



Admission Procedures for International Student

Finding the best educational environment for your child is one of the most important decisions for a parent. At Sheridan Academy, we understand the importance of that decision and have developed a comprehensive admissions process that allows both families and the school the opportunity to determine if Sheridan is right for your child.

For international student admission grades 6–12, please:

1. Complete and return the following application information to Sheridan Academy.
 - International student application for admissions
 - \$600 non-refundable application fee
 - Parent statement
 - Current photo of your child
 - Student statement
 - Submit SLEP or TOEFL scores or other appropriate test of English proficiency
 - Immunization records signed by a physician
 - Signed health forms and emergency contact information
 - Submit a copy of the front page of the student's passport
 - **Submit a copy of the students health insurance card and coverage**
2. Give the following forms to your child's current school
 - Signed transcript release request
3. Please contact Greg Norton or Leigh Wilson if you have any questions.

Admissions Contact Information

Sheridan Academy Inc.

Greg Norton, International Student Director

Leigh Wilson, Executive Director

2273 E. Gala #120

Meridian, ID 83642

Phone: 208-331-2044

www.sheridanacademy.org

Sheridan.academy@gmail.com



International Student Application

Today's Date: _____

Student's Full Legal Name: _____
First Middle Last

Preferred first Name: _____
(or nickname)

Student's Cell # _____ Email: _____

Date of Birth: _____ Citizenship: _____ Primary language: _____

Applying to grade: _____ Current grade: _____

Male Female New Student Continuing Student

Birthplace: _____ Social Security Number: _____

Ethnic origin (optional): Asian or Pacific Islander African-American Caucasian
 Native-American African American other _____

Parent or Guardian 1

Full Name: _____
(first) (middle) (last)

Relationship to applicant: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Occupation/Title: _____

Employer/business: _____

Level of Education: _____

Home Phone: _____ Work Phone: _____

Cellular: _____ E-Mail: _____



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Parent/Guardian 2

Full Name: _____
(first) (middle) (last)

Relationship to applicant: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Occupation/Title: _____

Employer/business: _____

Level of Education: _____

Home Phone: _____ Work Phone: _____

Cellular: _____ E-Mail: _____

Parents are: Married Separated Divorced Mother remarried
 Father remarried Mother deceased Father deceased

Who is financially responsible for applicant? _____ Relationship: _____

How did you learn about the Sheridan Academy? _____

Person completing this form: _____ Relationship: _____

The above information is confidential and will be seen only by qualified staff.

Signed: _____ Date: _____

Name: _____



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With whom do you live? _____

Address and phone if different than above: _____

Do you have family in the United States? Name: _____

Address: _____ Telephone: _____

Brothers (Names and Ages) _____ Sisters _____

In case of emergency, contact: _____ Phone: _____

Doctors Name: _____ Phone: _____

Allergies: _____

Medications (past/present): _____

Glasses? _____ Hearing Aide? _____

Past Surgeries: _____

Has the student had normal growth and developmental milestones? Please explain.

How do you interact with your father? _____

With mother? _____

With brothers/sisters? _____

Student Interests/hobbies: _____

What chores do you do at home? _____

How much time do you spend doing homework each night? _____

Do you have a curfew? _____ What time? _____

What languages do you speak? _____

Are you comfortable around dogs/cats? _____

Are you comfortable around children? _____

Are there any dietary restrictions? _____

What musical training do you have? _____



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What sports do you play? _____

What do you hope to learn while at Sheridan Academy? _____

Do you attend church? _____

SLEP Score? _____ TOEFL Score? _____ Other? _____

Do you seek a regular HIGH SCHOOL DIPLOMA from Sheridan Academy? _____

What will you do AFTER attending Sheridan Academy? (junior college in America, University, return to home country, travel)? _____

Most cellular phones from Asia will not work in the United States. Please provide the telephone LAND LINE number so that we can call your home when you arrive in Boise, Idaho. _____

Please attach a photo to this application and return to the school.

Please attach an official academic transcript TRANSLATED IN ENGLISH.

Please attach an official immunization/certificate of health record.

Please attach a copy of your health insurance card.

Please attach a student essay telling why you want to come to America

The above information is confidential and will be seen only by qualified staff.

Signed: _____

Date: _____



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Photo Release

Sheridan Academy uses its website and various media tools to communicate with school families prospective students, and the larger community. To enhance this experience we use photos and videos to show student involvement in activities. It is required by Sheridan Academy school policy that we obtain parental permission to use your child's photo for these purposes.

