



A Christian College Preparatory Boarding High School

Greetings from the beautiful state of Oregon!

We are pleased that you are interested in Canyonville Academy. Enclosed, you will find our application and additional information regarding our school.

Canyonville Academy is a culturally diverse Christian college preparatory boarding high school (Grades 9-12) with a student body composed of approximately 75% international students, located in Canyonville, Oregon. For almost 100 years, the school has offered excellent education and has been preparing students to enter universities and colleges in the U.S. and worldwide. With small, structured and relational classes Canyonville Academy's focus is on improving student academic performance, helping students to develop character, and enhancing their life skills, whether they are from around the world or around the corner.

Our graduates have gone on to MIT, Stanford, Columbia University, Boston College, Virginia Tech, the University of Oregon and more than 100 major universities in the US and around the world. Our alumni include current and former provosts of Biola University and Alaska University and current and former presidents of Northwest College and Toledo University. Other alumni include a presidential historian and special assistant to President George H.W. Bush, a screen writer, an American painter, a nuclear engineer, college professors and more.

Founded in 1924, Canyonville Academy is one of the oldest Christian college prep boarding high schools in the western United States. Our beautiful 14-acre campus includes four dormitories, a science laboratory, a computer laboratory, eight classrooms, a chapel, a gymnasium, a weight room, an auditorium, the 'PX' student center, a newly built professional size soccer field and a beautiful semi-formal garden.

We invite you to visit our campus to see for yourself. Please call ahead to arrange a tour with our friendly staff at 541-839-4401. We look forward to hearing from you.

If you would like additional information, please call our office or visit our website at www.canyonville.net.

Corinne Burkert
Chief Executive Officer
enroll@canyonville.net

Canyonville Academy

Application For Admission

Year of Interest	2021-2022	2022-2023		
Semester	Fall	Spring		
Grade	9	10	11	12
Method of Study	Virtual	In-Person		
Are you currently a student in the USA?	Yes	No		

Please fill in all boxes using your keyboard. Then save and send by email to: enroll@canyonville.net or print and mail to our mailing address below.

Student Information: First Name Middle Last Name (Family Surname)

Preferred to be called by: Male Female

Mailing Address: Number & Street

City State or Province Postal code Country

Telephone: Mobile Number Work Number Home number

Email Address:

Place of Birth & Birthdate City State or Province Country

Month/Day/Year (Example 05/23/1961)

Last School Attended & Mailing Address School Name Street Address

City State or Province Postal code Country

Grade:

Guidance Counselor Name: School Phone/Fax or E-mail:

Family Information

	FATHER	MOTHER
Full Name:		
Mailing Address:		
City, State, Zip		
Home Telephone:		
Fax Number:		
Email:		
Employer:		
Business Telephone:		
Citizenship:		

If parents are separated or divorced:	
To whom should correspondence be directed?	
Who has legal custody?	
With whom does applicant live?	

How did you learn about Canyonville Academy?

<input type="checkbox"/> Friend or relative who attended Canyonville Academy	<input type="checkbox"/> Educational Consultant or Agent
<input type="checkbox"/> Boarding school internet search	<i>Agency name:</i>
<input type="checkbox"/> A current Canyonville Academy Student or Parent	<input type="checkbox"/> Canyonville Academy Website
<input type="checkbox"/> Boarding School Directory	<input type="checkbox"/> Other
<i>Name of website or directory:</i>	

International Students

Please provide name, address, and telephone number of a contact person in the United States, if possible.

First Name	Last Name	Relationship
Street		
City	State	Zip Code
Home Phone	Fax	
Email		

PARENT'S SIGNED CONSENT FOR EMERGENCY MEDICAL CARE

We, the undersigned parents of _____ a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or any hospital service, that may be rendered to said minor while he is a student at CANYONVILLE ACADEMY.

It is understood that this consent is given in advance of any specific diagnosis or treatment. It is given to encourage CANYONVILLE ACADEMY and the attending physician to exercise their best judgment concerning diagnosis and treatment.

The consent shall remain effective as long as he/she is a student at Canyonville Academy unless revoked in writing and delivered to attending physician or other person entrusted with the custody of said minor.

