SA International Student Program Admission Application

A. Complete ISP Application

Send the application, **Application Fee ($100)**, and required Application Documents to Salem Academy. See instructions on page 2.

B. Application Reviewed

We will review all submitted documents and arrange a Zoom or WerChat interview. This process may take 2-3 weeks. Have questions about your application? Email us at: isp@SalemAcademy.org.

C. Acceptance and Deposit

If accepted, a deposit of $1,700 is **required** for a Form I-20 to be provided. This $1,700 will be credited toward the balance due OR refunded if student is not granted a visa.

Note: If wiring the deposit, **please make sure the bank does NOT take a transfer fee from the $1700**. If there is a transfer fee, make sure that is paid before writing the deposit.

D. Form I-20

Once the deposit has been received we will send (1) **Form I-20 ("Certificate of Eligibility")** (2) **Letter of Acceptance**, and (3) **Letter to U.S. Embassy.**

E. Make I-901 Payment

Go online and pay a fee called **"I-901 Payment"** made directly to the U.S. government. The website address for this payment is: https://www.fmjfee.com/i901fee/. **Be sure to print out a Payment Receipt**.

F. Schedule Student Visa Interview

Make an appointment with the U.S. Embassy for a student visa interview. Please notify SA with the interview date. You will need to take all the necessary documents:

- ⇒ **Passport**
- ⇒ **I-20, "Certificate of Eligibility"**
- ⇒ **I-901 Payment Receipt**
- ⇒ **Letter of Acceptance**
- ⇒ **Letter to the U.S. Embassy**

Note: When you make your appointment, ask the embassy if any additional documents are required.

G. Confirmation of VISA

Please notify Salem Academy as soon as you receive your VISA - Email: isp@SalemAcademy.org.

H. Payment of Balance Due

Full payment is due by July 1 and **required** for students to attend classes. (*Late fees will apply after July 1)*

Required Application and Documents

Send together ALL of the following completed forms and documents along with the application fee.

Fee Payment: When you are ready to submit the application, review the information on page 221

Two Easy Steps:

To ensure success, limit your emails to units of 5 MB and use only PDF file format.

EMAIL:

Note: Correspondence is email only!

Send to: isp@SalemAcademy.org, attention Tomiko Doten.

1. Basic Application information (with a RECENT photograph): Pages 3 – 10
2. Host Family Expectations: Page 11
3. Medical Release (All students will be enrolled in a plan of SA's choosing): Page 12
4. Medical and Dental Examination (signed by a physician and dentist): Pages 13-15
5. Immunization Record (see "Health Information"): Page 16
6. Acceptance Conditions form: Page 17
7. $100 Application Fee
8. Official School Transcripts (last year of middle school & all of high school), in an envelope sealed by the school.
9. Three (3) Recommendation Forms: completed by three teachers in sealed envelopes or emailed directly by the teacher to isp@SalemAcademy.org (page 18 for form).
10. Financial Statement. A letter from the parents' bank stating that they are financially able to cover all expenses.
11. TOEFL Jr. and IELTS test scores (copy of official score site) sent directly to Salem Academy. A ZOOM or SKYPE interview may also be arranged.

ISP Admission Application

International Student Program

2026 – 2027

942 Lancaster Drive NE, Salem, Oregon 97301

Office use only:
Date received_____

Fax: (503) 375-3522 isp@SalemAcademy.org

Tel. (503) 378-1211 www.salemacademy.org

Name _____ _____ _____ Age____ Male ____ Female ____
Family Name First Name Middle Name

Date of Birth _____/_____/_____
Month Day Year

Country of Birth _____ City of Birth_____ Country of Citizenship _____

Student's Home Address_____

_____

_____, _____, _____
City Postal Code Country

Home Phone _____

Mobile Phone _____

Student's Email Address _____

Student's Passport Number _____

Desired Starting Grade (circle one): 9, 10, 11, 12. (We cannot guarantee you will be placed in the grade level of your choice)

Father's Name _____ Occupation _____

Email _____ Work Phone _____

Mother's Name _____ Occupation _____

Email _____ Work Phone _____

Student's Current School _____ Current Grade _____

Current School's Address _____

Current School's email address _____

Principal's Name _____ School Telephone _____

The student is applying _____ as an independent _____ through an Agency / school / etc.

