

# *Freeman Academy*

## *International Student Application*

School Grade Level to Enter:

9  10  11  12

***Bold Vision***

***Faith and the Arts***

**Picture  
Of  
Applicant:**

**Instructions  
for completing  
this  
application**

**Program**

**Student  
Information**

**Family Status  
Check all that  
apply**

**Other Family  
Members**

The student application must be entirely completed before you can be finally accepted at Freeman Academy. As you complete this application, please type or print in English. DO NOT USE A PENCIL. All pages that require a signature must be signed in order to process this application.

-----  
Academic Year (9 mon.)    or    Academic Trimester (3 mon.)    YEAR: \_\_\_\_\_  
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age Upon Arrival in USA: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Birth Date: (Day/Month/Year) \_\_\_/\_\_\_/\_\_\_

My Mother is:

Living

Deceased

My Father is:

Living

Deceased

I live with:

Mother & Father

Father only

Father & Stepmother

Mother only

Mother & Stepfather

Other \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Does your mother speak English?  Yes  No

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Does your father speak English?  Yes  No

Brothers and/or Sisters

First Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Interests**

**Place an "X" in front of the activities you enjoy.**

**Sports**

- Swimming
- Snow skiing
- Water Skiing
- Fishing
- Horse riding
- Golf
- Martial Arts
- Volleyball
- Sailing
- Cycling
- Hiking, backpacking
- Camping
- Aerobics
- Wind Surfing
- Soccer
- Basketball
- Ice Hockey

**Sports (continued)**

- Baseball
  - Softball
  - American football
  - Tennis
  - Field hockey
- The Arts**
- Photography
  - Drama
  - Cooking
  - Listening to popular music
  - Listening to classical music
  - Painting, drawing
  - Visiting museums
  - Attending the theater
  - Attending the symphony
  - Dancing (ballet, modern)

**Other**

- Reading
- Watching TV
- Watching sports
- Computer
- Sewing
- Debating
- Going to the movies
- Playing cards
- Social dating
- Discussing current events
- Playing indoor games
- Chess or backgammon
- Scouts
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Personal Information**

- Have you ever lived or traveled outside your home country?  Yes  No If yes, when, where, with whom, and for how long: \_\_\_\_\_
- What are your household responsibilities at home? \_\_\_\_\_
- Do you have a curfew at home?  Yes  No  
If yes, what time are you expected home on weekdays: \_\_\_\_\_ weekends: \_\_\_\_\_
- Are you a member of any clubs? If yes, please list the clubs: \_\_\_\_\_
- Do you sing?  Yes  No – If yes, in what setting or group? \_\_\_\_\_
- Do you play a musical instrument?  Yes  No - If yes, what: instrument(s) do you play? \_\_\_\_\_
- How much time do you spend studying school work while you are at home? \_\_\_\_\_
- Have you ever lived away from you parents?  Yes  No If yes, please explain \_\_\_\_\_
- Have you ever had any part-time jobs or work experience? If yes, what are they? \_\_\_\_\_
- Do you smoke?  Yes  No If yes, are you prepared to NOT smoke in a home where smoking is not allowed?  Yes  No
- Do you enjoy other teenagers?  Yes  No Do you enjoy spending time with young children (newborn to 11)?  Yes  No
- Would you accept living with a family that has pets?  Yes  No

**Personal Information**  
*(continued)*

• *Have you previously been on a student exchange program?*  *Yes*  *No*    *If yes, please give details including the country you visited:* \_\_\_\_\_

\_\_\_\_\_

• *What do you hope to accomplish during your stay in the USA?*

\_\_\_\_\_

\_\_\_\_\_

• *How do your parents feel about your decision to spend several months studying in the USA?*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• *Describe your pets, home, and school.*

*Pets:* \_\_\_\_\_

\_\_\_\_\_

*Home:* \_\_\_\_\_

\_\_\_\_\_

*School:* \_\_\_\_\_

\_\_\_\_\_

• *Describe the relationships you have with your family and friends.*

*Family:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Friends:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• *Describe your best friend and why he or she is special to you.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Information**  
*(continued)*

- Describe three of your personal strengths, and why they are important to your life.

