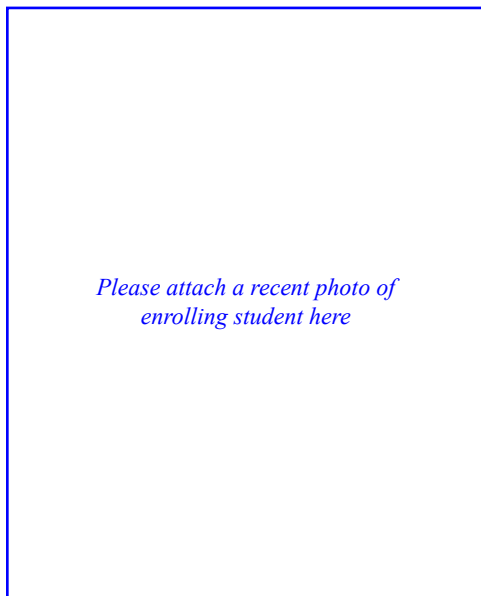




**"I AM" SCHOOL, INC.**  
118 Siskiyou Avenue  
Mt. Shasta, CA 96067  
(530) 926-6263 fax: (530) 926-0828



*Please attach a recent photo of  
enrolling student here*

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TRADEMARKS AND SERVICE MARKS OF SAINT GERMAIN FOUNDATION INCLUDE:

"I AM" Activity,® "I AM" Ascended Master Youth,® "I AM" Sanctuary,® "I AM" School,® "I AM" Study Group,® "I AM" Temple,® "Mighty I AM Presence,"® Saint Germain,® Saint Germain Foundation,® Saint Germain Press,® Shasta

# ADMISSION APPLICATION

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

Year: 2010-11

## APPLICATION CHECKLIST

To the enrolling student and their parent(s): Complete the following application forms and return by the second week of August of the year you wish to attend.

Late applicants will only be considered for enrollment for the second semester.

New Students: (A \$100 non-refundable application fee must accompany this form. This fee will be applied against tuition if the application is approved.)

- Interviews (in person, not over the phone): with parents only, student only, and student and parents together, will take place with the Administrator, a Faculty Member, and could also include a member of the Board of Trustees.
- Transcripts from previous school must be submitted. (Transcript request form enclosed)
- Signed Medical Emergency Authorization Form.
- Signed General Liability Release and Transportation & Trip Permission Form.
- Signed Student and Parent Commitment form.
- Signed Student Sponsor form (100% "I AM" Student)
- Payment of tuition and expenses.
- Read (parent and child together) the "*I AM*" *School Standards* booklet and "*I AM*" *School Handbook*; discussing items as required, for complete understanding.
- Student must have read required Volumes of the *Saint Germain Series* (according to grade level).
- It is vital that the child has a Heart's desire to attend the "I AM" School. **Each year** the student applicant is to write a letter in his/her handwriting telling why he/she wants to be a student at the "I AM" School.

Returning Students: (A down-payment is due and payable on April 30th of each year. This down-payment will be applied against and will reduce the August 15th payment.)

- Complete any forms where information may have changed from the previous years' attendance.
- Signed Medical Emergency Authorization Form.
- Signed General Liability Release and Transportation & Trip Permission Form.
- Signed Student and Parent Commitment form.
- Signed Student Sponsor form (100% "I AM" Student)
- Payment of tuition and expenses.
- Read (parent and child together) the "*I AM*" *School Standards* booklet and "*I AM*" *School Handbook*; discussing items as required, for complete understanding.
- Student must have read required Volumes of the *Saint Germain Series* (according to grade level).
- It is vital that the child has a Heart's desire to continue at the "I AM" School. **Each year** the student is to write a letter in his/her handwriting telling why he/she wants to be a student in the "I AM" School.

## STUDENT DATA

To be filled out by the parent(s) or legal guardian and applicant who is 12 years of age or over.  
Please print or type.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Age: \_\_\_\_ Date and place of birth: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_

U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ If not, what country? \_\_\_\_\_

Primary Language: \_\_\_\_\_

Grade entering: \_\_\_\_\_ Extended Studies Student ? If so, what age: \_\_\_\_\_

### Family Information:

Mother's Full Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

**The students of the "I AM" School are requested to become active "I AM" Students.**

How long has the student been in the "I AM" Activity? \_\_\_\_\_

Does the student have an up-to-date "I AM" Study Group® card? \_\_\_\_\_

**On a separate sheet of paper, the student must submit a handwritten letter expressing his/her desire to attend the "I AM" School.** (Attach the letter to the Admission Application Form.)