Name of Education Agency/Agent/Contact Person (if applicable) _____
(The organization or person helping you to come to Salem Academy)

Agency's/Contact Person's Address _____

Agent's/Contact Person's Name _____ Telephone _____

Agent's/Contact Person's Email _____ Mobile Phone_____

Have you ever been **dismissed** or **suspended** from school? ⟶ ___Yes ___No

If "Yes", please explain: _____

How long would you like to attend Salem Academy? ___ Only one year ___ More than one year What are your plans? (choose only one) This is for scheduling and planning purposes only.

___ Graduate from Salem Academy

___ Attend Salem Academy for academic credit, but not graduate (I will return to my home country to graduate).

___ Attend Salem Academy for only English language and cultural experience.

___ Other (Please explain): _____

Where do you want to attend college? _____ U.S.A. ____ Your Home Country ___ Other ____

Undecided Do you have confidence that you can be successful in English speaking classes? ⟶ ___Yes ___No

Do you understand that **all** of your classes will be regular high school classes, but there is an ESL designated support if you need it (first year only)? ___Yes, I understand ___No, I don't understand

What is your main purpose for wanting to attend Salem Academy Christian? (Be as **specific** as possible)

_____

_____

_____

_____

_____

_____

Do you want to attend SA because you want to devote your time to earning an excellent education? ___Yes ___No

Because you are from a different culture and language, do you understand that the first year may be a VERY difficult adjustment period for you? ___Yes, I understand ___No, I don't understand

I understand that if I experience extreme difficulty, I may either need to repeat a class or classes, or may need to repeat a grade level. ___Yes, I understand ___No, I don't understand

Are you willing to commit yourself to making friends with Americans and speaking primarily in English? ___Yes ___No

Are you willing to **adapt** yourself to your host family's lifestyle, to **respect** your host family's rules, and to **participate** in family activities, including going to church on Sundays, and doing household chores? → ___Yes ___No

In your own words, describe:

Your hopes and dreams for the future:

_____

_____

_____

Your favorite activities (sports, arts, entertainment, etc.):

_____

_____

_____

Your personality. How would you describe yourself?

_____

_____

_____

_____

_____

_____

_____

_____

Your Religious Background

Salem Academy is a private, Christian high school. All of the teachers and most of the students are Christians. In many classes we study the Bible and Christian issues. Your host family will most likely be Christian. Students do not have to be Christian in order to attend. Students will not be pressured to become Christians. However, the Christian message is a part of our school life.

We have a chapel worship once a week. Because the educational philosophy of Salem Academy is based on the Bible, students need to be willing to learn about Jesus, the Bible and the biblical worldview along with other students. **Your host family will most likely go to church on the weekends and you will be expected to attend with them as part of the family.** Churches have great youth activities – it is a great way to make friends and learn about American culture and the Christian faith.

Are you comfortable about attending a private, Christian high school? ___Yes ___No

Even if you are not a Christian, are you willing to study the Bible and Christianity? ___Yes ___No

Are you willing to go to church on weekends with your host family? ___Yes ___No

If you think that you may have difficulty (problems) with any of the above, please explain:

_____

What is your religious preference?

___Christian ___Buddhist ___Muslim ___ Atheist ___Other ___ I am not sure

General Health Information

Note: (A physical examination by a physician is required. See page 12-15)

Do you have any allergies/difficulties (food, animals, pets, medicine, etc.)? → ___Yes ___No

If Yes, please explain _____

Are you comfortable around pets (dogs, cats, etc.)? → ___Yes ___No

Emotionally, are you often depressed / have interpersonal problems, etc.? → ___Yes ___No

If yes, please explain: _____

Do you have ANY medical conditions the school and host family should know about? → ___Yes ___No

If yes, please explain: _____

Do you require any of the following:

1. Prescription medications? → ___Yes ___No

   If yes, please list all prescription medications and dosages:

   _____

   _____

   _____

2. Non-Prescription (i.e. Tylenol, Ibuprofen, Allergy) ? ___Yes ___No

If yes, please list all non-prescription medications and dosages:

_____

_____

_____

3. Allergy shots? ___Yes ___No

Have you had any significant illnesses, injuries, or operations? ___Yes ___No

-If yes, please explain:

_____

_____

_____

_____

_____

_____

Is there any medical condition that would prevent you from participating in sports? ___Yes ___No

-If yes, please explain:

_____

_____

_____

_____

_____

Do you have any psychological problems that Salem Academy should be aware of? ___Yes ___No

-If yes, please explain:

_____

_____

_____

_____

_____

Information for the Host Family

THIS SECTION IS TO BE COMPLETED BY THE STUDENT

On a separate piece of paper, please write a letter of introduction to your host family.

