

WISCONSIN ACADEMY

International Student Application Procedures and Checklist

Thank you for your interest in Wisconsin Academy. Please call or email us if you have any questions relating to your application:

Wisconsin Academy
Phone: 920.623.3300
FAX: 920.623.3318
Email: registrar@wisacad.org

To apply to Wisconsin Academy, you need to submit the following:

- 1) a completed application
- 2) arrange to have three recommendations sent to us from the following:
 - a. One recommendation from your principal/head
 - b. One recommendation from your English teacher
 - c. One recommendation from a math or science teacher
(see link on application page to download character reference forms)
- 3) A copy of your birth certificate
- 4) A copy of your SLEP or TOEFL test scores
- 5) An official translated transcript
 - a. Records must be sent directly to Wisconsin Academy from your current school in a sealed envelope
- 6) Medical records: immunization records and proof of medical insurance
- 7) A bank statement with proof of available funds, verifying that the guardian has a minimum of \$50,000 USD.

When all forms are received, the admissions committee will review your application for approval. Wisconsin Academy reserves the right to require a personal interview with the prospective student and parent/legal guardian. After the admissions committee has reviewed your application, you will be contacted regarding your acceptance.

Wisconsin Academy
International Student Application

YOUR PERSONAL INFORMATION

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Gender: M or F Age _____ Date of Birth _____ Place of Birth _____

Country of Citizenship _____

Grade entering (circle one) 9 10 11 12 Where will you reside? Dorm _____ Village _____

Have you been baptized? Yes ___ No ___ if so, when? _____ Religious Affiliation _____

Home Church _____ Home Conference _____

YOUR FAMILY INFORMATION

Please help us understand your family dynamics by answering the following questions:

Who is your legal guardian? _____

Male Parent or Guardian

Status of Male Parent or Guardian: Married _____ Divorced _____ Single _____ Deceased _____

Male Parent or Guardian: Father ___ Step-father ___ Grandfather ___ Other _____

(please list)

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Occupation _____ Religious Affiliation _____

Female Parent or Guardian

Status of Female Parent or Guardian: Married _____ Divorced _____ Single _____ Deceased _____

Female Parent or Guardian: Mother ___ Step-mother ___ Grandmother ___ Other _____

If "other" please list _____

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Occupation _____ Religious Affiliation _____

If you are not living with your parents, or with only one parent, do you wish to have correspondence sent to more than one address? If so, please indicate the second address: _____

YOUR FINANCIAL INFORMATION

Do you have an unpaid account at any other school? Yes___ No___ If yes, what amount?_____

What school?_____ Phone_____

Do you plan to apply for Financial Aid Funds? Yes___ No___ (deadline July 15)

Do either of your parents work for an S.D.A. organization? Yes___ No___ (educational subsidy)

If yes, what organization?_____

YOUR EDUCATIONAL INFORMATION

List the school you are attending or last attended:

School Name_____ Phone_____

Address_____ City_____ State_____ Zip_____

Are you enrolled in any Distance Ed. courses? Yes___ No___ If yes, please list the school and the subjects.

School_____ Subject_____

School_____ Subject_____

Do you have any Personal Handicaps? Yes___ No___ If yes, please explain_____

Do you have any difficulty in your studies? Yes___ No___ If yes, please explain_____

Do you desire special help in any subject? Yes___ No___ If yes, which?_____

Do you have an "Individual Education Program" (IEP) at a previous school? Yes ___ No ___

If yes, please include a copy of the IEP.

SEVIS FORM I-20

Please indicate in English the mailing address you would like your SEVIS form I-20 to be sent to:

Student Name_____

Agency Name_____

Mailing Address_____

Telephone_____

Character References:

Have you been suspended from school within the past two years? Yes No
If "Yes," when? _____
If "Yes," why? _____

Have you smoked within the past two years? Yes No
If "Yes," how recently? _____

Have you used alcohol or illegal drugs within the past two years? Yes No
If "Yes," when? _____

Have you ever been arrested for, or convicted of a crime? Yes No
If "Yes," when? _____
If "Yes," what for? _____

Applicant Questionnaire

Please answer the following questions. Use additional pages if necessary.

1. Why are you applying to a boarding school in the United States and what do you hope to gain from attending one? _____

2. What makes you the interesting person that you are? (Be sure to include the qualities you like best about yourself?) _____

3. What are your goals and methods for achieving success in your class work at Wisconsin academy? _____

4. What is your religious philosophy/background? _____

5. What is your attitude and interest towards service and outreach activities for others? _____

STUDENT CONTRACT

I have read and understand the admissions policy and mission statement and it is my choice to attend Wisconsin Academy. I am willing to participate in the religious exercises provided by the Seventh-day Adventist Church. I have received the Student Handbook and agree to abide by the rules printed in it. If accepted as a student, I agree to willingly obey all printed and announced regulations and understand that any failure to do so may jeopardize my stay at Wisconsin Academy. I agree to have my student labor applied to my account.

Signature _____ Date _____

PARENTAL OR GUARDIAN CONTRACT

I agree to support the policies and regulations of Wisconsin Academy. My financial obligation is clearly understood, and I agree to pay my student's account each month, unless arranged otherwise in advance. I also understand that part of the WA curriculum involves work and I give permission for my student to participate in that program. I further agree that my student's account will be paid in full before transcripts are released. To the best of my knowledge the questions on the application have been answered honestly, and I will encourage the applicant to cooperate with the principles and spirit of Wisconsin Academy.

Signature _____ Date _____