The Board of Trustees of Beloved Saint Germain's "I AM" School reserve the right to accept or reject any application in its sole discretion.

**“I AM” SCHOOL, INC.**  
**STUDENT/PARENT INTERVIEW FORM**  
*(Form to be completed during interviews)*

Date of Interviews: \_\_\_\_\_

Interviewers (Name and title): 1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

**Please attach questionnaire below.**

Follow-up communication:

Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

**ADMISSION APPLICATION**

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

Year: 2010-11



## REQUEST FOR TRANSCRIPT AND SCHOOL REPORT

**"I AM" SCHOOL, INC.**  
118 Siskiyou Ave.  
Mt. Shasta, CA 96067  
(530) 926-6263 fax: (530) 926-0828

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

### To Be Completed by the Head of School or Counselor

*The student named above is a candidate for admission to the "I AM" School. We would appreciate your sending the student's official transcript and report of standardized test scores, as well as completing the questions below. Thank you.*

Your Name (please print) \_\_\_\_\_

Position/Title \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

School Telephone (area code & number) \_\_\_\_\_

Is your school . . . . .  Public  Private  Parochial

In what subjects is the applicant in advanced or remedial sections?

Advanced \_\_\_\_\_ Remedial \_\_\_\_\_

Where does this student rank in class? . . . . .  Top 10%  Top 25%  Top Half  Bottom Half

*Please send transcripts and test scores— with this form attached—to the above address.*

*Thank You.*

**“I AM” SCHOOL, INC.**

**MEDICAL EMERGENCY AUTHORIZATION FORM**

During periods of my child’s attendance at the “I AM” SCHOOL, Inc., I hereby authorize the administrator, the School nurse, a member of the faculty, Board of Trustee member, or a doctor in attendance, to make decisions to proceed with any critical, medical, or surgical treatment required for my child’s health and welfare, provided an attempt to notify the parents about the emergency has first been made.

This Authorization is for: \_\_\_\_\_  
Student’s Name Date

Are there any physical or mental conditions of which the School should know either for daily consideration at school or treatment in case of emergency?

Allergies? \_\_\_\_\_

Medication? \_\_\_\_\_

Other health, mental or emotional problems? \_\_\_\_\_

Please print the names, addresses, and telephone numbers (with area codes) in order of importance, by which to reach parents/guardians in case of emergency:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If you wish to have your family physician consulted, if available in an emergency, please print his name and address, with both his office and residence telephone numbers (with area codes):

\_\_\_\_\_  
\_\_\_\_\_

If you have insurance, please print the company name and telephone number and your policy number:

\_\_\_\_\_

In case of emergency, do you want your child to have:

- A. tetanus shot                      yes   no
- B. X rays                                yes   no
- C. antibiotics                         yes   no
- D. natural remedies if possible   yes   no
- E. other emergency shots         yes   no
- F. blood transfusion                 yes   no

**If medical situation compels use of these or other emergency measures, do you agree to do whatever is necessary to protect life and limb?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Mother’s Employer: \_\_\_\_\_

Address and Telephone Number: \_\_\_\_\_ Fax \_\_\_\_\_

Mother’s Maiden Name: \_\_\_\_\_

Father’s Employer: \_\_\_\_\_

Address and Telephone Number: \_\_\_\_\_ Fax \_\_\_\_\_

Father’s Mother’s Maiden Name: \_\_\_\_\_

This Authorization Form releases the “I AM” School Inc., its Board of Trustees and officers, its employees and agents from any and all liability resulting from the “I AM” School, Inc. and its representatives arranging for medical care in case of emergency based on this authorization.

\_\_\_\_\_  
Signature of Parent or Guardian Date

ADMISSION APPLICATION

Student: \_\_\_\_\_  
Year: 2010-11

**GENERAL LIABILITY RELEASE  
TRANSPORTATION AND TRIP PERMISSION FORM**

The undersigned authorize the Administrator and Staff of the "I AM" School, Inc. to give their approval at their discretion for our child, \_\_\_\_\_, while he/she is a student at the "I AM" School, Inc., during the entire school year, as well as between semesters, to travel by the following modes of transportation:

- a. All Public Transportation.
- b. School Van, school car, private motor vehicle or rented vehicle driven by an adult approved by the Administrator and Staff in/or outside of the Mount Shasta area; the School will not be responsible if a person other than one approved by the School is driving your child in a private vehicle.
- c. Or any other means of Transportation in the local area.

