



Rod and Marcia Boothby  
3310 Providence Ln. PO Box 945  
Condon, MT 59826 (406) 754-0094  
missionquest @blackfoot.net  
[www.missionquestacademy.org](http://www.missionquestacademy.org)

## Application Form

(Please Fill In And Submit Application Pages 1- 9)

**Applicant's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**\*Please Enclose a Recent Photo of Applicant**

**Applicant's Street Address:** \_\_\_\_\_ **City, State, and Zip** \_\_\_\_\_

**Applicant's Driver's License Number:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Religious Affiliation:** \_\_\_\_\_ **Length of Time In This Affiliation:** \_\_\_\_\_

**Church Information:** \_\_\_\_\_  
Name of Church Address Phone

**Pastor Information:** \_\_\_\_\_  
Name Address Phone

**Father's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address: Street:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**Father's Driver's License Number:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Religious Affiliation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address: Street:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**Mother's Driver's License Number:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Religious Affiliation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Since:** \_\_\_\_\_

**Name of additional person to contact in the event of an emergency:** \_\_\_\_\_ **Phone/Cell:** \_\_\_\_\_

**Siblings:** (Number, Age, Gender): \_\_\_\_\_

**Note:** Each student is prayerfully considered for acceptance to Mission Quest, however, because our program is tailored to individual needs, and is conducted in a family home atmosphere, we accept only 8 students per school year.



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**Applicant's Education / Interests:** Current Grade Level: \_\_\_\_\_

Did He Graduate \_\_\_\_? Finish Home School \_\_\_\_? Obtain GED \_\_\_\_? If Yes, Date? \_\_\_\_\_

Does He Have Plans To Continue Education? Y N

**Please List Educational Goals for Applicant:** \_\_\_\_\_

**Name, Address & Phone of Last School Attended:** \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date If Discontinued: \_\_\_\_\_ Reasons: Needed Time Out \_\_\_ Failing Classes \_\_\_ Expelled \_\_\_

Other: \_\_\_\_\_

**Home School:** Date Began: \_\_\_\_\_ Date If Discontinued: \_\_\_\_\_ Reasons: Needed Time Out \_\_\_ Failing Classes \_\_\_

Other: \_\_\_\_\_

(Please circle one)

**Reading Skills:** Fair, Good, Excellent

**Math Skills:** Fair, Good, Excellent

**Language Arts:** Fair, Good, Excellent

**Science Skills:** Fair, Good, Excellent

**Spiritual Interest:** Fair, Good, Excellent

**Musical Arts:** (List Musical Interest/Talents & Accomplishments):

**Sports / Recreation Pursuits:** (List Type of Sport / Recreation Interests & Accomplishments):

**Vocational Abilities:** (List Abilities, Experience &/or Interests)

**Hobbies, Special Interests:**

**Favorite Pets or Animals:**

**Please List Three Personal References:** (Name, Address, Phone, Email (opt.), and Relationship to Applicant)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



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<b>Character Strengths:</b>	<b>Always</b>	<b>Often</b>	<b>Occasional</b>	<b>Comments (or unknown)</b>
Good Personal Hygiene	_____	_____	_____	_____
Responsible For Actions	_____	_____	_____	_____
Respectful Of Authority	_____	_____	_____	_____
Good Work Habits	_____	_____	_____	_____
Good Social Skills	_____	_____	_____	_____
Good Manners	_____	_____	_____	_____
Uses Leisure Time Constructively	_____	_____	_____	_____
Friendly/Helpful To Others	_____	_____	_____	_____
Obedient & Cooperative	_____	_____	_____	_____
Expresses Self Clearly	_____	_____	_____	_____
Shows Genuine Remorse for Wrong Actions	_____	_____	_____	_____
Likes Animals & Is Appropriate With Them	_____	_____	_____	_____
Sincere	_____	_____	_____	_____
Shows Interest in Spiritual Themes	_____	_____	_____	_____
Chooses Positive Peer Influences	_____	_____	_____	_____
Shows Good Control of Passions	_____	_____	_____	_____
Honest	_____	_____	_____	_____
Respectful Of Women	_____	_____	_____	_____
Applies Himself to Physical Challenges	_____	_____	_____	_____
Accomplishes Assigned Tasks	_____	_____	_____	_____
Respects Property of Others	_____	_____	_____	_____

