



SOUTHEASTERN PREPARATORY ACADEMY

INTERNATIONAL STUDENT APPLICATION PACKET



SOUTHEASTERN PREPARATORY ACADEMY

INTERNATIONAL STUDENT INFORMATION

School Year: _____

Child's Legal Name: _____, _____, _____, _____ Grade to Enter: ____ _

Name Goes By: _____ Last First Middle Gender: Male Female

Birth Date: _____ mm/dd/yy Home Address: _____ Street, Apt. No. City State Zip

Home Phone: _____ Mailing Address (if different): _____

Student Cell Phone: _____ Student's E-Mail Address: _____

Ethnic Background (Optional) ☐ African American ☐ Asian ☐ Caucasian ☐ Middle Eastern
☐ Native American/American Indian ☐ Hispanic ☐ Other:

NATURAL PARENT INFORMATION (student's country of citizenship)

Parent Name: _____ Relationship to Student: _____

Employer: _____ Occupation: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____@_____

Parent Name: _____ Relationship to Student: _____

Employer: _____ Occupation: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____@_____

Student Agreement

Student: *Please read this agreement carefully. Then sign and date below where indicated.*

In the city of _____, country of _____, _____ day of _____ in the year 20____, I _____, the student, agree that if I am accepted by Southeastern Preparatory Academy (hereafter *school*), I will travel to the host country, and attend the school for the length of time agreed upon by me, my parents, and the school. I hereby state that I have read and understand the school rules and conditions. Should I, as a student, be admitted to and enrolled in the school, I agree to abide by all the school rules, conditions, and decisions throughout the duration of my enrollment in the school. I understand that while a student in the school my activities are under the authority of the school. Therefore, my parents/legal guardians cannot authorize me to engage in an activity or activities without the school's approval. I also understand that any relatives that I may have in the host country will have no authority over me while I am a student in the school. I attest that I am of good health and character, I understand the important role of an international student, and I will, to the best of my ability, maintain the high standards required of an international student should I be chosen to represent my family, school, community, state/province, and country. I further state that all the material contained in this application and in the attached documents is true and accurate to the best of my knowledge.

Student's Name (please print) _____

Signature _____ Date _____

Parents/Legal Guardians Agreement

Parents/Legal Guardians: *Please read this agreement carefully. Then sign and date below where indicated.*

In the city of _____, country of _____, on the _____ day of _____ in the year 20____, I/We, the undersigned parents or legal guardians (hereafter *parents*) of _____ agree that if my/our child is accepted by Southeastern Preparatory Academy (hereafter *school*), my/our child is permitted to travel to the host country, live with an approved host family, and attend the school for the length of time agreed upon by me/us, my/our child, and the school. I/We hereby state that we have read and understood the school rules and conditions. Should my/our son/daughter be admitted to and enrolled in the school, I/we agree to abide by all the school rules, conditions, and decisions throughout the duration of his/her enrollment in the school. I/We understand that while our son/daughter is a student in the school his/her activities will be under the authority of the school. Therefore, I/we understand that I/we cannot authorize my/our son/daughter to engage in an activity or activities without the school's approval. I/We also agree that any relatives we may have in the host country will have no authority over him/her while he/she is a student in the school. I/We attest that our child is of good health and character, understands the important role of an international student, and will, to the best of his/her ability, maintain the high standards required of an international student should he/she be chosen to represent his/her family, school, community, state/province, and country. I/We further state that all the material contained in this application and in the attached documents is true and accurate to the best of my/our knowledge.

Father's/Legal Guardian's Name (please print) _____

Signature _____ Date _____

Mother's/Legal Guardian's Name (please print) _____

Signature _____ Date _____

Student Emergency Medical Form (For all applicants)

This form will accompany your child on all field trips and is used in case of emergencies. It is important to fill in all required fields or put NIA if not applicable.

Student's Name _____

Applying for Grade ____ Age _____ Date of Birth _____

Student's Country of Birth _____

Mother's Name Best Phone#

Father's Name Best Phone#

If parents are not in the US with the student, the host family will be given permission (on a separate form) to authorize medical treatment for the student if necessary.

