



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

RETURNING INTERNATIONAL STUDENT APPLICATION

Registration Fee (non-refundable; non-transferable) Before July 1 **Waived** After July 1 and November 1 **\$20**
 After August 1 and Dec.1 (for returning students only) **\$40**
Please Note: Applications not accompanied by the registration fee will not be processed.

Date of Application _____ Entering Grade _____ School Year _____

Applicant's Name _____
 Last First Middle

Date of Birth _____ Gender M F Social Security # _____

Student Cell Phone # _____ Student Email Address: _____

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	Social Security # _____
Mother/Step-Mother/Grandmother/Guardian	Social Security # _____
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	Social Security # _____
Mother/Step-Mother/Grandmother/Guardian	Social Security # _____
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.	

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.**

<p>Day Visits</p> <p><input type="checkbox"/> Any home approved by SVA</p> <p><input type="checkbox"/> Only SVA approved Sabbath keeping homes</p> <p><input type="checkbox"/> Parent will approve each off campus visit</p>	<p>Overnight Visits</p> <p><input type="checkbox"/> Any home approved by SVA</p> <p><input type="checkbox"/> Only SVA approved Sabbath keeping homes</p> <p><input type="checkbox"/> Parent will approve each off campus visit</p>
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In the space below, tell us why you desire to return to Spring Vale: _____

FINANCIAL INFORMATION

Boarding Students

\$12,800 annually

A single annual payment will be charged per the bank information below in advance of your child attending the school. Once payment has been made an I-20 form will be sent to the family in time for them to obtain a visa to study in the United States. Your signature below authorizes the school to collect the single annual payment.

Student's Name

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Payment Information

Single annual Payment through Automatic Bank Withdrawal or Automatic Credit Card Charges
Tuition is withdrawn automatically from a checking or savings account or charged to a credit card.

I hereby authorize Spring Vale Academy take one single annual payment from my bank account or charges on my credit card in the amount of \$_____. Additional incidental charges may accrue but payment will only be collected after obtaining authorization from me. No changes can be made to this agreement without my prior approval. My preferred withdrawal (charge) date is: _____

Parent/Guardian Signature (Account Holder or Cardholder)

Date

____/____/____
Eff. Date

Bank Information

Checking Account (Please enclose a VOIDED CHECK)

Savings Account (Please enclose a deposit slip.)

(Check with your bank to verify they will take payments from your savings account!)

Name of Bank

Address of Bank

City State Zip

Bank Phone

Routing Number

Account Number

Credit Card Information

MASTERCARD

AMERICAN EXPRESS

VISA

DISCOVER

Cardholder's Name

Card Number

Exp. Date (MM/YY)

Address—as printed on your credit card statement

Sec.

City

State

Zip

Country

Single Annual Payment – Payment due July31

Any additional incidental charges will be paid monthly as they are billed.

Boarding: \$12,800 per year (Annual Tuition)