<b>Difficult Behavior Issues:</b>	<b>Often</b>	<b>Seldom</b>	<b>Never</b>	<b>Comments (or unknown)</b>
Stealing	_____	_____	_____	_____
Preoccupation with Fire	_____	_____	_____	_____
Uncontrolled Anger	_____	_____	_____	_____
Tobacco Use	_____	_____	_____	_____
Alcohol Use	_____	_____	_____	_____
Drug/ Narcotic Use	_____	_____	_____	_____
Inappropriate Sexual Behavior	_____	_____	_____	_____

**Please Give Detailed Information of Any Legal Involvement/Offense:** (Never)  
 (Include Type of Offense, Date & Detainments if Any)

**Please List Goals Or Expectations For This Applicant If Accepted At Mission Quest:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_



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**Has Applicant Ever Experienced Any Of The Following?** Please Check Yes To All That Apply And Give Date/s, Details/ Hospitalization. Use Back of Application If Necessary, Include Number of The Question & Details.

- | Yes | No  |                                                                                                                                   |
|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------|
| 1   | ___ | Allergies, sinuses trouble hay fever, hives?                                                                                      |
| 2   | ___ | Anemia, hemophilia (bleeding), easy bruising, or any blood disorder?                                                              |
| 3   | ___ | Dermatitis, psoriasis, eczema, athlete's foot, ringworm, lupus, or any skin disorder?                                             |
| 4   | ___ | Respiratory trouble, emphysema, asthma, bronchitis, pneumonia, cancer, or any lung disorder?                                      |
| 5   | ___ | Heart trouble, palpitations, heart murmur?                                                                                        |
| 6   | ___ | Eye Problems, poor vision?                                                                                                        |
| 7   | ___ | Diabetes, hypoglycemia, any trouble with blood sugar?                                                                             |
| 8   | ___ | Seizures, epilepsy, fainting or dizzy spells?                                                                                     |
| 9   | ___ | Liver trouble, hepatitis A (infectious), hepatitis B (serum), cirrhosis?                                                          |
| 10  | ___ | High blood pressure, racing pulse, hyperventilation?                                                                              |
| 11  | ___ | Nervous disorders, schizophrenia, neurosis, mental trauma?                                                                        |
| 12  | ___ | Has applicant ever been seen for psychiatric counseling or treatment?                                                             |
| 13  | ___ | Night sweats, fever?                                                                                                              |
| 14  | ___ | Joint pain, arthritis, broken bones?                                                                                              |
| 15  | ___ | Back trouble/pain, neck pain, fractured back, paralysis?                                                                          |
| 16  | ___ | Rheumatic fever, scarlet fever, sickle cell disease?                                                                              |
| 17  | ___ | Thyroid disease, hypothyroid, hyperthyroid, thyroid surgery?                                                                      |
| 18  | ___ | Tuberculosis?(TB)                                                                                                                 |
| 19  | ___ | Unexplained weight loss, weakness, tiredness, chronic fatigue syndrome, or fibromyalgia?                                          |
| 20  | ___ | Venereal disease? (Syphilis, gonorrhea, etc.) If Yes, Give details.                                                               |
| 21  | ___ | Has applicant ever tested positive for AIDS / HIV? If Yes, Give details.                                                          |
| 22  | ___ | Jaundice?                                                                                                                         |
| 23  | ___ | Any kidney trouble, bladder infections, kidney infections, blood in urine, kidney transplants?                                    |
| 24  | ___ | Stomach or intestinal trouble, Crohn's Disease, colitis, frequent bouts of diarrhea, nausea, vomiting, indigestion, ulcers, etc.? |
| 25  | ___ | Cancer?                                                                                                                           |
| 26  | ___ | Any accidents/trauma                                                                                                              |
| 27  | ___ | Any surgery?                                                                                                                      |
| 28  | ___ | Has applicant ever abused any substance? Give details.                                                                            |
| 29  | ___ | Has applicant ever suffered from or been treated for depression?                                                                  |
| 30  | ___ | Does applicant suffer from significant mood swings?                                                                               |
| 31  | ___ | Childhood diseases? (mumps, measles, chickenpox, whooping cough, etc.)                                                            |
| 32  | ___ | Received current immunizations? List type & date received.                                                                        |