Please provide the name of any other emergency contacts:

Name Relationship

Cell# Home# Work# _____

Name Relationship

Cell# Home# Work# _____

Proof of insurance will be required upon arrival to the school.

Indicate any allergies

Food _____

Medications _____

Medical conditions and/or history about your child (surgery, chronic conditions, etc.)

Routine Medications _____

If your child has a chronic medical condition or a condition that might lead to a potential emergency, please provide more detail in an attached letter.

I-20 Information Form

Please print clearly as this is what will appear on your 1-20 and it must be correct.

1. Name: Last _____ First _____ Middle _____

2. Date of Birth (MM/DD/YYYY): _____

3. Gender: _____

4. Country of Birth: _____

5. Country of Citizenship: _____

6. Foreign Address (clearly written, answer all applicable): Address 1 ..

Address 2

City _____

Province/Territory _____

Postal Code _____

Country _____

7. U.S. Address:

Name of Guardian/Host (if known) _____

Address 1 _____

City, State, Zip _____

8. Program Start Date: _____

9. Funds Needed (in addition to Host family fees):

Monthly Living Expenses (if applicable)\$_ _____ a month

Monthly Personal Funds (if applicable) \$_____ a month

ENGLISH TEACHER RECOMMENDATION

To be completed for 6th -12th grade applicants

Parents: Please provide information in top portion only. Give to your child's teacher to complete & return to **SEPA** at address below.

Permission to release information: _____

Date: _____

Parent signature

Student's Name: _____

Current Grade: _____

LAST

FIRST

Teacher: _____

Dear English Teacher:

The child named above has applied for admission to Southeastern Preparatory Academy. Please complete the form below and return to the address provided. Check one rating for each area.

AREAS TO EVALUATE	Poor	Average	Good	Excellent	Comments
Academic ability					
Academic performance					
Motivation					
Attitude/Cooperation					
Maturity/Stability					
Conduct					
Ability to relate to peers					
Respect for adults					
Integrity					
Attendance					
Reading Comprehension					
Writing Skills					

Is the student on an IEP and/or receiving accommodations? If yes, please list: _____

Is the student working on a modified curriculum? ☐ YES ☐ NO Is the student on grade level? ☐ YES ☐ NO

Does the student have any significant limitations (physical, social, or emotional)? _____

Is the student in good standing and eligible to return next year? ☐ YES ☐ NO

If no, why not? _____

Has there been a need for administrative involvement in disciplinary action with this student? ☐ YES ☐ NO

If yes, please explain. _____

How would you rate the parents' involvement?

☐ Very cooperative ☐ Rarely cooperative ☐ Disinterested ☐ No communication with then,

Is this recommendation consistent with the student's report card? ☐ YES ☐ NO

MATH TEACHER RECOMMENDATION

To be completed for 6th - 12th grade applicants

Parents: Please provide information in top portion only. Give to your child's teacher to complete & return to SEPA at address below.

Permission to release information: _____ Date: _____

Student's Name: _____ Current Grade: _____

Teacher: _____

Dear Math Teacher:

The child named above has applied for admission to Southeastern Preparatory Academy. Please complete the form below and return to the address provided. Check one rating for each area.

AREAS TO EVALUATE	Poor	Average	Good	Excellent	Comments
Academic ability					
Academic performance					
Motivation					
Attitude/Cooperation					
Maturity/Stability					
Conduct					
Ability to relate to peers					
Respect for adults					
Integrity					
Attendance					
Reading Comprehension					
Writing Skills					

Is the student on an IEP and/or receiving accommodations? If yes, please list: _____

Is the student working on a modified curriculum? ☐ YES ☐ NO Is the student on grade level? ☐ YES ☐ NO

Does the student have any significant limitations (physical, social, or emotional)? _____

Is the student in good standing and eligible to return next year? ☐ YES ☐ NO

If no, why not? _____

Has there been a need for administrative involvement in disciplinary action with this student? ☐ YES ☐ NO

If yes, please explain. _____

How would you rate the parents' involvement?

☐ Very cooperative ☐ Rarely cooperative ☐ Disinterested ☐ No communication with them

Is this recommendation consistent with the student's report card? ☐ YES ☐ NO