Student Birth Date _____ Birthplace _____ SSN/PP# _____

Father Home Phone _____ Work Phone _____

Mother Home Phone _____ Work Phone _____

Emergency Contact Person Name _____ Phone _____

Primary Care Physician _____ Phone _____

Does your child have or have had any of the following below? Please answer "Yes" or "No" to each diagnosis. If yes, please enter the year

<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Past concussion</td> <td style="width: 5%;">Yes</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">No</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">Yr</td> </tr> <tr> <td>Past skull fracture</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Neck injury</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Hearing problems</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Frequent ear infections</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Pneumonia</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Diabetes</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Epilepsy/seizures</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>History of muscle/ Bone Disease</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Tuberculosis</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Bulimia/ Anorexia</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Depression</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>ADHD</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> </table>	Past 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<td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Hernia</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Heart trouble</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Corrective lenses</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Hepatitis</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> <tr> <td>Mental disorders</td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Yr</td> </tr> </table> <p>Last Tetanus Shot Date _____</p>	Bipolar Disorder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yr	Autism	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yr	Kidney 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Explanation's are Required on All "Yes" answers

I have included physician's notes. I understand if health conditions are concealed it could warrant a dismissal.

Parent/Guardian Signature _____ Date _____

Canyonville Academy

Principal/Teacher Recommendation (Current Academic Teacher)

StudentName _____ Date _____

Principal/Teacher: Please complete **Parts I & 2** as well as the recommendation portion. This student is applying for admission to Canyonville Academy, a boarding high school for grades 9-12. Thank you in advance for your evaluation. This information is Confidential.

Part 1

Academic Qualities

	Excellent	Good	Fair	Poor
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation & Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Qualities

	Excellent	Good	Fair	Poor
Classroom Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Act Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Academic/Personal Qualities: _____

PART 2

During what school year(s) did you teach or supervise the applicant? _____

In what subjects and/or activities have you taught or supervised the applicant? _____

Canyonville Academy

Student Background Information

If the answer to any of the following questions is a “YES”, please provide details on a separate sheet of paper.

Has the applicant ever been expelled or suspended from school? Yes No

Has the applicant had any involvement with legal authorities? Yes No
(other than a traffic violation)

In making this application, I agree to the principles and regulation of Canyonville Academy.

I also realize that the financial obligation is for each year that my student is enrolled at Canyonville Academy, and that there shall be no reduction on the charge if the student is withdrawn or dismissed.

It is my belief that all information which will assist in the successful development of my student(s) at Canyonville Academy has been included in or with this application.

I understand that failure to disclose any pertinent information regarding the questions above could result in denial of admission or immediate dismissal.

The Academy may contact any individual listed in this application for additional information.

Pledge: If accepted into the student body of Canyonville Academy, the student will attend services, programs, and other activities as directed. The student will also work up to their ability and they will be taught, corrected, and guided. The student will strive to maintain good Christian character and attitude, and they will be cooperative. The student will abide by the rules set down by this institution and the decisions of the administration and staff.

Student Name(Print):

Student Name(Signature):

Parent Name(Print):

Parent Name (Signature):

Date:

Canyonville Academy

My Application Checklist for Virtual

Please ensure that the following are included with your application to ensure quick process:

Registration fee of \$50.00 Please pay online at: [Canyonville.flywire.com](https://canyonville.flywire.com)

Student Application forms **completed, signed & pages 2, 3 & 4 returned.**

Provide previous **year's Transcript (International Students) in English**

Provide **"2"** Personal references from a teacher, pastor, or non-family member (enclosed form or letter)

A **photocopy of student's passport** to verify the spelling of name.

Attach a photo

Provide an **email address** for communication with Canyonville Academy.

**Returning students should NOT complete application.*

***Incomplete applications may delay the admission process.*

Admission Policy

1. Each student must have a genuine desire to attend Canyonville Academy.
2. Each student must be in good standing academically & behaviorally at previous school.
3. Each family is expected to be in harmony with & supportive of the school.
4. All families must submit a completed application packet with Registration fee.
5. All New students are to provide a copy of their most recent

Canyonville Academy

My Application Checklist for In-Person

Please ensure that the following are included with your application to ensure quick process:

Registration fee of \$50.00. Please pay online at: Canyonville.flywire.com

Student Application forms **completed, signed & returned** to enroll@canyonville.net.

Copy of **Immunization Records**

Provide previous **year's Transcript (International Students) in English**

Provide **"2"** Personal references from a teacher, pastor, or non-family member (enclosed form or letter)

A **photocopy of student's passport** to verify the spelling of name.

Attach a photo

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3. Each family is expected to be in harmony with & supportive of the school.
4. All families must submit a completed application packet with Registration fee.
5. All New students, if you have most recent achievement and placement test scores please submit with your application.