



INTERNATIONAL STUDENT APPLICATION VIA CIEE

4150 South M-52 ♦ Owosso, MI 48867 ♦ Ph: 989-725-2391 ♦ Fx: 989-729-6408 ♦ www.sva.cog7.org

Application Fee : \$500 paid by parents via CIEE

Date of Application _____		Entering Grade _____		School Year _____	
Applicant's Name _____					
Last		First		Middle	
Date of Birth _____		Gender M F			
Student Cell Phone # _____			Student Email Address: _____		
Is the applicant a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, then we must have:			If NO, then we must have:		
▪ A copy of official Birth Certificate & Social Security Card			▪ Current Passport & Visa or I-20 proving legal status		
Will you be a Boarding Student or Non-Boarding Student? (circle one)					
Please note that students who anticipate living with someone other than a parent or legal guardian must have these arrangements approved by the administration.					

Family Information

FISCALLY RESPONSIBLE PARENT		
Father/Step-Father/Grandfather/Guardian _____		
Mother/Step-Mother/Grandmother/Guardian _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____		
His Work # _____	Her Work # _____	
His Cell Phone # _____	Her Cell Phone # _____	
Parent Email Address _____ <input type="checkbox"/> Yes I can receive pictures.		
Would you like to receive statements by email <input type="checkbox"/> or postal mail <input type="checkbox"/> ?		

Father/Step-Father/Grandfather/Guardian _____		
Mother/Step-Mother/Grandmother/Guardian _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____		
His Work # _____	Her Work # _____	
His Cell Phone # _____	Her Cell Phone # _____	
Parent Email Address _____ <input type="checkbox"/> Yes I can receive pictures.		

About You

Who/What was the main influence in your decision to attend Spring Vale? _____

Have you accepted Jesus Christ as your Lord and Savior? _____ Are you baptized? _____

Briefly share how you came to faith in Jesus. _____

How would you describe your Christian commitment? _____

State briefly why you would like to attend Spring Vale Academy and what you hope to offer and/or gain from attending here. _____

How Do You See Yourself?

For each of the areas given below, please check the statement that best describes you.

1. Responsibility

- I diligently follow through when given a task
- I follow through when given a task
- I usually follow through when given a task
- I have difficulty following through

5. Judgment

- I consistently make wise decisions
- I make good decisions most of the time
- I frequently make poor decisions
- I am indecisive

9. Initiative

- I will look for things to do
- I will do what needs to be done
- I will do the obvious
- I need to be told what to do

2. Work Ethic

- I thrive on hard work
- I will put in a fair day's work
- I work enough to get by
- I am often lazy

6. Cooperation

- I am sensitive toward others
- I am generally concerned for others
- I cooperate when convenient
- I have difficulty working with others

10. Motivation

- I am highly self-motivated
- I am effectively motivated
- I am usually purposeful
- I need a purpose

3. Leadership

- I am a leader of leaders
- I contribute positively
- I can lead if necessary
- I am more of a follower

7. Integrity

- I am consistently trustworthy
- I am generally honest and true
- I may stretch the truth at times
- I have been dishonest at times

11. Appearance

- I make an outstanding first impression
- I am well groomed
- I dress casually
- I am typically sloppy

4. Emotional Stability

- I am very stable and consistent
- I am well balanced in most situations
- I am unresponsive
- I am excitable

8. Communication

- I am articulate in most situations
- I usually get thoughts across well
- I get thoughts across but I may be hesitant
- I have difficulty articulating thoughts

12. Team Participation

- I am an outstanding group member
- I contribute positively in a group
- I usually contribute positively
- I work best by myself

Personal Background

Name and Address of Home Church: _____

Name(s) and age(s) of brother(s)/sister(s): _____

Names of relatives that have attended SVA _____

Have you ever been suspended or expelled from school? yes no

Have you ever been involved with juvenile authorities or other law enforcement officials? yes no

Have you ever used the following? Tobacco products yes no Alcoholic beverages yes no Illegal drugs yes no

If the answer is yes to any of the above questions, please explain: _____

Please supply names, addresses and phone numbers of two references, preferably individuals in an employment or professional capacity (pastor, counselor, employer, teacher, etc.). On the enclosed reference sheets, write your name and give them to your two references to fill out and return directly to Spring Vale Academy.

Name & Phone # _____ Name & Phone # _____

City/State/Zip: _____ City/State/Zip _____

Student Affirmation

In signing this application I affirm that all the information presented herein is true to the best of my knowledge. I also affirm that if I am admitted to Spring Vale Academy I will be respectful and obedient to staff members and will cooperate in every way to promote the general welfare of my fellow students, the staff members, and the academy. I will apply myself diligently to my academic and work/study assignments. I have read and understand the school rules and policies and I agree to abide by all policies and standards of conduct established by the school. Additionally, I understand and agree that prior to my admission, an I-Chat background check will be completed by SVA.

Student Signature

Date

Parent/Guardian Affirmation

In signing this application we/I affirm that we/I understand and agree that prior to my student's admission, an I-Chat background check will be completed by Spring Vale Academy. We/I understand that all records, including transcripts and diplomas, are the property of Spring Vale Academy and will not be released until the student's account is paid in full.