The purpose of transportation arrangements will include going to and from School to participate in any and all activities approved by the School and to be transported to and from locations separate from the School where our child is required or permitted by School policy to travel, including the designated locations of the Junior-Senior Trip. Customary safety procedures must be followed (including the use of seat belts).

This general liability release form also covers any accident or other mishap while our child is a student at the "I AM" School engaged but not limited to activities enumerated in this release form (vehicular or otherwise) that may occur on or off School property, including but not limited to Shasta Springs®, the Amphitheater, or while engaged in School sponsored trips, events or other School sponsored activities during the entire school year, as well as between semesters.

In granting this authorization set forth in the paragraphs above to the extent permitted by law, the undersigned (and heirs, executors, administrators, and assigns) further agree to indemnify and hold harmless, release, and discharge the SAINT GERMAIN FOUNDATION® AND SAINT GERMAIN PRESS® WHO ARE LEGALLY AND FINANCIALLY INDEPENDENT OF THE "I AM" SCHOOL, INC., the "I AM" School, Inc., its Board of Trustees and officers, agents and employees, and each of them, from any and all liability, claims, loss, damages, cost or expense, whether those injuries, damages or losses are known or unknown, foreseen or unforeseen which the school, its officers, trustees, agents and employees and each of them may hereafter incur, suffer or be required to pay, directly or indirectly, by reason of our child, \_\_\_\_\_, incurring any injury, medical, legal or other expenses from any accident or other mishap while our child is a student at the "I AM" School engaged in activities enumerated in this Transportation and Trip Permission and General Liability Release Form, or for any accident or injuries (vehicular or otherwise) that may occur on School property, including but not limited to Shasta Springs, or while engaged in School sponsored trips, events or other School sponsored activities, whether on or off School property and by the types of transportation enumerated in a, b, and c above.

**THE UNDERSIGNED FULLY UNDERSTAND THIS GENERAL LIABILITY RELEASE FORM AND TRANSPORTATION AND TRIP PERMISSION, ITS EFFECT AND SIGNIFICANCE, AND HAS MADE APPROPRIATE INQUIRIES TO CLARIFY ANY QUESTIONS.**

**If I do not live in the Mount Shasta area I (we) hereby authorize the responsible adult with whom my child is living to give specific permission for overnight or day field trips as details are announced by the School, except for the Junior-Senior Trip which will be handled separately.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**A COPY OF THIS PERMISSION FORM MUST BE IN THE STUDENT'S FILE IN THE "I AM" SCHOOL OFFICE ON THE FIRST DAY OF THE SCHOOL YEAR. THIS IS THE RESPONSIBILITY OF THE PARENT(S). STUDENT WILL NOT BE PERMITTED TO GO ON ANY SCHOOL TRIPS UNTIL THIS FORM IS ON FILE.**

**ADMISSION APPLICATION**

Student: \_\_\_\_\_  
Year: 2010-11

**“I AM” SCHOOL, INC.  
PARENT AND STUDENT COMMITMENT**

**As the parent(s) of a child enrolled at Beloved Saint Germain’s “I AM” School, I will:**

1. Support the Standards and Policies of the “I AM” School as stated in the “*I AM*” *School Student/Parent Handbook*.
2. Support the Administration and faculty in their teaching and disciplinary measures.
3. Sign and return promptly my child’s report card for the “I AM” School records.
4. Maintain regular communication with the “I AM” School.
5. Bring my child to school on time, or arrange for the houseparent to bring my child to school on time. (See tardy policy in “*I AM*” *School Student/Parent Handbook*.)
6. Make sure my high school age child is in bed no later than 11:00 P.M. on a school night.
7. Provide my child with the necessary school supplies and clothing.
8. Pay all damages, in the instance where my child causes property damage or injury to others.
9. Make necessary travel arrangements if my child is dismissed or expelled.
10. Strictly adhere to vacation dates on the “I AM” School calendar. (See Attendance Policy in “*I AM*” *School Student/Parent Handbook*.)
11. Provide holiday care. Parents are required to provide transportation home for their boarding students for Thanksgiving, Christmas, Easter and Summer holidays, or make arrangements for their care. This includes arranging for drop-off and pick-up at the airport.
12. Meet my tuition obligations on time.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

“Each one of you must decide within yourselves whether you want to do what the Discipline requires or whether you do not want to accept that responsibility. If you decide to do it, then decide with all you have with no resistance, no rebellion, and no ingratitude.”

