

Midland Adventist Academy

6915 Maurer Road
 Shawnee, KS 66217
 Office: (913) 268-7400
 Fax: (913) 268-4968



STUDENT APPLICATION

Grades K-12

Last Name	First	Middle	Name used	Biological Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade entering
Address – Street & PO Box			City	State	Zip
Birthdate (MM/DD/YY)	Birthplace	Citizenship	Social Security #	Home phone ()	
Prominent Ethnic Background (for statistical purposes only)	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Student Cell ()	
Has the student ever been recommended for special education or retention? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:					
Has the student ever been suspended or expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:					
Does the student have behavioral challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:					
School attended last year		School address (if not Midland)		School phone (if not Midland) ()	
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Other					

PARENT / GUARDIAN INFORMATION

Father's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ()
Father's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Father's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ()	Home phone ()	
Mother's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ()
Mother's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mother's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ()	Home phone ()	
Other parent's last name	First	Address	City	State	Zip
Married? <input type="checkbox"/> Yes <input type="checkbox"/> Divorced <input type="checkbox"/> No <input type="checkbox"/> Separated	Occupation		Employer		Work phone ()
Other parent's email	Include in Newsletter email list? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other parent's <input type="checkbox"/> Beeper/pager <input type="checkbox"/> Cell ()	Home phone ()	

CHURCH AFFILIATION

Church denomination (student)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of baptism
Church denomination (Father)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Church denomination (Mother)	Church where membership is held	Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I/we, the undersigned, pledge to uphold the policies and principles of Midland Adventist Academy as outlined in the student handbook. I/we agree to accept full financial responsibility according to the published policies and financial contract. I/we have read the above statements and acknowledge that, to the best of our knowledge, all information is completed truthfully.

 Student signature

 Mother/guardian signature

 Father/guardian signature



MIDLAND ADVENTIST ACADEMY

6915 MAURER ROAD † SHAWNEE, KANSAS 66217 † (913) 268-7400 † FAX: (913) 268-4968

2025-2026 FINANCIAL APPLICATION

Student's Name: _____

Church Membership (please check one): Chapel Oaks New Haven West Lenexa Other: _____

Parent's Information:

Father's name: _____

Mother's name: _____

Address, City, State, Zip: _____

Home phone: _____

Other/mobile phone: _____

Other/mobile phone: _____

E-mail address(es): _____

Work phone: _____

Other Party Responsible for Payment:

Name: _____

Address, City, State, Zip: _____

Home phone: _____

Other/mobile phone: _____

E-mail address(es): _____

Send statement? Yes No

2025-2026 Tuition Rates

	<u>Rate</u>
Elementary (K-6)	\$5,046.00
Middle School (7-8)	\$5,980.00
Academy (9-12)	\$9,507.00

General fee

\$820.00
\$825.00
\$963.00

General Fee and 1st Month (August) Tuition Due at Registration

Elementary (K-6)	\$1,324.60
Middle School (7-8)	\$1,423.00
Academy (9-12)	\$1,913.70

Amount Due per student by the 10th of each month September 2025 through May 2026

Elementary (K-6)	\$504.60
Middle School (7-8)	\$598.00
Academy (9-12)	\$950.70

- I understand that all charges are due to Midland Adventist Academy on the 10th of every month and become delinquent at that time. _____ initial
- I understand that all accounts with Midland Adventist Academy must be paid in full before any transcripts or diplomas will be released. _____ initial
- I agree to assume the financial responsibility for educational expenses for _____ (students' names) at Midland Adventist Academy as specified in the 2025-2026 MAA student handbook. _____ initial
- I understand that the fully yearly tuition is divided into 10 equal monthly payments, August through May. _____ initial

Signed: _____ Date: _____



EMERGENCY INFORMATION AND AUTHORIZED RELEASE FORM

Student Last Name		First Name		Middle Name	Biological Birth Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade
Student Address			City	State	Zip	Home phone ()	
Other Address						Birthdate	
Father's last name	First Name	Address		City	State	Zip	
Home phone ()		Place of Employment	Work Phone/pager ()		Father's Cellular ()		
Mother's last name	First Name	Address		City	State	Zip	
Home phone ()		Place of Employment	Work Phone/pager ()		Mother's Cellular ()		
Names of other children attending Midland			Grade	Names of other children attending Midland			Grade