Comments/Details: (Use back of page if additional space is needed)





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### Physical Exam Form

To be fill out by Physician

**\*Please Submit This Form with Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ BP \_\_\_\_\_

General Appearance:

Skin \_\_\_\_\_ Scalp \_\_\_\_\_

Spine \_\_\_\_\_ Extremities \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ Rt \_\_\_\_\_ Lt \_\_\_\_\_

Ears \_\_\_\_\_ Hearing \_\_\_\_\_ Rt \_\_\_\_\_ Lt \_\_\_\_\_

Nose \_\_\_\_\_ Mouth \_\_\_\_\_ Teeth \_\_\_\_\_

Pharynx \_\_\_\_\_ Neck \_\_\_\_\_ Lymph Nodes \_\_\_\_\_

Heart \_\_\_\_\_ Size \_\_\_\_\_ Sounds \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Thorax \_\_\_\_\_

Genitalia \_\_\_\_\_ Rectum \_\_\_\_\_

Reflexes: Knee \_\_\_\_\_ Ankle \_\_\_\_\_ Plantar \_\_\_\_\_

Personality \_\_\_\_\_

Comments:

I certify that the above individual is a healthy young male with no limitations or symptoms of disease except what is noted or in comments above. I feel the individual is able to participate without limitations in a full class load and in physical recreation activities.

Signature of Physician:

\_\_\_\_\_ Date

Printed Name of Physician or Physicians Stamp \_\_\_\_\_



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**To Be Filled Out By Applicant: \*(Optional)**

**List Some of Your Favorite Interests, Activities, or Recreation, & Explain What You Enjoy About Them?**

- 1)  
\_\_\_\_\_
- 2)  
\_\_\_\_\_
- 3)  
\_\_\_\_\_
- 4)  
\_\_\_\_\_

**What Are Some Of Your Favorite Foods?**

**Do You Have Any Goals Or Things You Would Like To Accomplish In The Future?**

**What Are Some Of Them?** (I.e. Educational, Work/Vocational, Recreational, Musical, Spiritual, Relationships, etc...)

- 1)  
\_\_\_\_\_
- 2)  
\_\_\_\_\_
- 3)  
\_\_\_\_\_
- 4)  
\_\_\_\_\_

**How Often Do You Think About Spiritual Things?** (Circle One)    A Lot    Sometimes    Seldom

**Person You Admire or Would Like To Be Like, Why?** (Historical, Bible, Current)

**Do You Feel You Have Experienced Satisfaction Or Sense Of Achievement In Your Life?**    Y    N    Not Sure

**Please List Some Reasons Why, Or Why Not?**

**What Is Your Favorite Time Of The Year? Why?**



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**Parental Consent Form**

As Parent/Guardian of \_\_\_\_\_ (student's name), I hereby give my permission that he accompany Mission Quest Academy, Inc. students and staff in the various planned group activities including transportation to and from these events, for the period of **September 1, 2009 - April 29th, 2010**. This period includes the arrival of students to Mission Quest Academy Inc., until school ends. I understand that while every precaution shall be taken to ensure the safety and welfare of students under the care of Mission Quest Academy, Inc., whether on the premises or not, the school cannot be held responsible in the event of any accident or injury occurring throughout the above mentioned period.

**RELEASE OF CLAIMS AGAINST MISSION QUEST ACADEMY**

AS PARENT/GUARDIAN, I HAVE VOLUNTARILY APPLIED, ON BEHALF OF MY CHILD, TO PARTICIPATE IN THE ABOVE MENTIONED ACTIVITIES AND PERIOD OF ENROLLMENT AT MISSION QUEST ACADEMY, INC.. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/ WARD'S PRESENCE AND PARTICIPATION IN THESE ACTIVITIES DURING THE ABOVE PERIOD OF ENROLLMENT. I HEREBY RELEASE MISSION QUEST ACADEMY, INC. AND ANY OF ITS AGENTS, OR EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE, OR MAY HEREAFTER HAVE, FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN ACTIVITIES OR EVENTS OCCURRING DURING THE ABOVE MENTIONED PERIOD OF ENROLLMENT.