1 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Religious Preference**

- What is your religious affiliation? \_\_\_\_\_
- Do you participate or attend church services:  Weekly  Monthly  Holidays  Never
- Freeman Academy families attend church services regularly. Would you be willing to attend:  
 as an active participant  as an observer  not at all

**Languages**

*What foreign languages do you speak and how many years have you studied them?*

- Language \_\_\_\_\_ Years of Study \_\_\_\_\_

- Language \_\_\_\_\_ Years of Study \_\_\_\_\_

**Plans for the Future**

- Do you intend to continue your education after completing high school?  Yes  No

If yes, What major areas of study do you plan to pursue? \_\_\_\_\_  
 \_\_\_\_\_

- What are your career plans? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





**Directions for  
Family Album**

On these two pages place recent photos showing you and your family and friends in the places you live or frequently go, doing the things you like to do. This is an album for your American host school and possible host family/ to help them get acquainted with you.



Describe the photo above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

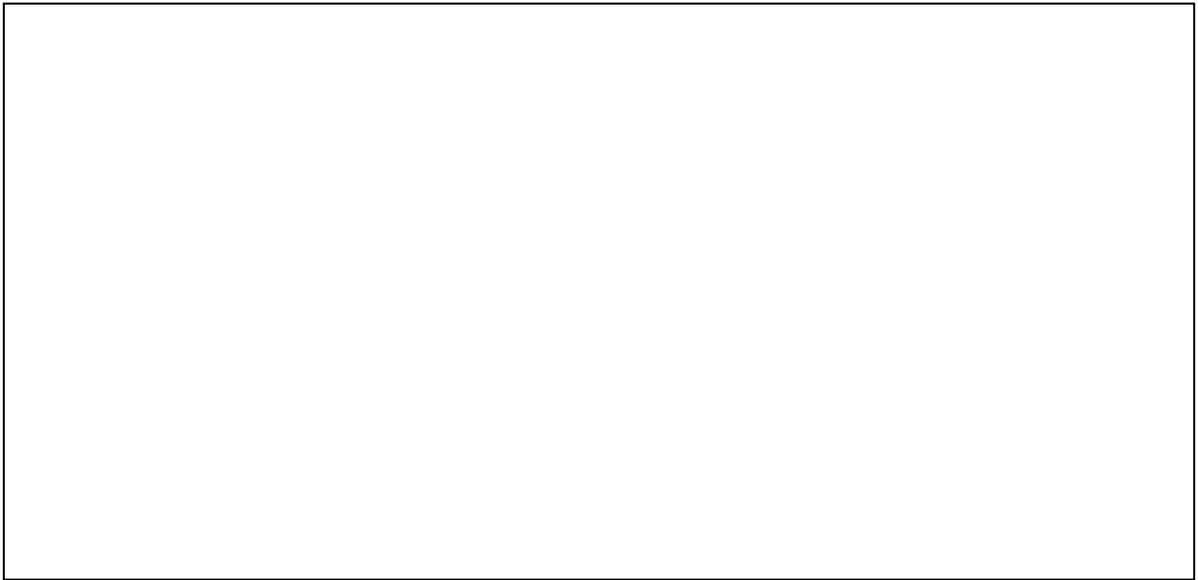


Describe the photo above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Describe the photo above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Describe the photo above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### ACADEMIC HISTORY

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Applicant has studied English for \_\_\_\_\_ Years \_\_\_\_\_ Months. Applicant is now enrolled in grade \_\_\_\_\_.

