



PLEASE
 ATTACH
 A RECENT
 PHOTO OF
 YOURSELF

APPLICATION FOR ADMISSION

Today's date _____

STUDENT INFORMATION

1. When do you plan to enter Ouachita Hills? _____ Grade entering _____

2. Legal name: Last _____ First _____ Middle _____

3. Address _____ City: _____ ST _____ Zip _____ Country _____

4. Phone (Home) _____ (Student Cell) _____

5. Name you go by _____ 6. Sex _____ 7. Height _____ 8. Weight _____ 9. Race _____

10. Date of Birth _____ 11. Birthplace _____
Month Day Year

12. Present Age _____ 13. Social Security # _____ 14. Email _____

15. Mark one only:

American Citizen Foreign student from _____ Permanent American Visa No Visa

16. Of what religious denomination are you a member? _____ 17. For how long? _____

18. Date of baptism _____ 19. Home Church _____ 20. Do you attend regularly? _____

21. Evaluate your spiritual interest: Interested Passive Negative

22. Do you take time for personal devotions? Regularly Sometimes Never

23. Does your family have morning and evening worship together? Daily Frequently Once in a while Never

24. My responsibilities at church include:

Singing in the choir Teaching in a class (please specify which class) _____

Songleading Playing an instrument Other _____

25. Describe your confidence in the Spirit of Prophecy as a guide to daily living. _____

26. Name the Spirit of Prophecy books you have read: _____

27. Along what lines or weaknesses do you feel you will need the most counsel or help? _____

28. Please check the types of music listed below that you listen to and give the name of an artist you like and an example title for each type you check:

Country _____ Hard rock _____

Folk _____ Sacred instrumental _____

Easy listening _____ Sacred vocal _____

Classical instrumental _____ Jazz _____

Classical Vocal _____ Disco _____

Opera _____ Rap _____

New age _____ Christian Rock _____

Light Rock _____ Other _____

29. Do you enjoy singing? _____ 30. What part do you sing? _____
31. Do you play any instruments? _____ 32. Which ones? _____
33. Have you ever used or been involved in any of the following? If so, indicate when.
- | | | | | | | | |
|-------------------------------|-----------------------------|------------------------------|-------|-------------------------------|-----------------------------|------------------------------|-------|
| Alcoholic beverages | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ | Coffee or tea | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Tobacco | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ | Caffeinated drinks | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Marijuana | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ | Movies | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Other drugs or narcotics .. | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ | Dancing or gambling | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Cutting/Self-injury | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ | Meat | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
34. Are your parents in favor of you coming to Ouachita Hills Academy? Fully Mildly Neutral Not in favor
35. Do you have a steady boy or girl friend? _____
36. What do you do in your spare time? _____
37. Do you enjoy outdoor work? _____ 38. Do you enjoy household duties? _____
39. What is your reaction to the fact that during the training schedule, half of your daily education will be useful, active labor approximately four hours daily? _____
40. Which are your favorite books? _____
 Favorite magazines? _____
41. Family Data:

	Father	Mother	Step-Father	Step-Mother
Name				
Street Address				
City / State / Zip				
Living / Age				
Occupation				
Nationality				
Church Membership				
Education Completed				
Home Phone				
Work Phone				
Cell Phone				
I live in the home of				

42. To what e-mail address should parent/guardian correspondence be sent? _____
43. Parental marital status: Married/ living together Separated Divorced Widow/Widower Single
44. Legal guardian: _____
 Address: _____
45. To whom should report cards be sent? _____ To whom should the monthly statement be sent? _____
46. Name of relative nearest O.H.A (other than parents) _____
 Address: _____
47. In a family of _____ children, (_____ of which live at home), I am number _____.
48. Evaluate your scholastic interest: Interested Passive Negative
49. Which subjects of study do you enjoy the most? _____

50. Have you ever had to repeat a grade(s)? _____ Which grade(s) was it? _____

51. Are you enrolled in any high school correspondence courses? _____ If yes, what subjects and from where? _____

52. Have you withdrawn or been expelled from school for conduct, health, or scholastic reasons during the past two years?