**MEDICAL RELEASE**

I understand that every effort will be made to contact me in the event of any accident or injury to my child. But in the event that I cannot be reached, I hereby authorize Rod or Marcia Boothby to consent to whatever medical or surgical treatment that may be considered necessary or advisable by the physician or nurse in attendance and treating such illnesses, conditions, or injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

**BEHAVIOR EXPECTATIONS**

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child, \_\_\_\_\_, to cooperate and conform with directions of the supervising personnel.

**PHOTO RELEASE**

Photos will be taken throughout the year of each student and group activities. I give permission to include photographs of \_\_\_\_\_ (applicant's name) to be included in Mission Quest materials in the future.

I affirm that I am the Legal Parent or Guardian of \_\_\_\_\_, a minor, date of birth, \_\_\_\_\_. I have carefully read this agreement and am aware that this is a release of liability, and a contract between myself, on behalf of my child, and Mission Quest Academy Inc. I hereby agree to all of the statements above and authorize Rod and Marcia Boothby to consent to the necessary medical care and treatment for my child while under their supervision from September, 2009 until June, 2010.

Please Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Legal Guardian's Signature) (Date)

This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_, 2009.  
by \_\_\_\_\_ (printed name of parent)

Notary signature: \_\_\_\_\_  
Printed Name of Notary: \_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



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**Mission Quest Academy, Inc. Fees & Tuition**

**Registration Fee: \$500** \*After Notification of Acceptance, Fee Must Be Received on or Before Monday, August 10, 2009, or Applicant Will Be Placed on A Waiting List. (\$200 non-refundable after August 10, 2009)

**Tuition: \$1,150.00 /month**

**Total Tuition for School Year: \$8050.00** (28wks)

**Registration Fee & Tuition Includes:** Meals, Room & Board, Bedding, Textbooks, Transportation of students to all scheduled activities, Classroom Materials, Camping/Recreational Equipment Usage, Field Trips, & Mission Trip.

**Not Included in Tuition:** 1) Laundry Expense: We will go to a Laundromat once per week. Laundry supplies and expense will be the responsibility of the student. 2) Personal Needs: ie. Toothpaste, Shampoo, Shaving Creme, Razors, Medications, etc. 3) Mission Quest Academy is located approx. 90 miles from Missoula, therefore *non-scheduled trips to town* for an individual student's needs will be an additional expense. 4) (optional) \$45 (8) Total: \$360 8 Full Day Down Hill Ski Trips at White Fish Resort (Big Mountain). (Fee Includes Ski & Helmet Rentals, Lift Pass & Professional Instruction)

**Mission Quest Academy, Inc. Financial Responsibility**

**Please List Legal Parent/s or Guardian/s Financially Responsible for Applicant's Tuition and Fees:**

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**Upon Acceptance Of Application: I/We Hereby Testify That All The Information Submitted In This Application Is True To The Best Of My/Our Knowledge. I/We Agree To Above Fees and Tuition, & Will Pay Registration Fee On, Or Before, August 10, 2009, & September Tuition in Full at Registration. I/We Agree To Pay Tuition In Full, On, Or Before, The First Day Of Each Month Of The School Year.**

\_\_\_\_\_  
Signature Date Signature Date

**\*Credit/Debit Cards Accepted** (Visa, MasterCard, Discover)

*\*(We will take Credit/Debit Information over the phone)*

\*Optional: For your convenience, we can keep your Credit/Debit card information on file & automatically charge each month's tuition to your card the first of every month during the school year. Please sign & date below.

\_\_\_\_ Yes, I would prefer to make registration & monthly tuition payments to Mission Quest Academy, Inc. by Credit/Debit Card. I give Mission Quest Academy, Inc. permission to automatically charge these fees to my card for the period of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

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

\*Credit/Debit Information provided to 'Mission Quest Academy, Inc.' is strictly confidential with no unauthorized use.



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## **Mission Quest Academy, Inc. Schedule**

### **A Few of Our Group Planned Activities 2009/2010:**

Extensive Nature/Wildlife Studies and Observation; Tipi Camping; Exploring Montana's National Parks; Educational Field Trips; Overnight & Extended Backpack Trips; Canoe Trips; Regular Hiking Field Trips; Downhill Skiing; Community Service/Personal Ministries; Special Mountain Top Experience; Spring Southwest Mission Trip & Desert Studies

### **School Registration: 2:00 – 6:00 pm Wednesday, September 2, 2009.**

\*September Tuition Is Due In Full at the Time of Registration.