• Has the student missed or repeated a year (or term)?  Yes  No If Yes, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• Does the student have a history of continuous or frequent absences from school?  Yes  No

• What is the student's attitude toward schoolwork?  High Interest  Average Interest  Low Interest

• Teachers find this student:  Cooperative  Uncooperative Comments: \_\_\_\_\_

\_\_\_\_\_

• What is the student's relationship with his/her fellow classmates?

Leader  Cooperative Group Member  Uncooperative

*Please rate the student's proficiency in the English language:*

	Beginning	Moderate	Advanced
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• In your opinion, will the applicant be able to comprehend reading and writing assignments that are in English?

Yes  No Please comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• How would you evaluate the potential success of this student in the United States?

Very good  Good  Average  Poor

Comments: \_\_\_\_\_

\_\_\_\_\_

• Please Print Your Full Name and Title: \_\_\_\_\_

• Name of School: \_\_\_\_\_

• Signature of School Official: \_\_\_\_\_

**English Proficiency**

**Grading Scale**

**ACADEMIC HISTORY** *continued*

Please list, in English, your grading scale next to the corresponding American Grades listed on the left.

	American Grading Scale	Your equivalent number or letter grade	Comments
Excellent	A+	_____	_____
Superior	A	_____	_____
Very Good	A- or B+	_____	_____
Good	B or B-	_____	_____
Average	C	_____	_____
Sufficient	C-	_____	_____
Poor	D	_____	_____
Fail	F	_____	_____

**Courses & Grades**

In the boxes below list, in English, the courses taken and the grades received from the 9<sup>th</sup> level to the present. Please use **the American grading system, as listed above.**

\_\_\_\_\_ to \_\_\_\_\_ (please indicate year of school term) \_\_\_\_\_ to \_\_\_\_\_ (please indicate year of school term)

9 <sup>th</sup> Year Courses	Hours a week	½ year grade	Final Grade	10 <sup>th</sup> Year Courses	Hours a week	½ year grade	Final Grade

\_\_\_\_\_ to \_\_\_\_\_ (please indicate years of school term) \_\_\_\_\_ to \_\_\_\_\_ (please indicate year of school term)

11 <sup>th</sup> Year Courses	Hours a week	½ year grade	Final Grade	12 <sup>th</sup> Year Courses	Hours a week	½ year grade	Final Grade

Course translation prepared by:

- Signature of Official \_\_\_\_\_
- Title \_\_\_\_\_

**Affix Official School Seal Here**

### OFFICIAL SCHOOL RECOMMENDATION

*In selecting candidates for the International Student Program at Freeman Academy, we desire mature young people who will be successful students and good representatives of their country. Your evaluation will help us select the right candidates.*

1. Total number of instructional days per school year: \_\_\_\_\_ days

Hours per school day: \_\_\_\_\_ hours per day.

2. How long have you known the student? \_\_\_\_\_ years

3. By the end of this school year, how many years of schooling will the student have completed?  
\_\_\_\_\_ years.

By the end of this school year, how many more years will the student need to graduate from high school? \_\_\_\_\_ years

4. If the student has any adjustment or disciplinary problems at school or in the community, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Signature of Official \_\_\_\_\_

• Official's Name \_\_\_\_\_

• Title \_\_\_\_\_

**Grading Scale**

**Courses & Grades**

**General Information**

**MEDICAL STATEMENT**

Applicant's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ ft/in. Weight \_\_\_\_\_ lbs. Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Give your opinion of the general state of the applicant's health:  Excellent  Good  Poor

ILLNESS: *Does the applicant now have, or has he or she ever had, any of the following?*

Chicken Pox  No  Yes Date \_\_\_\_\_ Malaria  No  Yes Date \_\_\_\_\_

Measles  No  Yes Date \_\_\_\_\_ Hepatitis  No  Yes Date \_\_\_\_\_

Mumps  No  Yes Date \_\_\_\_\_ Parasites  No  Yes Date \_\_\_\_\_

Poliomyelitis  No  Yes Date \_\_\_\_\_ Goiter  No  Yes Date \_\_\_\_\_

Rheumatic Fever  No  Yes Date \_\_\_\_\_ Hernia  No  Yes Date \_\_\_\_\_

Rubella  No  Yes Date \_\_\_\_\_ Other \_\_\_\_\_  No  Yes Date \_\_\_\_\_

Scarlet Fever  No  Yes Date \_\_\_\_\_ Other \_\_\_\_\_  No  Yes Date \_\_\_\_\_

DISORDERS: *Has the applicant consulted or been treated by specialists in any of the following?*

