Expectations

Students are expected to perform their work duties in cooperation with their work supervisors. Students may be fired by their work supervisors for:

1. Failing to report for duty regularly.
2. Repeated tardiness.
3. Demonstrating an unwillingness to cooperate with the supervisor.
4. Failing to perform the duties assigned in a satisfactory way.

In keeping with the goal of learning responsibility, a student who is fired from his/her job cannot be guaranteed another job. Parents assume financial responsibility for lost wages.

### Procedures for Job Assignment Discipline

<b>First Offense:</b>	Written warning for behavior
<b>Second Offense:</b>	Suspended for job for a period of 1-3 days.
<b>Third Offense:</b>	Fired from job assignment. Work coordinator does not guarantee another job placement.

While students can earn an average of \$150-\$200 per month, Monterey Bay Academy can make no promises or guarantee regarding the amount a student will earn.

### Contract

By signing below I acknowledge that I have read and understand this work agreement and voluntarily give my consent for my earnings to be applied to my student account at Monterey Bay Academy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Student Labor Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Turn over, read and sign backside of this document)*

# Student Worker Expectations

*After reading each Expectation, student is to initial that they have done so:*

## **CELL PHONES/OTHER ELECTRONIC DEVICES:**

\_\_\_\_\_ I understand that from the time I clock in until the time I clock out, my cell phone or any other electronic device is to be out of use and out of sight.

\_\_\_\_\_ I understand that if I need to use my cell phone for personal business, I am to (a) ask permission from my supervisor, (b) clock out, use my cell phone, then clock back in.

## **WORK LOCATION COURTESY:**

\_\_\_\_\_ I understand that I am expected to work in [room/dept]\_\_\_\_\_ during my work period(s). If a teacher's reader, I am to work quietly so as to not disturb class.

\_\_\_\_\_ I may communicate with other workers as long as our work is not impacted.

\_\_\_\_\_ I understand that I am not to socialize with students who are not working; I am expected to complete the tasks that my supervisor needs done.

## **MISSING WORK:**

\_\_\_\_\_ If I am unable to work part or all of the expected class periods on any given day FOR ANY REASON, excused or unexcused—I am expected to call or text my supervisor PRIOR to my expected work sessions.

\_\_\_\_\_ If I am on the sick list, I understand that my supervisor still expects me to call or text his/her cell phone ASAP.

\_\_\_\_\_ If I have been sick, and I need to use work periods to make up missed work, I understand that my supervisor expects to communicate with him/her to arrange an extra work period.

\_\_\_\_\_ If I am to be absent from work due to school group tours, varsity and field trips, I understand that I should tell my supervisor BEFORE the trip so we can arrange to have my work covered.

I understand that if I violate any of the above expectations, I may be withdrawn from the work program which may impact my financial plan for attending Monterey Bay Academy.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Labor Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_