

Valley International Academy

Application Checklist

- Non-refundable application fee of \$100
- Student Information Form
- Family Information Form
- Principal / Headmaster / Counselor Information Form
- Teacher Recommendation Form
- Optional Recommendation Form

STUDENT INFORMATION

First Name Middle Name Last Name Preferred Name or Nickname

Home Address City State/Province Country Zip/Postal Code

Home Telephone (include country, city, and area code) Fax Number (include country, city, and area code)

Additional Telephone (include country, city, and area code) E-Mail Address

Female Male

Age Date of Birth (Mo/Day/Year) City and Country of Birth Country of Citizenship

U.S. Citizen U.S. Permanent Resident International Student _____
Social Security/Greencard/International Student Passport Number

Ethnicity (optional, check all that apply): Black or African American Asian White Hispanic or Latino American Indian and Alaska Native
 Native Hawaiian or Other Pacific Islander Multiracial: _____ Other: _____

Educational Information

List the schools you have attended in the past three years (**name, address, phone, contact name & grade levels**) beginning with your current school. If you need additional space, please attach a separate sheet of paper.

- _____
- _____
- _____

Is English your first language? Yes No If no, what is your first language? _____

Have you studied English? Yes No If yes, how long? _____

Have you ever repeated a grade? Yes No If yes, which grade and why? _____

Have you ever skipped a grade? Yes No If yes, which grade and why? _____

Have you ever been suspended, dismissed or expelled from any school? Yes No If yes, please explain: _____

International Students

Have you ever lived in the United States? Yes No If yes, for how long? _____ Where? _____

Immigration Status: U.S. Permanent Resident I require an I-20 I require a transfer I-20 I have a ___ visa

A copy of my passport and/or greencard is enclosed (required for I-20 issuance/residence status): Yes No

Have you ever taken an English proficiency test? Yes No If yes, what test and when? _____

Please check the appropriate boxes to indicate your opinion of your English skills:

English Speaking Ability: None Beginning Good Very Good Excellent

English Reading Ability: None Beginning Good Very Good Excellent

English Writing Ability: None Beginning Good Very Good Excellent

Student Questionnaire

We would like to know more about you, including your interests, talents, and experiences. Please answer the following questions.

1. What is your favorite subject? _____ Why? _____
2. What is your least favorite subject? _____ Why? _____
3. Do you like to read? Yes No What are your favorite books? _____
4. What type of music do you like? _____
5. Do you play any musical instruments? Yes No If yes, which one(s) and for how long have you been playing it/them? _____
6. Are you an artist or interested in art? Yes No If yes, what type of art? _____
7. Are you interested in playing sports? Yes No If yes, please list in order of preference: _____

8. Do you enjoy outdoor activities such as hiking, camping, backpacking? Yes No Never tried.
If yes, what have you done and when? _____
If you've never tried them, would you like to? Yes No
9. What other extra-curricular activities or hobbies do you participate in? Also, please describe any leadership positions you have taken.

10. Please list any awards or honors you have received.

12. What are your educational goals? _____

13. How do you feel school can help you achieve these goals? _____

FAMILY INFORMATION

Student Lives With (please check all that apply): Mother Father Guardian

Other (please specify): _____

Information About (check one):

Father Mother Guardian Other _____

Information About (check one):

Father Mother Guardian Other _____

First Name Middle Name Last Name

First Name Middle Name Last Name

Occupation Title Company Name

Occupation Title Company Name

Business Address (City, State/Province, Country, Zip/Postal Code)

Business Address (City, State/Province, Country, Zip/Postal Code)

Business Telephone (inc. area/country code) Fax

Business Telephone (inc. area/country code) Fax

E-Mail Address

E-Mail Address

Home Address (City, State/Province, Country, Zip/Postal Code)

Home Address (City, State/Province, Country, Zip/Postal Code)

Home Telephone (inc. area/country code) Fax

Home Telephone (inc. area/country code) Fax

Do you read English? Yes No

Do you read English? Yes No

If relevant, please indicate to whom and where an additional copy of all correspondence should be sent:

Name: _____ Relationship: _____

Address: _____
Street Address City State/Province Country Zip/Postal Code

Area Code/Phone Number: _____ Fax: _____ E-Mail: _____

Names and ages of brothers and sisters: _____

Name(s) and address(s) of grandparent(s), if living: _____

Name, address, telephone number and relationship of person(s) with whom the student may leave campus:

Name Address City/State/ZIP Area Code/Phone Relationship

Name Address City/State/ZIP Area Code/Phone Relationship

Parent / Guardian Questionnaire

Please answer the following questions. If you need more space, feel free to continue on a separate sheet of paper.