Student's Name _____

Parents' Name: _____

Brother's/Sister's name(s) _____

Home Address _____

_____

Home Telephone _____

Home Email _____

Date of Birth _____ Nationality _____
mo / day / year

Attach Student's Photo

1. What are your **hobbies** and interests? _____
2. What are your favorite **sports** activities? _____ ___Yes ___No
3. You may be placed in a home with **children**. Would this be a problem?

   ⇒ If yes, please explain: _____

   ___Yes ___No
4. Are you comfortable with **pets**? (dogs, cats, etc.) **(If "No" attach a letter of explanation)**
5. Are there any **foods** that you do not like? _____ ___Yes ___No

Do you have any **allergies**?

Explain: _____

6. Please describe your **religious background**: _____
7. Message to your host family: _____

_____

_____

_____

_____

_____

Elective Class Options

Much of your student's class schedule, as relates to core classes, will be determined by the transcript submitted with the application. In addition to those core classes, students have an opportunity to take a variety of elective classes.

During the New Student Orientation students will take time to review their created schedules and make any necessary changes. However, to better ensure scheduling of elective classes to match interests or passions, please take time to circle at least 5 of following elective classes as listed by grade level that your student may like to take.

We cannot guarantee the electives of your choice will be available or offered each year, but will do our best to accommodate. Please understand this list is subject to change.

- ☐ Art
- ☐ Drama
- ☐ 3D Printing
- ☐ Yearbook
- ☐ P.E.
- ☐ Culinary Arts
- ☐ Choir
- ☐ 2D Animation Photography
- ☐ Writing
- ☐ Concert Band
  (note what instrument you play and how many years experience)
- ☐ Spanish

ADDITIONAL:

These represent upper level classes with pre-requisites.

- ☐ Calculus **must have taken Pre-Calculus*
- ☐ Statistics **must have taken Algebra II*

ISP Guidelines and Agreement

For you to have a fulfilling experience, the following guidelines have been established. We would like both you and your parents to read them carefully. **Your signatures signify that you fully understand and are willing to fully comply**.

Program Purpose: The primary purpose of this program is to (1) provide a high school education and (2) improve the student's knowledge of the American culture, including the historical Christian faith and English language. This is accomplished through (a) the active participation in family life, (b) community activities, and (c) school programs. **In order for you to have a successful and fulfilling experience, your purpose for coming needs to be the same as this Program Purpose.**

Your expectations: You should be aware that life in Salem, Oregon, may not be what you expected. The American culture, as you experience it here, will probably not be the same as you see on television, in the movies, in magazines, or on the internet. Host families come from a wide variety of ethnic backgrounds.

Host Family Guidelines:

Life in the United States will be very different from what you are accustomed to in your own country. You need to be willing to adjust to your new cultural environment.

1. **Family Rules:** You should expect to adapt to your new family and to the customs of the family. These customs may be quite different from your own family, such as curfew, asking permission to go out, supervision of media devices, etc. You will need to be ready to make adjustments to a new life.
2. **Family Chores:** You should expect to assist with the household chores as a member of the family. You should not expect to be treated as a guest at a hotel.
3. **Family Activities:** Since you will be considered a part of the family, expect to take part in activities with your host family, such as visiting relatives, celebrations, trips, and going to church.
4. **Church Attendance:** Your family will be a Christian family. You will be expected to go to church with them. Please look forward to going with your family to church on weekends. It is a great way to make friends and learn more about culture and Christ.
5. **Internet Use:** Similar to the television, mobile phones and computers are awesome tools with much potential for good when used properly. However, when abused they can also become a source of significant interference with your educational and social experience at Salem Academy. Students must abide by the Internet and Mobile Phone Use Policy. You will need to obey the family ISP/Host rules about when and where you may use the internet, etc.