Yes No **If "Yes", please attach an explanation.**

53. Do you have difficulty in concentrating? _____

54. How far do you plan to go in formal schooling? _____

55. What are your lifework plans? _____

56. List all schools attended, including correspondence schools, and their addresses, beginning with the eighth grade. If still in elementary school, list last school attended.

57. Have you ever been home schooled? Yes No If "Yes", what grades? _____

Date	Grade	School	Complete Mailing Address

58. List all classes taken and the grade received.

Eighth Grade		Ninth Grade		Tenth Grade		Eleventh Grade	
Class	Grade	Class	Grade	Class	Grade	Class	Grade

59. Give the names and addresses of the people to whom your Recommendation forms have been given.

a. Local church pastor or elder _____

Address _____

b. Recent teacher _____

Address _____

c. Other reference (not a relative) _____

Address _____

60. Do you know anyone living at Ouachita Hills Academy? _____ If so whom? _____

61. Who interested you in Ouachita Hills Academy? _____

62. Do you have a personal experience with Jesus Christ? Yes No

If "Yes", how do you know that for a fact? _____

If "No", why do you want to attend a Christian school? _____

63. What do you feel are the most significant reasons why you desire to attend Ouachita Hills Academy rather than some other Seventh-day Adventist school? _____

64. Why should YOU be one of the students we accept at Ouachita Hills Academy? _____

65. Respond in a sentence or two to each of these unique aspects of Ouachita Hills Academy:

A) There will be no program of competitive sports. _____

B) Competition will be eliminated as far as possible from the classroom. _____

C) The unique educational program is not accredited but rather seeks to reach God's higher standard scholastically. _____

D) There is no dating allowed, nor any special attachments with members of the opposite sex, whether on or off campus. _____

E) In all matter of apparel, grooming, hairstyle, etc. there should be a plain distinction between men and women. _____

F) Boys and girls are expected to dress in modest and healthful apparel. _____

G) Students are expected to take time each day for personal devotions with God. _____

66. STUDENT CONTRACT: My desire is to cooperate fully with the staff in all aspects of the educational program at Ouachita Hills Academy. I will abide by the rules of the school and will, by my conduct and attitude, do my utmost to help others to have a superior learning and spiritual growth experience while at school. I have read the Handbook and I understand and suscribe to the rules and regulations therein. Signed (Student) _____

67. AGREEMENT OF PARENT OR GUARDIAN: I have read the information contained in this application, and, to the best of my knowledge, agree that the answers given are correct. I am in harmony with the conditions, principles, and regulations in the current Ouachita Hills Academy Handbook, and understand also that additional duly considered regulations as published or announced by the administration during the school year will have the same force as those printed, and will do my best to cooperate in seeing that they are carried out.

By registering my child at OHA I recognize that he/she will be participating in a manual arts program for approximately four hours each day. This vocational training program grants academic credit for the experience, not financial compensation.

I authorize the use and reproduction by OHA, or anyone authorized by OHA, of any pictorial images (including conventional, video, and digital photography) taken of them while enrolled at Ouachita Hills Academy, without compensation. All negatives, positives, and prints shall constitute Ouachita Hills Academy property, solely and completely.

Signed (Parent or Guardian) _____ Date _____



Office of the Registrar
 Ouachita Hills Academy
 P.O. Box 35 Amity, AR 71921

HEALTH INVENTORY A
 To be filled in by parent.

Name of student _____ Date of Birth _____ Age _____ Height _____ Weight _____

Sex: Male Female Social Security # _____ - _____ - _____

Father's Name _____ Mother's Name _____

Who to notify in case of illness (Give address and phone numbers)

A) _____ B) _____

The student lives at home with Parents Mother Father Guardian

Does the student have coverage by accident or hospitalization policy? Yes No

List all Health Insurance numbers (including dependent # in B.C.) and name of insurer:

Medical coverage: _____

Hospital coverage: _____

Other coverage: _____

List any other serious illnesses, operations, or injuries and age when occurred: _____

Has the student ever had an allergic reaction to certain drugs (please specify)? _____

List any allergies the student may have _____

Notice. Before the student enters school, medical, dental, and eye work should be cared for.