\*(Flights Should Be Scheduled To Missoula International Airport, (MSO) On Tuesday Afternoon, Sept.1)

### **School Begins: Thursday, September 3, 2009**

### **Holiday Vacation: November 23rd - January 4, 2010**

\*(Students Are Required To Return Home)

\*Flights Should Be Scheduled Monday a.m., November 23rd, 2009, At Missoula International Airport (MSO)

\*Return Flights Should Be Scheduled For Monday Afternoon, January 4<sup>th</sup>, 2010 at Missoula (MSO)

### **School Resumes: Tuesday, January 5, 2010**

### **Last Day of School: Wednesday, April 22nd, 2010.**

\*Flights Should Be Scheduled Thursday a.m., April 23rd, 2010 (MSO)

**(Please retain this page for your records.)**



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**Our Purpose at Mission Quest is to direct the minds and hearts of young men to a “sense” of:**

- 1) Our inestimable value to God, 2) Our need of, obligation to, and love for Our Creator and Redeemer,
- 3) God’s idea of ‘true’ manhood, 4) Our mission and service to our fellow man,
- 4) And Our *personal Liability to reflect correctly, the Character of the God Whom we serve....*

Rules and standards, (law and order), are necessary so that we can work together with the same purpose, goals, priorities and outcome in view. These rules and regulations are intended to be a tool to preserve and promote “Christlikeness” in the personal attitudes and behavior of our students, as well as in their interaction with each other, the staff, the church, and in the community.

### **Rules & Regulations**

- 1) Students will be given specific instructions concerning the use of electronic devices such as: Cell Phone, CD Player/iPod, or Lap Top Computer, \* There is no cell coverage in the valley
- 2) Students shall wear ‘well fitting’ pants, (need to fit at waist level), wearing belt if necessary. \*All clothing shall be appropriate, & clean without graphics, tears/holes, or excessive wear.  
\*Note: Mission Quest reserves the right to purchase clothing for student, at parent/student additional Expense, if clothing regulations are not complied with upon arrival to Mission Quest.
- 3) Students shall comply with schedules, work details, assignments, & attendance.
- 4) Students shall comply with restrictions & limitations prescribed by Mission Quest.
- 5) Students shall maintain respect & privacy of their fellow students, including personal items of other students.
- 6) Students shall maintain respect & proper care of Mission Quest property, materials, & equipment.
- 7) Students shall comply with requirements & expectations of Mission Quest pertaining to acceptable attitude, conduct, behavior, & boundaries.

Note: Noncompliance will be dealt with on an individual basis. Mission Quest reserves the right to Dismiss students for noncompliance at our discretion with or without verbal or written warning.



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**List of Items Student Must Bring**

**\*This is not intended to be a complete list of personal clothing or necessary supplies & equipment**

**Personal Needs:** \_\_\_ Medications, \_\_\_ Supplements, \_\_\_ Sm. First Aid Kit other: \_\_\_

**Footwear:** \_\_\_ Quality Hiking Boots  
 \_\_\_ Sabbath Shoes  
 \_\_\_ Slippers (or in- house only shoes)  
 \_\_\_ Athletic Shoes, (tennis shoes)  
 \_\_\_ Warm, Insulated Winter Pack Boots  
 \_\_\_ Water Shoes/Sandals (must be supportive and stay on in swift current)

**Outerwear:** \_\_\_ Warm Winter Coat or Ski Jacket \_\_\_ Snow Pants or Ski Pants  
 \_\_\_ Warm Winter Gloves (for working, and for skiing), \_\_\_ Warm Stocking Cap/ Ski Hat  
 \_\_\_ Quality Rain Coat and Pants (should be as lightweight as possible, pack able/breathable)  
 \_\_\_ Lightweight Jacket (without graphics)