Which resource(s) did you use to learn about Valley International Academy? School Fair Magazine/Newspaper
 Independent Educational Consultant School Resource Book Current/former VIA parent/student/friend
 Internet/World Wide Web Name of resource/website: _____

What are your goals for your student at Valley International Academy? _____

Please describe your student's character and/or personality? _____

Has your student experienced any significant problems with academic performance, emotions, behavior, or language development? If so, has your student received special tutoring or counseling related to these problems? Please explain.

Have there been family changes or illness which would cause the applicant to become distracted from otherwise normal performance?

Please explain why you feel your student would make an important addition to our student body. _____

PRINCIPAL / HEADMASTER / COUNSELOR RECOMMENDATION

To the Applicant:

Please type or print your name in the space below and then give this form, along with an addressed, stamped envelope to your current Principal, Headmaster or Counselor.

Name of student _____ Signature of student _____ Applying to grade _____ Date _____

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Name of parent or guardian _____ Signature of parent or guardian _____ Date _____

Phone number _____ E-mail address _____

To the Principal/Head/Counselor:

This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please send it to the address listed above. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary. Thank you for your cooperation and candor.

How long have you known the student academically? _____ As a person? _____

Please submit these materials along with your recommendation:

- Recent teacher reports, if any Standardized test scores A school profile, if available
 Final or mid-semester grades for current term (must be included) Grades since the 6th grade, if available

In what month does the school year begin? _____ End? _____

School offers grade levels: _____ to _____. Number of students in the entire school: _____

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

What percentage of your students receive which grades? _____

Are students placed in sections according to ability? Yes No If yes, please tell us in which level the applicant is placed for each subject. _____

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school. _____

If the student is not, or has not been, in good academic standing, please explain. _____

Has the student ever been dismissed, suspended, on probation, or received other serious disciplinary sanction?

Yes No

Has he or she withdrawn from school voluntarily for an extended period of time for reasons other than health?

Yes No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Very Good (above average)	Good (average)	Poor (below average)	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

Is the student relatively weak or strong in any areas listed above? Please describe. _____

Please comment on this student's character, citizenship, and contributions to your school community. _____

Please add any additional information that will give us a more complete picture of the student. _____

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the student's application.

Name (please print) _____ Signature _____ Date _____

Title _____ School _____ Phone Number _____ E-mail Address _____

School Mailing Address _____ City _____ State/Province _____ Country _____ Zip/Postal Code _____

TEACHER RECOMMENDATION

To the Applicant:

Please type or print your name in the space below and then give this form, along with an addressed, stamped envelope, to your current a teacher.

Name of student _____ Signature of student _____ Applying to grade _____ Date _____

To the Parent/Guardian:

Please read and sign the statement below.
I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Name of parent or guardian _____ Signature of parent or guardian _____ Date _____

Phone number _____ E-mail address _____

To the Teacher:

This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please send it in the enclosed envelope. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets if necessary. Thank you for your cooperation and candor.

How long have you known the student academically? _____ As a person? _____

In what years did you teach the student? _____ How large is/was the class? _____

Course Name(s): _____

Is the student on a block schedule? Yes No

Is this course designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

How accurately does the student read and understand what he or she has learned? _____

How well does the student study in comparison with other students? Please be specific about areas of strength and weakness. _____

How well does the student accept advice or criticism? _____

Please comment on this student's character, citizenship, and contributions to your school community. _____

Please add any additional information that will give us a more complete picture of the student. _____

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the student's application.

Name *(please print)* Signature Date

Title School Phone Number E-mail Address

School Mailing Address City State/Province Country Zip/Postal Code

How well does the student accept advice or criticism? _____

Please comment on this student's character, citizenship, and contributions to your school community. _____

Please add any additional information that will give us a more complete picture of the student. _____

Thank you for taking your valuable time to complete this evaluation. Your comments are an important part of the student's application.

Name *(please print)* Signature Date

Title School Phone Number E-mail Address

School Mailing Address City State/Province Country Zip/Postal Code