General Rules of the program:

1. **The following activities are strictly prohibited (despite laws in your country):** smoking, drinking alcoholic beverages, pornography, illegal downloads, and drugs (Possession of "controlled substances" [cigarettes, tobacco, alcohol, drugs], and internet abuse, etc., may result in immediate expulsion from school). For more details, refer to SA's handbook.
2. **Grades:** Students are expected to do their best to learn and earn good grades. If it is apparent that poor grades are the result of poor study habits and poor choices, the student will be counseled and may be put on probation.
3. **Driving:** Driving motor vehicles by international students is strictly prohibited.
4. **Travel:** Before traveling, ISP students are required to have the permission of the program coordinator, host parents, and the student's parents. A "Travel Permission Form" must be completed and submitted at least one month before travel date.
5. **Problems:** Should problems with hosts or others arise during the program, you must first contact the ISP Coordinator. There is an established problem-solving procedure which must be followed. This procedure will be explained in more detail during the ISP Orientation.

6. **Written Items:** Magazines & books in your mother language interfere with your English education and distract others. Do not bring them to school.
7. **Visits:** Relatives or Friends visiting must be coordinated in advance with the ISP Coordinator.
8. **Legal:** Employment, conducting business, buying-selling online, shipping merchandise, etc., for profit is prohibited and illegal. This includes sending and receiving packages on behalf of a third party. These types of activity may result in legal prosecution.
9. **Salem Academy Guidelines:** You will need to comply with all the guidelines and rules in the Student/Parent Handbook (available online) This includes information on dress code, academics, sports, school behavior, school discipline, electronic devices, internet use, etc.

Finances and Academics

1. **Tuition & Fees**. Tuition and Homestay Fees are **due by July 1**. Students will not be allowed to start classes until full payment has been made.
2. **Refunds**. Tuition/ fees will not be refunded to any student who decides to withdraw or who is expelled. In other cases, refunds may be made on a case by case basis.
3. **Academic Placement**. Academic placement (your grade level) is the sole discretion of the ISP program/Salem Academy. You might not be able to enter at the grade level you desire. This is determined by your academic record, consultation with the school counselor, and English proficiency assessment. This will be finalized during ISP Orientation.
4. **Host Family Placement**. Placement with a host family is the **sole** choice of Salem Academy. (Students may NOT make independent host searches).

Probation and Expulsion

Consistent violation of the above guidelines may result in discipline, suspension, or expulsion. The decision is the sole discretion of Salem Academy on a case by case basis.

Our desire is that every student will have a positive, healthy, growing experience at Salem Academy. We will do all that we can to encourage and support you. If there are problems, we will do our best to help you solve your difficulty. We want to give you an experience that is warm, caring, and accepting.

Agreement:

We (student and parents) have read, understand, and agree to all of the above. As a student, I agree to obey these guidelines and I understand that disobeying them may result in my being dismissed from the program and sent back to my home country at my family's expense. We also understand that the tuition and fees are non-refundable after I (student) arrive at the host's home. We also understand that any false statements in this application may result in dismissal from the program. We also testify that the student's purpose for attending the ISP is the same as the purpose for the program.

Student's hand-written signature / date *(not typed)*

Parent's hand-written signature / date *(not typed)*

Host Family Expectations

1. You will probably have your own room; however, there is a possibility that you may share a bedroom. You MUST be willing to share a bedroom (as in a boarding school or college dorm). We will try to find a host family that can provide your own room; however, we CANNOT guarantee this. If you share a room, it will of course be with someone of the same gender.

   I understand that I MUST be willing to share a room with another student. ___Yes ___No

2. Your host family may have younger or older children.
   You **MUST** be willing to be placed with a family that has younger or older children.

   I am willing to stay with a family that has children. ___Yes ___No

3. Your host family may have pets. **Are you allergic to pets?** ___Yes ___No

   If you are allergic to animals, we will not place you in a home with pets. Otherwise, you must be willing to be placed in a home that has pets.

   I am willing to stay with a family that has pets. ___Yes ___No

4. Your host family will probably be active in their church. Your host family may go to church every Sunday (or Saturday evening). You will be expected to go with them as part of the family.

   I am willing to go to church with my host family. ___Yes ___No

5. Your host family may be from a different ethnic background than expected. You will need to be willing to live with a family that is different from your own image of a typical American family.