Alcoholism  No  Yes Date \_\_\_\_\_ Diabetes Militus  No  Yes Date \_\_\_\_\_

Attempted suicide  No  Yes Date \_\_\_\_\_ Hearing  No  Yes Date \_\_\_\_\_

Substance abuse  No  Yes Date \_\_\_\_\_ Recurring Headache  No  Yes Date \_\_\_\_\_

Seizures  No  Yes Date \_\_\_\_\_ Speech  No  Yes Date \_\_\_\_\_

Sleepwalking  No  Yes Date \_\_\_\_\_ Vertigo, Dizziness  No  Yes Date \_\_\_\_\_

Anorexia Nervosa  No  Yes Date \_\_\_\_\_ Asthma  No  Yes Date \_\_\_\_\_

Bulimia  No  Yes Date \_\_\_\_\_ Psychological or emotional illness (depression, obsessive-compulsive behavior, etc.)  No  Yes Date \_\_\_\_\_

*If you answered yes to any of the disorders, Please explain:* \_\_\_\_\_

**Medical Care**

• Has the student ever been hospitalized?  Yes  No  
If yes, please explain: \_\_\_\_\_

• Has the student ever been advised to have surgery which has not been done?  Yes  No  
If yes, please explain: \_\_\_\_\_

• Are there any restrictions on the student's participation in physical education activities?  Yes  No  
If yes please explain: \_\_\_\_\_

• Does the student have allergies?  Yes  No If yes, please list below:  
\_\_\_\_\_  mild  strong  severe or life-threatening  
\_\_\_\_\_  mild  strong  severe or life-threatening

• **Does the student have severe or life-threatening allergic reactions?**  Yes  No  
If yes, please describe: \_\_\_\_\_

• Has the student ever been diagnosed with Severe Acute Respiratory Syndrome (SARS)?  Yes  No  
If yes please explain: \_\_\_\_\_

NOTE TO PHYSICIAN: *Please attach a note in English describing treatment of the patient's allergies and any other important subjects which will help in the treatment of your patient while he or she is in the U.S.A.*

**Illness & Disorders**

**Allergy Statement**

**Immunization Record**

**This record must be completed by the student's personal physician. If it is not completed in English, an English translation must accompany it.**

Vaccine:	ENTER DATE (Month/Day/Year) EACH IMMUNIZATION WAS GIVEN				
	1st	2nd	3rd	4th	5th
DTP/DtaP/DT					
Td					
OPV/IPV					
Measles	<b>OR DATE CHILD HAD DISEASE</b>				
Mumps	<b>HISTORY OF DISEASE NOT ACCEPTABLE</b>				
Rubella	<b>HISTORY OF DISEASE NOT ACCEPTABLE</b>				
Varicella (Chickenpox)	<b>OR HISTORY OF DISEASE</b> (Parental History Acceptable – requires parent or guardian signature)  SIGNED: _____ Date: _____ (Parent or Guardian) (mo/day/yr)				
Hib					
Hepatitis A					
Hepatitis B					
Other					
Other					
TUBERCULIN TEST (Mantoux Recommended)			INDURATION (In mm):		

