

# Pine Tree Academy

## Application for Admission

67 Pownal Road, Freeport, ME 04032 • pinetreeacademy.org  
Ph: (207) 865-4747 • Fx: (207) 865-1768



---

### STUDENT INFORMATION:

**\$25 Application Fee: Received**

Name: \_\_\_\_\_  Male  Female  
Last First Middle

Grade Applying for: \_\_\_\_\_ for School Year: \_\_\_\_\_  Dorm Student  Day Student

Student Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Birthday Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City, State, Country

Baptized Member of the Seventh-day Adventist Church:  Yes  No Date of Baptism: \_\_\_\_\_

Church Membership: \_\_\_\_\_

Any Allergies or Heart Problems: \_\_\_\_\_

Any Physical Disabilities or Special Needs: \_\_\_\_\_

Does your disability prevent you from participating in the physical education program:  Yes  No

Any Learning Disabilities: \_\_\_\_\_

Do you play a musical instrument:  Yes  No Instrument Played: \_\_\_\_\_ Years: \_\_\_\_\_

Siblings: \_\_\_\_\_

---

### EDUCATIONAL INFORMATION:

List last two schools attended:

1. School Name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. School Name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you ever been suspended or expelled from school:  Yes  No

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

---

---

**PARENT/GUARDIAN INFORMATION:**

	<b>Mother</b>	<b>Father</b>
Name		
Address (if different from student)		
Home Phone		
Cell Phone		
Email Address		
Occupation		
Employer		
Work Phone		
Best Way to Communicate:	<input type="checkbox"/> Home <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email	<input type="checkbox"/> Home <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell <input type="checkbox"/> Email
Baptized Member of the Seventh-day Adventist Church	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church Membership		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/> Widow	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Custody	<input type="checkbox"/> Primary <input type="checkbox"/> Shared	<input type="checkbox"/> Primary <input type="checkbox"/> Shared
Financially Responsible	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Report Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you read the Pine Tree Academy Handbook (found online at [pinetreeacademy.org](http://pinetreeacademy.org)):  Yes  No

Do you support Pine Tree Academy philosophy of education?  Yes  No

Do you understand the uniform dress code?  Yes  No

As a Pine Tree Academy (PTA) student, I agree to support PTA's philosophy of education, its policies, and to follow its rules. I will show school citizenship and will treat others with kindness and respect. I also agree to act in harmony with teachers and my fellow students to make PTA a positive learning environment for all students.

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

As a parent, I agree to support PTA. I agree to purchase the required uniforms and make sure my child follows the dress code. I pledge to uphold and support PTA's philosophy of education, policies and rules.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In order for your application to be taken to the Admissions Committee, we need the following:**

- Three (3) References
- Transcript/School Records
- Financial Consult with Business Manager
- Current Physical
- Copy of Immunization Records
- Copy of Birth Certificate
- Emergency Permission to Treat Consent Form
- Marketing/Promotional Release Form
- Interview (upon request of school)
- Testing (upon request of school)
- \$25 Application Fee (please attach).  
Check can be made payable to: Pine Tree Academy

# Pine Tree Academy

## Reference Form



67 Pownal Road, Freeport, ME 04032 • pinetreeacademy.org  
 Ph: (207) 865-4747 • Fx: (207) 865-1768

Student Name: \_\_\_\_\_

### Family Educational Rights and Privacy Act (Buckley Amendment)

Under the provision of this act, you have the right, if you enroll at Pine Tree Academy, to review your educational records. This act further provides that you may waive your right to see recommendations for admission. Please indicate by checking the appropriate box and signing your name, whether or not you wish to waive that right.

- I do not waive my right to see this document
- I do waive my right to see this document

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The student listed above has applied for admissions to Pine Tree Academy and is requesting a referral from you. Your answers to the following questions will aid us in evaluating the applicant. Please mark the appropriate ranking that would most accurately describe the behavior and attitude of the applicant. If you have not had an opportunity to observe a given characteristic, please mark "Do Not Know." If the applicant waives their right to see the recommendation, all letters of recommendation will remain confidential.

When completed, please tri-fold this form and mail it to us. The applicant, as well as Pine Tree Academy, will appreciate a prompt reply within seven days.

	Superior	Above Average	Average	Fair	Poor
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude to Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Vigor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reference Name: \_\_\_\_\_

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

How Long Known Applicant: \_\_\_\_\_

# Pine Tree Academy

## Permission to Treat Form



67 Pownal Road, Freeport, ME 04032 • pinetreeacademy.org  
Ph: (207) 865-4747 • Fx: (207) 865-1768

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last                      First                      Middle

We, the understanding parent(s) or guardian(s), do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service of Doctor \_\_\_\_\_, at Phone: (\_\_\_\_) \_\_\_\_\_, or any physician the school may contact, 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 doctor listed above before the school calls any other.

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 PINE TREE ACADEMY or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment although every effort will be made to reach me.