**Clothing:** \_\_\_ Swim Suit  
 \_\_\_ Quality Fleece Sweatshirt, (not cotton)  
 \_\_\_ Long Johns 2 pr. Tops and \_\_\_ 2 pr. Bottoms (wicking polypropylene or wool blend)  
 \_\_\_ Wool Socks 4 pr. (Hiker weight)  
 \_\_\_ Long Sleeve Dress Shirt \_\_\_ Tie  
 \_\_\_ Dress Pants \_\_\_ Suit Coat (opt\*) (for Sabbath Service)  
 \_\_\_ Car hart, Double fronted Dungaree, 2 pr. \_\_\_ Jeans 2 pr. (unfaded, no baggy look)  
 \_\_\_ Hiking Pants, Zip-Off 1 pr. (Heavier material, for fall weather)  
 \_\_\_ Wool Pants, (Washable) 1 pr.  
 \*All Other Clothes must be in good condition, no holes, unfaded and no graphics,  
 Well fitting, (no baggy look pants)

**Personal Items:** \_\_\_ A Good Leather Bound, Medium Size, King James Bible (HMS Richards Study Helps, Marginal Reference, Good Concordance; Cambridge) \*this will become well marked and A treasured companion so choose it carefully)  
 \_\_\_ (2) Wash Clothes \_\_\_ (1) Hand Towel \_\_\_ (2) Bath Towels  
 \_\_\_ Toothbrush/Paste 1 lg. \_\_\_ 1 Travel Size  
 \_\_\_ Shaving Kit, non-electric, \_\_\_ Deodorant  
 \_\_\_ Bar Soap, \_\_\_ Biodegradable Liquid/Camp Soap, 1 sm. bottle  
 \_\_\_ Nalgene Hiking Water Bottle, 1 Qt size  
 \_\_\_ School Back Pack (for books)  
 \_\_\_ Day Pack-Hiking Back Pack (2000+ cubic inch)  
 \_\_\_ Quality Headlamp

**Optional Items:** \_\_\_ Good Quality Camera, \_\_\_ Binoculars, \_\_\_ GPS, \_\_\_ Personal Backpacking or Outdoor Gear,  
 \_\_\_ Musical Instrument, \_\_\_ Hydration Bladder for Backpack, \_\_\_ Lightweight 0° Sleeping bag  
 (Camping equipment such as, Expedition Back Pack, Sleeping bag, Pad, Tent, Stove and Cookware are Provided).

**(Please Feel Free To Contact Us for Questions or Equipment Recommendations)**  
**(Please retain this page for your records.)**



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**Registration Fee & Tuition Includes:** Meals, Room & Board, Bedding, Textbooks, Transportation of students to all scheduled activities, Classroom Materials, Camping/Recreational Equipment Usage, Field Trips, & Mission Trip.

**Not Included in Tuition:** 1) Laundry Expense: We will go to a Laundromat once per week. Laundry supplies and expense will be the responsibility of the student. 2) Personal Needs: ie. Toothpaste, Shampoo, Shaving Creme, Razors, Medications, etc. 3) Mission Quest Academy is located approx. 90 miles from Missoula, therefore *non-scheduled trips to town* for an individual student's needs will be an additional expense. 4) (optional) \$45 (8) Total: \$360 8 Full Day Down Hill Ski Trips at White Fish Resort (Big Mountain). (Fee Includes Ski & Helmet Rentals, Lift Pass & Professional Instruction)

**Mission Quest Academy, Inc. Financial Responsibility**

**Please List Legal Parent/s or Guardian/s Financially Responsible for Applicant's Tuition and Fees:**

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**Upon Acceptance Of Application:** I/We Hereby Testify That All The Information Submitted In This Application Is True To The Best Of My/Our Knowledge. I/We Agree To Above Fees and Tuition, & Will Pay Registration Fee On, Or Before, August 10, 2009, & September Tuition in Full at Registration. I/We Agree To Pay Tuition In Full, On, Or Before, The First Day Of Each Month Of The School Year.

\_\_\_\_\_  
Signature Date Signature Date

**\*Credit/Debit Cards Accepted** (Visa, MasterCard, Discover)

*\*(We will take Credit/Debit Information over the phone)*

\*Optional: For your convenience, we can keep your Credit/Debit card information on file & automatically charge each month's tuition to your card the first of every month during the school year. Please sign & date below.

\_\_\_\_ Yes, I would prefer to make registration & monthly tuition payments to Mission Quest Academy, Inc. by Credit/Debit Card. I give Mission Quest Academy, Inc. permission to automatically charge these fees to my card for the period of \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

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

\*Credit/Debit Information provided to 'Mission Quest Academy, Inc.' is strictly confidential with no unauthorized use  
**(Please retain this page for your records.)**