Please initial one of the following:

_____ I give my permission to Sheridan Academy to use my child's name and photo

_____ I do NOT give permission to Sheridan Academy to use my child's name and/or photo.

Signed: _____

Date: _____

Name: _____



Rules and Regulations

The Sheridan Academy is an accredited private school providing a safe and nurturing environment in which students will develop their personal, academic, and social needs. In order to maintain this atmosphere and foster positive growth, the following has been incorporated into our school:

____ The Sheridan Academy has the right to determine the severity of any misconduct and deem it “not acceptable behavior” and may therefore suspend a student, generate a Behavioral Contract, expel a student, or any combination of the above.

____ All students enrolled at the Sheridan Academy or the Sheridan Learning Center will be held accountable to know and adhere to the “No Tolerance” Rules and Regulations and related consequences for violation of the below standards.

Attendance:

____ Students must be present for 90% of scheduled classes. Students with attendance less than 90% for enrolled classes may not receive credit for that class.

____ Students must be in their assigned seat with all necessary materials at the start of class. Five tardies to a class equal one absence.

Violations:

___ Students in violation of the below policies may receive one or all of the following:

- A verbal warning of the infraction
- A telephone call/letter to parent or guardian
- Suspension
- Expulsion

Expulsions:

___ Willfully causing destruction of, or defacing any school property at or in the surrounding neighborhood.

___ Bringing or concealing any type of weapon (e.g., knife, firearm, razor, stun gun, aerosol can, etc.) on their person, their property (including automobiles), or the property of a friend/guest.



- ___ Trafficking, concealing, carrying any type of prescription, over-the-counter, or illegal drugs (including tobacco).
- ___ Qualified staff will distribute over-the-counter and prescribed medicine only.
- ___ The Sheridan Academy will prosecute drug possession, trafficking, and usage to the fullest extent of the law.
- ___ Causing injury to another student or staff member on school property or in the surrounding neighborhood.
- ___ Being insubordinate to a staff member.
- ___ Leaving school property or school functions without permission from a staff member.
- ___ Touching, hitting, pushing, and taunting, etc., another student or staff member.
- ___ The Sheridan Academy has a “NO TOUCH” policy.
- ___ Using profanity directed towards a student or staff member in an abusive manner.
- ___ Damaging (to include “tagging” or graffiti) to any school property (the student or parent/guardian is responsible for appropriate compensation for the damaged property within one week of the incident).
- ___ Willfully not participating in the school academic or social programs.
- ___ Lying to a staff member.
- ___ Attending any school activity under the influence of illegal or non-prescribed drugs or alcohol.
- ___ “Borrowing” or taking any property not belonging to a student (food, school materials, etc.).
- ___ Cheating on assignments, helping another student cheat, plagiarism.
- ___ Misuse of a cellular phone, pager, gaming device, or personal stereo.
- ___ Carrying any item that would not pass through airport security (pen knives, scissors, nail clippers, etc.).
- ___ No gum is allowed.
- ___ Downloading or viewing inappropriate material on the Internet.
- ___ Driving automobiles is prohibited.
- ___ Hitchhiking is prohibited.
- ___ Students must comply with all HOST FAMILY rules (chores, curfew, etc).
- ___ Students must maintain a “C” average in all classes. School attendance is mandatory.
- ___ Students are under the jurisdiction of local, state and federal laws.



Violation of the above conditions may result in immediate termination from Sheridan Academy’s International Program. The student and parents are responsible for any and all costs related to the students’ immediate removal from the program and flight to country of origin.

Dress Code:

- ___ Clothes must be sized to fit.
- ___ Clothes must be clean and whole, no holes.
- ___ Shirts are polo-style and hunter green, white or gray in color and tucked into pants.
- ___ No sweat-shirts, unless they are approved Sheridan Academy apparel.
- ___ Pants, capris, shorts are khaki in color and appropriate length–no cargo pants/shorts.
- ___ Shoes must be closed toes, no plastic slides or flip-flops.
- ___ Belts are simple and appropriate length– no studs.
- ___ Pants are to be worn at the waist–no sagging.

Any student not dressed appropriately (as per Director’s discretion) will be assessed a \$2.00 penalty per day.

I have read and agree to the above terms and conditions.

Signed (student): _____

Date: _____

Signed (parent): _____

Date: _____



Tuition Contract/Promissory Note

My child, _____, will attend the Sheridan Academy for _____ Semester, and I agree to pay tuition fees of \$_____.

Voluntary Withdrawal:

In the event that I voluntarily withdraw my student, I agree to pay the balance of the semester's tuition plus any late or additional fees.

Expulsion:

If my child is expelled from the Sheridan Academy, I will be liable for the full tuition (plus any late or additional fees) up to and including the school year for which he/she was enrolled.

