



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 \$25,000 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.



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 ___ Stepfather ___ Grandfather ___ Other (please list)

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email _____ Occupation _____ Religious Affiliation _____

Female Parent or Guardian

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

Male Parent or Guardian: ___ Mother ___ Stepmother ___ Grandmother ___ Other (please list)

First Name _____ Last Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

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 the past two years? ___Yes ___ No

If "Yes," when? _____

Have you ever been arrest for, or convicted of a crime? ___Yes ___ No

If "Yes," when? _____

If "Yes," what for? _____

APPLICANT QUESTIONARE

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 toward 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 _____