   I am willing to live with a family from any ethnic background. ___Yes ___No

6. Your host family will have different rules and habits that you will need to respect and follow.

   I am willing to fully respect and follow my host family's rules. ___Yes ___No

7. You will need to be respectful toward your host parents and submit to their authority.

   I am willing to fully respect and submit to my host family's authority. ___Yes ___No

8. If you have any difficulties and problems with your host family, in order to avoid confusion, you must first discuss it with the ISP Coordinator, Tomiko Doten.

   If I have difficulties, I will first discuss it with the ISP Coordinator.

   Do you think that you might have difficulty with any of the above items? ___Yes ___No

   If "Yes," Please explain:

   _____

   _____

   _____

Student's **hand-written** signature *(not typed)*_____Date *(not typed)*_____

Medical Release Form

Salem Academy Christian High School, International Student Program

Student's Full Legal Name _____

Last/Family Middle First

Date of Birth: Month: _____ Day: _____ Year: _____

**Note: In the information below "authorized agent" or lawful attorney" also includes host parents*

KNOW BY ALL MEN BY THESE PRESENT, THAT I, _____, do hereby make, constitute, and appoint SALEM ACADEMY, or an authorized agent of Salem Academy, as my true and lawful attorney for me and in my name, place, and stead to procure medical care, diagnosis, or hospitalization or emergency dental care for my child _____, the same as I might or would do if personally present, during my child's stay in the United States while attending Salem Academy.

Medical care, diagnosis, or hospitalization as used herein is temporary and shall be in effect only so long as the child is in the care of Salem Academy and the authorized host families. This authorization and appointment shall cease immediately upon a parent being present or when a parent is in such a position that the parent can personally act upon the immediate problem.

My attorney in fact hereunder is empowered to do any and all acts that in said attorney's judgment shall be deemed to be in the best interest of said child the same as I might or could do, and I hereby ratify and confirm all that said attorney in fact shall lawfully do or cause to be done by virtue of these present. As long as a parent is not personally present, a care provider is authorized to release the child to the agent of Salem Academy which includes host parents, upon completion of treatment. I have noted below any restrictions to be placed on my child's participation in school activities or competitive sports, and there are no restrictions if none are indicated.

Restrictions: _____

Father/Male Custodian _____ _____

Hand-written signature *(not typed)* Print Name Date

Mother/Female Custodian _____ _____

Hand-written signature *(not typed)* Print Name Date

EMERGENCY CONTACT/MEDICATION/INSURANCE INFORMATION

INSURANCE: All students will be automatically enrolled in an insurance plan of the school's choosing. However, we do require parents provide their insurance information as well.

Insurance Company: _____ **Group and/or Policy:** _____

We understand that our child/student will also be enrolled in an insurance program of SA's choosing.

Parent's / Guardian's signature: _____ Date: _____

Please print clearly the above signature: _____

EMERGENCY CONTACT:

Parent's Phone Number _____ **Parent's Email** _____

Agent/Friend Phone Number _____ **Email** ___

Does your child have any known allergies?____Yes ____No **Describe** _____

Does your child have any known health problems?____Yes ____No **Describe** _____

MEDCIATION: **State law requires parents to inform the school of the medications being taken by a student upon a physician's prescription.**

Is this student on medication prescribed by a physician? **Please choose one:** ____Yes ____No

Diagnosis _____ Medication Prescribed _____

Dosage _____ Prescribed By _____ Phone _____

Medical History and Examination

To Be Completed by the Student's Doctor. Please type or print clearly:

Part 1—Student Information

Student's Full Legal Name: _____

Gender: Male____ Female ____ Date of Birth: _____ / _____ / ___
Month Day Year

Street Address: _____

City: _____ State/Province: _____ Postal code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Part 2—Medical History *(to be completed by a Physician in consultation with the student)*

Important: Physician, this student is considering a year or more abroad as an international student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical conditions could endanger the student's life while overseas. **Allergy information is especially crucial** to host family placement and student well-being. An immediate relative of the student may **NOT** complete the examination or fill out this form.