Consent to Treatment

Name of Physician	Physician's Group, Clinic or Hospital	Physician's phone ()
Insurance Carrier Policy Number or Insured Social	Policy Number or Insured Social Security	Insurance phone ()
Contact person when parent not available	Relationship	Phone ()
Please indicate any allergies	Please indicate any medication	Please indicate any medical problems
In the event of sudden illness or accident requiring attention, I hereby authorize Midland Adventist Academy to administer first aid, and if necessary, take my child to ANY QUALIFIED EMERGENCY CARE CENTER for treatment.		
Parent/Guardian Signature _____		Date _____

Authorized Student Release

In the event of illness, emergency, or major disaster which causes structural damage to Midland Adventist Academy (such as fire, tornado, or explosion), students will be released to authorized individuals **ONLY**. There will be **NO EXCEPTIONS**.

Please indicate names of all adults (18 years or older) other than yourself who are authorized to sign for release of your child.

- | | | |
|----------|-----------------|-----------------|
| 1. _____ | Phone () _____ | Pager () _____ |
| 2. _____ | Phone () _____ | Pager () _____ |
| 3. _____ | Phone () _____ | Pager () _____ |
| 4. _____ | Phone () _____ | Pager () _____ |

Signature _____ Parent/Guardian _____ Date _____

Health Inventory

(to be filled in by parent, before examination by physician)

1. Name of Student: _____	Age: _____	Birthdate: _____
Address: _____	Telephone: _____	
Father's name: _____	Mother's name: _____	
Whom to notify in case of illness (give addresses and phone numbers)		
_____	_____	_____
_____	_____	_____
Does student live at home with parent?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Other _____
Does student have coverage by accident or hospitalization policy? (state type)	_____	

2. Past illnesses (please check those that student has had)		
<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Chorea (St. Vitus' Dance)
<input type="checkbox"/> Polio	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Frequent colds (Number per year)
		<input type="checkbox"/> Hay fever or asthma
List any other serious illnesses, operations, or injuries, and age when occurred.		

3. Has this student ever been around anyone known to have tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they ever been skin tested for tuberculosis? Year _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have they ever had a chest X-ray? Year _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. When did the child last visit the dentist? (Recommend visit twice yearly)	Date: _____	
5. Has the student had their eyes examined?	Date: _____	
By whom? _____		

6. Comment on student's habits:			
How many hours of sleep do they usually get each night? _____			
Do they participate in outdoor sports?	<input type="checkbox"/> Not at all	<input type="checkbox"/> Moderately	<input type="checkbox"/> Continuously
Do they prefer reading or watching TV to the above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Eating habits:	<input type="checkbox"/> Eats only at mealtimes	<input type="checkbox"/> In between meals occasionally	<input type="checkbox"/> Frequently

7. List any other items helpful to the school program in planning for student's health:

Date: _____ Signature of Parent: _____



MIDLAND ADVENTIST ACADEMY
IMAGE RELEASE FORM

For value received, I hereby consent and authorize MIDLAND ADVENTIST ACADEMY or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release MIDLAND ADVENTIST ACADEMY from all liability in connection with all such uses.

Dated this _____ day of _____, 20_____.

List all Family Members to whom this photo release applies (**print** student names below):

Name: _____

Name: _____

Name: _____

Name: _____

Signed:

(Please **print** parent's name)

(Please **sign** parent's name)

Address: _____

Phone number: _____

Witness:

(Please **print** name)

(Please **sign** name)

Midland Adventist Academy

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Office: (913) 268-7400

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Email: maa@midlandacademy.org



REQUEST FOR STUDENT RECORDS

Student Name: _____ Date of Birth: _____

I, as a parent or guardian of the above named student do authorize:

School last attended: _____

Street address: _____

City, State, ZIP: _____

To release all of his/her school records to Midland Adventist Academy at the above address.

- Medical
- Psychological
- Standardized Test Scores
- Scholastic Grades
- Activity Records
- Individualized Instruction Plans
- Discipline

Signature of Parent / Guardian

Address

City State ZIP

Date

Registrar's name