**Important Immunization Information**

**Immunizations Required For Admission Into South Dakota High Schools**

- Four or more doses of diphtheria, pertussis and tetanus containing vaccine, with at least one dose administered on or after age 4. Children 7 and older needing the primary series are required to have Td, and only need three doses with at least 6 months between dose two and three. Children receiving more than 6 doses before age 4 do not require any additional doses for school requirements.
- Three or more doses of poliovirus vaccine, with at least one dose given on or after age 4; **or** 4 or more doses of any combination of OPV and/or IPV given by 4 years of age;
- Two doses of measles virus vaccine administered after the age of 12 months; **or** having been diagnosed by a physician as having had measles disease; **or** having demonstrated serological evidence of immunity;
- Two doses of rubella virus vaccine administered after the age of 12 months, **or** having demonstrated serological evidence of immunity.
- Two doses of mumps virus vaccine administered after the age of 12 months; **or** having demonstrated serological evidence of immunity.
- A tuberculin skin test administered and read, in millimeters of induration, preceding first-time entrance into a school or an early childhood program in South Dakota. The tuberculin skin test must be administered in the United States or any US military installation abroad.

**NOTE: Hib vaccine and Hepatitis B vaccine are recommended but not required.**

Legal alternatives to minimum immunization requirements are defined, and the means for appropriate certification is provided for, on the face of this document. There are no other exemptions.

• Tuberculosis skin test date \_\_\_\_/\_\_\_\_/\_\_\_\_ student tested:  Negative  Positive

If the student tested Positive, please explain the Positive reaction and follow-up: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned, have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all information has been included, and that the above information is complete and accurate.

• Physician's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

• Physician's Name \_\_\_\_\_

• Physician's Address \_\_\_\_\_

Please affix any seal, stamp, or provide medical license number for verification purposes.

**Liability Release**

The Undersigned, as parents or legal guardians of a student in a program organized and directed by Freeman Academy (FA), on behalf of ourselves and our successors or legal representatives, renounce any claim against FA, its employees, agents, teachers, coordinators, or any other person intervening in the program, that may 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 service given by companies, individuals or anyone related with the aforementioned.

We understand that the student will be subject to the authorities and teachers of FA and host families where he/she will live. We also understand that FA and the family reserve the right to terminate participation in the program of any student whose conduct may be considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the student and his/her parents or legal guardians will have no right to any refunds.

We accept the right of FA to, directly or indirectly, cancel, change, or substitute in emergencies, or whenever normal circumstances change, those parts of the program whose alteration may be considered necessary. Also to change, before and after departure, the cost of the program to meet unexpected changes in monetary devaluation, etc.

The student agrees to accept and uphold the standard of conduct set by FA and the family or families with whom he or she may live for the duration of the program. He/she also agrees to maintain friendly and respectful relations with his or her teachers, classmates, and especially with all the members of the family with whom he/she may be living; to accept the rules of conduct imposed by said family, to participate in the family life as much as possible, to try his/her best to adjust to the normal system of family life, and to treat all the members of the family with respect.

- Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Signature of Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Release And Insurance Statement**

We grant FA, its employees or agents, and the family or families with whom he/she may live that, at their discretion, and, if necessary, at the cost of the participant or his/her parents or legal guardians – in the case of expenses exceeding the coverage of the **\*insurance policy** covering the student – the power to place him/her under the care of a local medical doctor for his/her treatment, including surgery and hospitalization, if deemed necessary after consultation with medical authorities.

We agree to assume all costs necessary in the treatment of our son/daughter.

We also grant FA and the family or families with whom he/she may live, to return him/her to his/her country of origin at his/her own cost or that of his/her parents or legal guardians, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document, the student enjoys perfect health, and that his/her health record enclosed herewith is true and complete.

We also grant FA, its employees or agent, and the family or families with whom he or she may live, permission to act on our behalf in anything pertaining to possible representation before the local authorities.

This authorization shall be valid for the entire duration of the FA program in which the student is participating.

**\* The student will arrive in the U.S.A. with full medical/accident insurance coverage. If the student arrives without such coverage, FA may arrange for such coverage through a local agent. The cost of such coverage, any medical and/or accident-related charges, will be wholly paid by the student and/or his/her family.**

- Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_