

Admissions Checklist *Domestic Students*

Required for Acceptance

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

- COMPLETED ENROLLMENT APPLICATION and PERSONAL INFORMATION including addresses, phone numbers and signatures
- 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.*
- 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.
- Copy of EIGHTH GRADE DIPLOMA or verification from school upon completion.
- STUDENT'S SOCIAL SECURITY CARD (photo copy)

Required at Registration (or sooner)

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.

- ACCEPTABLE USE POLICY form
- CONSENT TO TREATMENT form
- Physician-conducted MEDICAL EXAM form (completed within one year prior to the student's enrollment)
- 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)
- WORK PACKET including forms B1-1 (Request for Work Permit), I-9 (Employment Eligibility Verification), W-4 (Employee Withholding Allowance)

For Your Information

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 for 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 2011

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.

We look forward to having you on campus next fall!

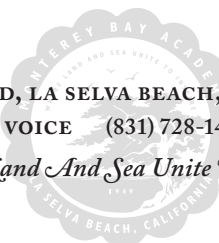
Sincerely,



Donna J. Baerg
Vice Principal for Academic Affairs
Director of Admissions
Monterey Bay Academy
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) _____

Candidate Information

Semester Applying for: First Semester (August) Second Semester (January)

I plan to be a: Dorm Student Day Student

Name _____
First Middle Last

Please print your legal 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 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 (_____) _____ - _____

Email _____@_____._____

Occupation _____

Business/Firm _____

Phone (w) (_____) _____ - _____ Fax (w) (_____) _____ - _____

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

If parents are separated or divorced, who is the custodial parent? _____
(Please provide court documentation for custody situations)

Parent/Guardian #2

Name (Dr./Mr./Mrs./Ms.) _____

Relationship to Applicant _____

Home Address _____

City _____ State _____ Zip _____ - _____

Phone (h) (_____) _____ - _____ Cell Phone (_____) _____ - _____

Email _____@_____._____

Occupation _____

Business/Firm _____

Phone (w) (_____) _____ - _____ Fax (w) (_____) _____ - _____

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

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.

Record Release and Confidentiality Form

To the Applicant:

Please type or print your name and fill out form. **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 _____

OFFICE USE ONLY _____

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

Financial Information 2011/2012

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. I also voluntarily give my consent for my child's work earnings to be applied to his/her account at Monterey Bay Academy (this sentence applies to any student with a social security number).

Signature of Financial Guarantor

Financial Guarantor's Relation to Student

Date of Application

Please print name of Financial Guarantor

For Office Use Only <input type="checkbox"/> SDA <input type="checkbox"/> Regular <input type="checkbox"/> Dorm <input type="checkbox"/> Day <input type="checkbox"/> SAFE <input type="checkbox"/> Pathways <input type="checkbox"/> 3-Way <input type="checkbox"/> WSF <input type="checkbox"/> ECI <input type="checkbox"/> Int'l <input type="checkbox"/> Other Notes: _____	Date Enrolled _____	To MBA Business Office: I want tithe taken out of my student's payroll earnings for this school year. <i>Tithe funds are remitted to the MBA Seventh-day Adventist Church.</i> _____ 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)

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:

For the student named above, 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

(Scale of 1 to 5, with 1 being Poor and 5 being Excellent)

	DID NOT OBSERVE	1	2	3	4	5
Study Habits	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Organize and Communicate Ideas	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical and Abstract Thinking Skills	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Recommendation

(Scale of 1 to 5, with 1 being Not At All and 5 being Enthusiastically)

	1	2	3	4	5
Academic Ability and Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Qualities

(Scale of 1 to 5, with 1 being Poor and 5 being Excellent)

	DID NOT OBSERVE	1	2	3	4	5
Creativity	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Setbacks	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Conduct	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Act Independently	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Cooperatively	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Level of Maturity	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Familiarity with Monterey Bay Academy's Program

(Scale of 1 to 5, with 1 being Not At All and 5 being Very Familiar)

	1	2	3	4	5
Academic Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks (academic achievement versus ability, personal and spiritual qualities, etc.) _____

Is there any additional information that can be better conveyed in a phone conversation? Yes No If Necessary Best time to call _____

Teacher Name _____ Position _____ School _____

Email _____@_____._____ School Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Address _____
Street Address or Post Office Box City State Zip Country

Signature _____ Date _____

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:

For the student named above, 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

(Scale of 1 to 5, with 1 being Poor and 5 being Excellent)

	DID NOT OBSERVE	1	2	3	4	5
Study Habits	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Organize and Communicate Ideas	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical and Abstract Thinking Skills	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Recommendation

(Scale of 1 to 5, with 1 being Not At All and 5 being Enthusiastically)

	1	2	3	4	5
Academic Ability and Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Qualities

(Scale of 1 to 5, with 1 being Poor and 5 being Excellent)

	DID NOT OBSERVE	1	2	3	4	5
Creativity	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Setbacks	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Conduct	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Act Independently	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Cooperatively	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Level of Maturity	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Familiarity with Monterey Bay Academy's Program

(Scale of 1 to 5, with 1 being Not At All and 5 being Very Familiar)

	1	2	3	4	5
Academic Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks (academic achievement versus ability, personal and spiritual qualities, etc.) _____

Is there any additional information that can be better conveyed in a phone conversation? Yes No If Necessary Best time to call _____

This student is enrolled in: 8th Grade Math Pre-algebra Algebra I Geometry Other _____

Teacher Name _____ Position _____ School _____

Email _____@_____._____ School Phone # (_____) _____ - _____ Fax # (_____) _____ - _____

Address _____
Street Address or Post Office Box City State Zip Country

Signature _____ Date _____

Pastor/Counselor/Principal 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 _____

Current Grade _____

To the Parent/Guardian:

For the student named above, I acknowledge that I waive my right to read the confidential recommendation.

Signature of Applicant's Parent or Guardian _____

Date _____

To the Pastor/Counselor/Principal:

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

Choice of Friends

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

Trustworthiness

- Very trustworthy
- Generally trustworthy
- Tends to be dishonest

Attitude Toward Authority

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

Intellectual Aptitude

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

Industriousness

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

Health

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

Family's Financial Responsibility

- Meets obligations promptly
- Usually meets obligations
- Not sure

Strength of Character

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

Church Attendance

- Attends regularly
- Rarely attends
- Never attends

Cooperation

- Helpful
- Works well with others
- Critical

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 _____

Is there any additional information that can be better conveyed in a phone conversation? Yes No If Necessary Best time to call _____