We hereby authorize any hospital, physician or other person who has attended or examined the minor to furnish to Maksin Management Corporation, or its representative, any and all information with respect to any illness, medical history, prescription or treatment and copies of all hospital or medical records. A copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### STUDENT INFORMATION

List any allergies along with severity: \_\_\_\_\_

List any medications with dosage: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

### INSURANCE INFORMATION

- The student listed above is NOT covered by health insurance
- The student listed above IS covered by health insurance

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

	Mother	Father
<b>Address:</b>		
<b>Home Phone:</b>		
<b>Work Phone:</b>		
<b>Mobile Phone:</b>		
	Contact Other Than Parent	
<b>Name:</b>		
<b>Phone:</b>		
<b>Relationship:</b>		

# Pine Tree Academy

## Student Physical

67 Pownal Road, Freeport, ME 04032 • pinetreeacademy.org  
Ph: (207) 865-4747 • Fx: (207) 865-1768



**This form must be completed and signed by a physician.** Physicals are required by the State of Maine for all new students and students entering grades Pre-K, K, 1, 4, 7 and 9.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street City State Zip*

Family Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street City State Zip*

### Family History:

Father's Age: \_\_\_\_\_ Mother's Age: \_\_\_\_\_ Siblings Age(s): \_\_\_\_\_

Any Significant Family Medical History: \_\_\_\_\_

### Student History:

General Physical Development of Student: \_\_\_\_\_

Allergies: \_\_\_\_\_ Severity: \_\_\_\_\_

Operations: \_\_\_\_\_

Prescriptions (list prescription, dosages and reason for use): \_\_\_\_\_

History of treatment by a psychiatrist, psychologist or family doctor for mental or nervous disorder (include dates, names and addresses of physicians): \_\_\_\_\_

General physical condition:  Poor  Fair  Average  Good  Excellent

Is there any reason this student should not participate in the school physical education program? \_\_\_\_\_

Date of last eye exam: \_\_\_\_\_ Contact lens use:  Yes  No

Date of last dental exam: \_\_\_\_\_ Date of last Tetanus shot/booster: \_\_\_\_\_

### Immunizations: (Please complete dates and ATTACH a copy of immunization records)

DTaP/DT/DTP					
OPV					
MMR					
Varicella (start 2003)					

Abnormal Serum Reactions:  No  Yes, Explain: \_\_\_\_\_

Physician comments: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Pine Tree Academy

## Promotional and Marketing Release

67 Pownal Road, Freeport, ME 04032 • [pinetreeacademy.org](http://pinetreeacademy.org)  
 Ph: (207) 865-4747 • Fx: (207) 865-1768



Pine Tree Academy (PTA) continually updates marketing and promotional materials. We also submit articles to the Northern New England Conference (NNEC) affiliate publication and local newspapers. Please mark your approval below:

Student Name: \_\_\_\_\_

	Yes	No
PTA Website		
PTA Publications		
NNEC Affiliate Publications	<input type="checkbox"/>	<input type="checkbox"/>
Local Newspapers		

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

# Pine Tree Academy

## Transportation and Dismissal Form

67 Pownal Road, Freeport, ME 04032 • [pinetreeacademy.org](http://pinetreeacademy.org)  
 Ph: (207) 865-4747 • Fx: (207) 865-1768



Student Name: \_\_\_\_\_

### EARLY DISMISSAL

If the school has to be dismissed in the middle of the day (i.e. snow, etc.) and your child has to come home early, we need to know your wishes regarding their transportation.

- My child is to come home on the bus as usual
- Please call me at this number: \_\_\_\_\_
- Please keep my child at the school, and I will come get them as soon as possible

### TRANSPORTATION

My child has permission to ride with the following:

Name	Relationship

**Pine Tree Academy**  
**Transcript Release Authorization**  
67 Pownal Road, Freeport, ME 04032 • pinetreeacademy.org  
Ph: (207) 865-4747 • Fx: (207) 865-1768



---

**Attention Parent/Guardian of Applicant**

The admission process requires that we have an academic transcript and testing data for each applicant in order to evaluate a student's capabilities and performance. **Please sign this form and send or take to the office of the school your child is presently attending.**

**I consent to the release of my student's records to Pine Tree Academy.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Information Requested:**

1. Transcript of academic records for the previous school years.
2. Progress report or transcript for courses now in progress and most current grades for the current school year
3. Results of previous achievement tests
4. Educational or psycho-educational testing and/or evaluations

**When enrolled:**

1. Final grades
2. Health records

**Attention Current School:**

Please keep this request on file. You will be notified if this student enrolls at Pine Tree Academy so that the final materials can be sent. We appreciate your cooperation and thank you in advance for your assistance.

Please send the requested information to:

Admissions Committee  
Pine Tree Academy  
67 Pownal Road  
Freeport, ME 04032

Ph: 207-865-4747  
Fx: 207-865-1768