Note: A) Both parents must sign unless one parent sends Proof of Custody, or a copy of a Death Certificate. B) One parent must sign in the presence of a Notary Public.

"In the event of illness or accident, we, the undersigned parents or legal guardians of _____ (student's name), a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service which may be rendered to said minor under the general or special instructions any physician the school may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the parent or guardian.

"It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Ouachita Hills Academy or the physician to exercise their best judgment as to requirements of the diagnosis or treatment. School officials are authorized to sign any necessary paperwork for us/me.

"This consent shall remain in continuous effect for the duration of this student's enrollment at Ouachita Hills Academy unless revoked in writing and delivered to the Ouachita Hills Academy Office.

"We hereby authorize any hospital, physician, or other medical personnel who has attended or examined the minor to furnish our insurance company, the school's insurance company, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical records.

"A photocopy of this authorization shall be considered as effective and valid as the original."

Date: _____ Father or Guardian: _____

Date: _____ Mother or Guardian: _____

State of: _____ County of: _____

On _____, ____/____/____, before me, a Notary Public for the above-named County and State, appeared: _____ and _____ who is(are) known to me or whose Identity was proved with satisfactory evidence to be the Person(s) whose Name(s) is(are) subscribed to this Instrument.

Signature: _____

NOTARY PUBLIC

Commission expires: _____

[SEAL]



HEALTH INVENTORY B
 To be filled in by parent.

Name of student _____

Evaluate for the student (excellent, good, fair, poor)

- a. General health _____
- b. Sight _____
- c. Hearing _____

Does the student have any physical handicap that limits them in normal school and work activities?

Yes No If so, what? _____

Does the student take any medicine regularly? Yes No If so, what? _____

Indicate chronic complaints such as colds, headaches, allergies, weaknesses, anemia, back trouble, eczema, excessive fatigue, hypoglycemia, etc. _____

Past illnesses: (Please check all that apply to the student)

- Measles Scarlet Fever Heart Disease Asthma Whooping Cough Diphtheria Cholera
- Polio Chickenpox Epilepsy Rheumatic Fever Diabetes Hay Fever

List any other items helpful in planning for the student's health _____

Does the student's health require a special diet? Yes No If so, what? _____

When did the child last visit the dentist? _____

Is there any ongoing dental or orthodontic treatment that needs to be continued? _____

Has this student ever had or known and been around someone with tuberculosis? Yes No

Has he/she ever had a skin test for it? Yes No When? _____

Has he/she ever had a chest X-ray? Yes No

Has the student had his/her eyes examined? _____ Date? _____

Comments on student's habits:

How many hours of sleep does the student usually get? _____

Does he/she participate in outdoor activities? Yes No

Does he/she prefer reading or watching TV to the above? Yes No

Does he/she eat in between meals occasionally? Yes No Regularly? Yes No

These immunizations are required by Arkansas State Law. Before a student is admitted, these must be completed and signed by a physician, or we must have on file annually a medical, religious, or philosophical exemption from the Arkansas Department of Health. To obtain an exemption you may contact the Arkansas Department of Health at (501) 661-2169.

<p>MMR (Measles, Mumps, Rubella) (Two doses required)</p> <p>____/____/____ Dose 1 given at age 12 months or later. Mo. Day Yr.</p> <p>____/____/____ Dose 2 given at least 1 month after first dose. Mo. Day Yr.</p>	<p>Tetanus, Diphtheria (DTaP, DTP, DT, Td) (Three doses required)</p> <p>____/____/____/1st____/____/____/2nd____/____/____/3rd (given at age 4 years or later) Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.</p> <p>____/____/____ Tetanus (Td) booster within the last ten years. Mo. Day Yr.</p>
<p>Polio (OPV, IPV) (Three doses required)</p> <p>____/____/____/1st____/____/____/2nd____/____/____/3rd (given at age 4 years or later) Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.</p>	<p>Hepatitis B (Three doses required before age 11 or the FDA-approved alternative 2 dose schedule for children 11-15)</p> <p>____/____/____/1st____/____/____/2nd____/____/____/3rd Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.</p>