Parent/Guardian Signature

Relationship to Student

Date

Social Security Number

Second Signature (if applicable)

Relationship to Student

Date

Social Security Number

Photography Release Form

I give my permission for Spring Vale Academy to use my name and image, through photo or video. These images may be used for a number of purposes, including but not limited to, school newsletters, yearbooks, campus and alumni publications, press releases, and print, video, email and web advertisements. I waive any right I may have to inspect or approve the finished product and the copy that may be used in connection therewith. I waive any right to royalties or other compensation arising from or related to the use of the image(s). I release Spring Vale Academy, and its representatives of any liability related to the use of the image(s). I understand that this release remains in affect until rescinded in writing.

Student Signature

Date

Parent/Guardian Signature

Date

Home Visit Release Form

As students develop friendships with each other and the local church families, they will inevitably be invited to spend time in some of the homes in the area. SVA desires to partner with parents in making decisions that affect their children and is seeking your input regarding which homes you would like your student to be allowed to visit. For more information about how SVA approves local homes for student visits, please call the school office.

Please check one choice for each option below.

Day Visits

- Any home approved by SVA
- Only SVA approved Sabbath keeping homes
- Parent will approve each off campus visit

Overnight Visits

- Any home approved by SVA
- Only SVA approved Sabbath keeping homes
- Parent will approve each off campus visit

Parent/Guardian Signature

Date



MEDICAL RELEASE FORM

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Student's Name: _____
Last First Middle Date of Birth

Address: _____ Home Phone: _____



Does the student have medical insurance? yes no If yes, please provide the following information **and a copy of the insurance card**:

Insurance Provider: _____ Policy Number: _____

Address: _____ Phone Number: _____

Name of Insured: _____ Insured's S.S. Number: _____ Work Phone: _____

Name of Spouse: _____ Spouse's S.S. Number: _____ Work Phone: _____

Insured's Employer Name: _____ Address: _____ Phone: _____

EMERGENCY CONTACT INFORMATION - To be completed by parent or guardian

In case of emergency and the parent/guardian cannot be reached, please contact the following people:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

CONSENT FOR MEDICAL TREATMENT

I/we _____, the undersigned parent(s) and/or legal guardian(s) of _____ do hereby give permission and authorize Spring Vale Academy and its staff to provide over the counter medication as needed for common ailments and seek any emergency medical and/or surgical treatment deemed necessary in the judgment of the treating physician. I/we also consent to and authorize McLaren Family Care Center and/or the Memorial Hospital and it's staff and/or other legally qualified medical providers to administer and perform any emergency medical and/or surgical treatment deemed necessary in the judgment of the treating physician. I/we further certify that no guarantee or assurance will be made as to the outcome of such treatment. I/we authorize the release of information for insurance purposes and payment directly to the medical provider. I/we understand that reasonable effort will be made by Spring Vale Academy and/or the treating physician to contact me/us before emergency medical treatment and/or surgery is performed.

Signature of Guardian _____ Date _____

Signature of Spouse _____ Date _____

This authorization is valid for one year from the date signed above.

NOTARIZATION

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature of Notary Public _____
My commission expires: _____

Place Notary Seal Here

Character Reference

(To be filled out by applicant's references and mailed directly to SVA)

Applicant Information

Name _____

Referent Information

Name _____ Phone _____

Relationship to Applicant (not an immediate family member) _____

How long have you known the applicant? _____

Background Information

Spring Vale Academy is a Christian high school located in Owosso, Michigan. The applicant named above has expressed interest in attending school here. Because you have interacted with the applicant, we would like to obtain your perception of his/her basic character. We appreciate your honesty and thank you for your time and care.

Please check your perception of the applicant. Feel free to write comments on the other side of this form.

1. Responsibility

- Diligently follows through on jobs & assignments
- Follows through on jobs & assignments
- Usually follows through when given something to do
- Has difficulty following through

2. Work Ethic

- Thrives on hard work
- Will put in a fair day's work
- Works enough to get by
- Is often lazy

3. Leadership

- Is a leader of leaders
- Contributes positively
- Can lead if necessary
- Is more of a follower

4. Emotional Stability

- Is very stable and consistent
- Is well balanced in most situations
- Is unresponsive
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5. Judgment

- Consistently makes wise decisions
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10. Motivation

- Is highly self-motivated
- Is effectively motivated
- Is usually purposeful
- Needs a purpose

11. Appearance

- Makes an outstanding first impression
- Is well groomed and makes a good appearance
- Dresses casually
- Is typically sloppy

12. Team Participation

- Is an outstanding group member
- Contributes positively in a group
- Usually contributes positively
- Works best by them self

13. Personality Characteristics – mark all that apply to the applicant most of the time

- | | | | |
|---------------------------------------|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gregarious | <input type="checkbox"/> Humorous | <input type="checkbox"/> Friendly | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Mature | <input type="checkbox"/> Wise | <input type="checkbox"/> Consistent | <input type="checkbox"/> Entertaining |
| <input type="checkbox"/> Meticulous | <input type="checkbox"/> Perceptive | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Analytical | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Noisy | <input type="checkbox"/> Outspoken |
| <input type="checkbox"/> Hard to read | <input type="checkbox"/> Articulate | <input type="checkbox"/> Spontaneous | <input type="checkbox"/> Contemplative |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Quiet | <input type="checkbox"/> Determined | <input type="checkbox"/> Caring |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Helpful | <input type="checkbox"/> Assertive | <input type="checkbox"/> Positive |

Please describe applicant's commitment to Christ and Christian principles and conduct.

How would the applicants participation in the Spring vale family positively affect our campus?

Please describe the applicant's work ethic.

Please describe the applicants' ability to make decisions and willingness to accept the responsibility for the consequences of those decisions.

Referent Signature _____ Date _____