Mrs. G.W. Ballard, *The Voice of the “I AM,”* 80.6:21

**Student Commitment**

As a student of Beloved Saint Germain’s “I AM” School, I pledge to uphold and obey the school standards and policies as stated in the “*I AM*” *School Student/Parent Handbook*. I will strive to maintain the Ascended Master standards of courtesy, kindness, morality and honesty, whether in public or private; and I will not give the impression to students, parents, friends, or faculty that I am not in harmony with the aims of the “I AM” School.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**“I AM” SCHOOL**  
**STUDENT SPONSOR FORM**  
*(To be completed by 100% “I AM” Student)*

**Every child at Beloved Saint Germain’s “I AM” School is required to have a 100% “I AM” Student to sponsor them during the school year.**

At times it may be necessary for the “I AM” School to call on you, as the student’s sponsor, to provide any guidance necessary for his/her understanding and success at the School. As a student’s sponsor you are requested to:

- 1.) Read the *“I AM” School Student/Parent Handbook*.
- 2.) Support the child’s desire to become an active “I AM” Student.
- 3.) Support the School, when called upon, to help the child understand and abide by School Policies and Standards.

Name (please print): \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

“I AM” Sanctuary you attend: \_\_\_\_\_

In what capacity, and for how long, have you known the student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPONSOR COMMITMENT**

As a 100% Student, I, \_\_\_\_\_, do agree to the above duties as the sponsor for the student, \_\_\_\_\_, for the year(s) of \_\_\_\_\_.

We Thank and Bless You for taking on this responsibility!

**ADMISSION APPLICATION**

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

Year: 2010-11





## STUDENT SUPPLIES CHECKLIST

The “I AM” School is located in Mount Shasta, a beautiful mountain city that allows the students to participate in many fun outdoor activities. We do have winter weather here, and the students will need warm clothing to enjoy the snow. With students field trips, gardening, fund-raisers, etc., it is necessary that they come with a variety of clothing. We hope the following list will help in your preparation for the year.

**Required** school items:

- white school uniform and accessories
- for boys: a colored suit coat for semi-formal occasions
- for girls: colored skirts or dresses for semi-formal occasions
- winter clothing: coats, hats, gloves, boots, snow pants, etc.
- overnight bags (for overnight school trips)
- hiking boots
- work clothes (for gardening, etc.)
- P.E. clothing (including tennis shoes)
- school supplies: notebooks, paper, pens, pencils, etc.
- school bags or backpacks

If your local Sanctuary does not have these “I AM” Decree Books in stock you may order them directly from the Saint Germain Foundation® at 1-800-662-2800. From outside the U.S.A. call +1-847-882-1911. If your child arrives without these books, the “I AM” School will purchase them on your behalf and bill you, the parent. The books required are:

- “I AM” Decree Booklets–Book One*
- “I AM” Decree Booklets–Book Three*
- “I AM” Decrees Series One*
- “I AM” Decree Series Two*
- “I AM” Fundamentals Series I and “I AM” Fundamentals Series II*
- “I AM” Study Group Outline I*
- “I AM” Violet Flame Outline II*
- “I AM” Youth Outline*
- “I AM” Ascended Master Youth Decrees Part III*
- “I AM” Lyrics Songbook*
- Unveiled Mysteries, Volume I (grades 5–12)*
- The Magic Presence, Volume II (grades 7-12)*
- The “I AM” Discourses, Volume III (grades 10-12)*
- A book bag for “I AM” Decree books (something suitable to bring into the “I AM” Sanctuary®)

The following are **optional** items. Please ship these to the school, or have the student buy them locally if possible:

- ski equipment: boots, ski pants, hats, gloves, skis and poles
- bicycle
- sleeping bag and tent
- tennis racket
- personal computers