STUDENT REFERENCE

(Name) _____ (email) _____ has applied for admission to Ouachita Hills Academy and has given us your name for reference. Your prompt response on this sheet will be appreciated. Please carefully appraise the student and circle the number which best describes the student. All information will be held in confidence.

	Least desirable					Most desirable					
Scholarship											
Alertness	1	2	3	4	5	6	7	8	9	10	No information
Attention	1	2	3	4	5	6	7	8	9	10	No information
Reasoning ability	1	2	3	4	5	6	7	8	9	10	No information
Neatness of work	1	2	3	4	5	6	7	8	9	10	No information
Interest in intellectual tasks	1	2	3	4	5	6	7	8	9	10	No information
Industry and Cooperation											
Work done on time	1	2	3	4	5	6	7	8	9	10	No information
Dependability	1	2	3	4	5	6	7	8	9	10	No information
Trustworthiness	1	2	3	4	5	6	7	8	9	10	No information
Loyalty	1	2	3	4	5	6	7	8	9	10	No information
Readiness to help	1	2	3	4	5	6	7	8	9	10	No information
Punctuality	1	2	3	4	5	6	7	8	9	10	No information
Consecration											
Influence	1	2	3	4	5	6	7	8	9	10	No information
Interest in the spiritual	1	2	3	4	5	6	7	8	9	10	No information
Attendance at devotions	1	2	3	4	5	6	7	8	9	10	No information
Reverence for the sacred	1	2	3	4	5	6	7	8	9	10	No information
Loyalty to the church	1	2	3	4	5	6	7	8	9	10	No information
Share in the work of the church	1	2	3	4	5	6	7	8	9	10	No information
Personality											
Cooperative	1	2	3	4	5	6	7	8	9	10	No information
Personal appearance	1	2	3	4	5	6	7	8	9	10	No information
Habits of dress	1	2	3	4	5	6	7	8	9	10	No information
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Cheerfulness	1	2	3	4	5	6	7	8	9	10	No information
Stability of emotions	1	2	3	4	5	6	7	8	9	10	No information
Leadership											
Initiative	1	2	3	4	5	6	7	8	9	10	No information
Sociability	1	2	3	4	5	6	7	8	9	10	No information
Ability to Organize	1	2	3	4	5	6	7	8	9	10	No information
Good judgment	1	2	3	4	5	6	7	8	9	10	No information
Tact	1	2	3	4	5	6	7	8	9	10	No information
Popularity as a leader	1	2	3	4	5	6	7	8	9	10	No information
Integrity - Financial and Moral											
Honesty in dealing	1	2	3	4	5	6	7	8	9	10	No information
Positive attitude towards recognized standards	1	2	3	4	5	6	7	8	9	10	No information
Home Relations											
Obedience to parents	1	2	3	4	5	6	7	8	9	10	No information

How long have you known the applicant? _____ In what capacity? _____

Additional Remarks: (Use reverse if needed.) _____

Signature _____ Date _____ Occupation _____

Name _____ Address _____

Phone Number _____ E-mail Address _____



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Leadership											
Initiative	1	2	3	4	5	6	7	8	9	10	No information
Sociability	1	2	3	4	5	6	7	8	9	10	No information
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Home Relations											
Obedience to parents	1	2	3	4	5	6	7	8	9	10	No information

How long have you known the applicant? _____ In what capacity? _____

Additional Remarks: (Use reverse if needed.) _____

Signature _____ Date _____ Occupation _____

Name _____ Address _____

Phone Number _____ E-mail Address _____



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Name _____ Address _____

Phone Number _____ E-mail Address _____