



Shenandoah Valley Academy
ACCEPTANCE CHECKLIST
School Year 2009-2010

Needed for Initial Acceptance

- Application** **Application Fee \$20** **International Application Fee \$200**
- Test Scores**
- Most Recent Report Card**
- Recommendations** – We require a personal recommendation from each of the following:
 - Math Teacher
 - English Teacher
 - Principal, Vice-Principal or Guidance Counselor

Recommendation forms are enclosed. Please ask each of the above to complete a form for you. The forms must be mailed directly to the Director of Admissions.

Complete and Mail upon Initial Acceptance (Must be received by August 1)

- Application for Financial Aid (if needed)** – Financial Aid is limited; please complete enclosed financial forms as soon as possible.
- Financial Plan and Contract** – An SVA Administrator will contact your parents to complete your Financial Plan and Contract. Scholarships, Discounts, Student Labor, and Financial Aid will be discussed and worked out at this time.
- Official Transcript**– Request your current school to send SVA your current transcript. We understand that this is not your final transcript, since you are still in school. You will need to request your final transcript after school is over. The form to request your current school transcript is enclosed. **This form should be given to the registrar of your current school.**
- Final Report Card** (If entering as a freshman)
- Work Preference Questionnaire** – Your work assignment will be made based on available work, this questionnaire, and your work experience.

Health Documents

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| ○ Annual Physical Examination Report(<u>must be received by October 1</u>) | Parent/Guardian/Physician |
| ○ Dental Examination Report(<u>must be received by October 1</u>) | Dentist |
| ○ Immunization Record (<u>must be received by October 1</u> <u>or student may be asked to withdraw</u>) | Health Care Provider |
| ○ Medical Emergency Authorization and Consent Form | Parent/Guardian |
| ○ Permission to Medicate | Parent/Guardian |
| ○ Hypersensitivity to Insect Stings Emergency Protocol (if applicable) | Parent/Guardian/Physician |
| ○ Annual Contract for Self-administration of Inhaled Medication for Asthma | Parent/Guardian/Physician |
| ○ Copies of medical insurance card, dental, and prescription card | Parent/Guardian |

Completed By:

Submit photocopy of identification documents

- Social Security Card
 - Birth Certificate – *a notarized copy*
 - INS Card or Proof of Citizenship (if applicable)
 - Student Visa I-94 (if applicable)
 - Passport (if applicable)
 - I-20 (if applicable) students with current I-20 must request a release from their current school
- * Original will be required at registration for employment purposes**