Tuition International:

Non-Refundable Registration Fee:	\$ 600.00 (due prior to I-20 being issued)
Host Family Fees:	\$5,000.00 (\$500.00 per month/ 10 months)
Tuition:	\$12,000.00 per school year \$6,000.00 per semester

Signed _____ Date _____

Relationship to Student _____



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Field Trip Authorization

Students participation on field trips is encouraged.

Please complete the following:

_____ has my permission to accompany Sheridan Academy and its staff on scheduled field trips for the 2017-2018 school year.

I, _____ absolve Sheridan Academy and staff of all liability related to off-site field trips.

The student and I understand that all Sheridan Academy Rules and Regulations apply to field trips. We further understand the behavior policy related to participation on field trips.

Student signature _____ Date _____

Parent signature _____ Date _____



Liability and Medical Releases

This section is to be read and signed by the student and the student's natural parents or legal guardian.

Liability Release:

I hereby release Sheridan Academy, all its employees, its international partner organizations and all their employees and field representatives, and all the family/families with whom the student will live from all liability, injury, damages or claims that I have incurred during or after the termination of the program.

I understand that I will not be covered by any insurance policy through Sheridan Academy.

The undersigned, as a student of the **Sheridan Academy International Program**, and the parents/legal guardians of the student, renounce any claim against Sheridan Academy, all its employees, its international partner organization and all their employees and field representatives, teachers, counselors, persons intervening in the program, that might arise due to injury, damage, sickness, accident, delay, unusual circumstances or expenses due to strikes, war, atmospheric conditions, quarantine, government restrictions or regulations, or those derived from acts of omission of airlines, shipping companies, railroads, buses, transportation in general, hotels, restaurants or any other services given by companies, individuals or anyone related with the aforementioned.

We understand that the student will be subject to the rules of the program, host family, school, teachers, and community where he/she will live. We also understand that Sheridan Academy and its international partner organization reserve the right to terminate any student who participates in the program whose conduct may be considered detrimental or incompatible with the interests and security of the program. If this decision is ever taken, the student and his/her parents/legal guardian will have no rights to refunds.



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We accept the right of the **Sheridan Academy International Program** to directly or indirectly change, cancel and substitute in emergencies or whenever normal circumstances change, those parts of the program whose alteration may be considered necessary.

We grant Sheridan Academy and its international partner organizations permission to use in the future any photographic or any other type of material in which the student may appear, for promotion or publicity of Sheridan Academy or its international partner organization.

The student agrees to maintain friendly and respectful relations with teachers, classmates and all family members, and to accept and follow rules and conduct imposed by said family and to participate in the family life as much as possible.

This authorization shall be made valid for the entire conduct of the **Sheridan Academy International Program** school year in which the above-noted student is participating.

No additional comments may be made to this release.

Parents' Signatures: _____ Date: _____

Student's Signature: _____ Date: _____



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Medical Release

We grant Sheridan Academy, all its employees, its international partner organizations and their employees, and the family/families with whom the student will live permission to place our son/daughter in a hospital or other institution for any type of assistance or medical treatment necessary. If there is not a hospital available or appropriate, our son/daughter may be placed under the care of a local medical doctor for treatment. In case of expenses exceeding the coverage of the insurance policy covering the student, we agree to assume all costs necessary in the treatment of our son/daughter.

We also grant the above-stated individuals to act on our son/daughter's behalf in anything pertaining to possible representation with local authorities.

This authorization shall be made valid for the entire conduct of the **Sheridan Academy International Program** school year in which the above-noted student participating.

No additional comments may be made to this release.

Parents' Signature: _____ Date: _____



International Student Enrollment Checklist

Name _____ Date of Birth _____

Grade _____ Start Date _____

- Parent Information form signed and completed
- Rules and Regulations form signed and completed
- Tuition Policy form completed
- Immunization Records submitted
- Medication Authorization completed and signed
- Field Trip Permission completed and signed
- Student Photo
- Letter from Student
- Letter from Parent
- English Converted Transcripts

Office Use Only

- | | | |
|--|---|--|
| <input type="checkbox"/> Office File Setup | <input type="checkbox"/> Flight Info | <input type="checkbox"/> Jupiter Setup |
| <input type="checkbox"/> Bookkeeping File Setup | <input type="checkbox"/> I-20 Completed/mailed | <input type="checkbox"/> Host Family |
| <input type="checkbox"/> Roster/carpool roster emailed | <input type="checkbox"/> Graduation Plan Prepared | |
| <input type="checkbox"/> Parent added to email list | <input type="checkbox"/> Schedule Completed | |
| <input type="checkbox"/> Host Family added to database | <input type="checkbox"/> Locker Assigned | |
| <input type="checkbox"/> Registration Fee Received | <input type="checkbox"/> Annual Tuition Received | |