1. **How long has the student been your patient?**_____
2. **Has the student ever been diagnosed with or received treatment or advice for the following allergies?:**

If any of the answers above are "Yes", please explain the nature and severity of the disorder, diagnosis, frequency of attacks, and treatment dates and duration (please attach additional pages if necessary):

Aspirin	Yes ___ No ___	Insect stings/bites	Yes ___ No ___	Other _____	
Food	Yes ___ No ___	Penicillin	Yes ___ No ___		
Hay Fever	Yes ___ No ___	Poison ivy/oak	Yes ___ No ___		

3. **Has the student ever been diagnosed with or received treatment or advice for any disease, abnormality of any of the following ?** (if "YES," please circle below): ___Yes ___No

- ☐ Altitude sickness
- ☐ Anorexia/eating disorder
- ☐ Appendicitis
- ☐ Arthritis
- ☐ Asthma
- ☐ Autoimmune disease
- ☐ Blood or Endocrine system
- ☐ Bones, joints
- ☐ Bowel problems
- ☐ Brain/nervous system
- ☐ Cancer
- ☐ Communicable disease
- ☐ Depression
- ☐ Diabetes
- ☐ Ears/ hearing
- ☐ Eyes / vision
- ☐ Epilepsy
- ☐ Genito-urinary system
- ☐ Heart disease
- ☐ Hernia
- ☐ Hypertension
- ☐ Liver / hepatitis
- ☐ Respiratory system
- ☐ Malaria
- ☐ Menstrual disorders
- ☐ Mental / emotional disorders
- ☐ Pneumonia
- ☐ Scarlet fever
- ☐ Seizures
- ☐ Serious headache
- ☐ Other *(Please explain)*

Please explain the nature and severity of disorder, diagnosis, frequency of attacks, and treatment dates and duration of any "YES" answers (please attach additional pages if necessary):

4. Has the student:

- Had any surgical operation not revealed in question 2 or 3 or been hospitalized or treated for any other condition not revealed in question 2 or 3?___Yes ___No
- Taken any prescribed medication in the past six months?___Yes ___No
- Ever used heroin, cocaine, marijuana, or other hallucinogens, amphetamines, or other drugs?___Yes ___No
- Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem? ___Yes ___No
- Had excessive weight gain or loss recently?___Yes ___No
- Had any dietary restrictions for medical, religious, or personal reasons? ___Yes ___No

Please explain any "Yes" answers:_____

_____

_____

_____

5. **Will the student be bringing any prescribed medication to the host country?**___Yes ___No

If "Yes," please list each medication, including international and generic names, compound symbols, dosage, frequency, and reason for use:

Prescription Medication	Dose/Frequency Reason for Use
_____	_____
_____	_____
_____	_____

6. The student must present evidence of recent (within 3 months) screening.

Tuberculosis screening : Date_____ .

Mantoux tuberculin skin test result/diagnosis OR QuantiFERON-TB Gold Test result/diagnosis:

_____

_____

7. **Has the student ever been treated for tuberculosis?** ___Yes ___No

If "Yes," Date treated:_____,please explain the treatment method:

_____

8. Has the student ever received a BCG vaccine? ___Yes ___No

If "Yes," Date treated:_____

Result of Chest X-ray:_____ Date:_____

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient. I certify that I have personally examined the student and reported my findings as noted above. I further state that all the information I have supplied is true and accurate to the best of my knowledge.

Physician's Name:_____ Physician's Signature:_____ Date:_____

Work Phone:_____ Cell Phone: _____

Email:_____

Dental Health and Examinations

To Be Completed by the Student's Dentist. Please type or print clearly:

Dentist: This student is considering a year or more abroad as an international student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical conditions could endanger the student's life while overseas. An immediate relative of the student may **NOT** complete the examination or fill out this form.

Student Information

Student's Full Legal Name: _____

Gender: Male____ Female ____ Date of Birth: _____ / _____ / ___

Street Address: _____

_____

City: _____ State/Province: _____ Postal code: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Dental Examination

Is the student in good dental health?___Yes ___No

Does the student require any dental work at this time?___Yes ___No

Do you foresee the student requiring any dental work while in the United States?___Yes ___No

Please explain If you have answered "Yes" to any of the above questions:

_____

_____

_____

_____

_____

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient. I certify that I have personally examined the student and reported my findings as noted above. I further state that all the information I have supplied is true and accurate to the best of my knowledge.

Dentist's Name:_____ Dentist's Signature:_____ Date:_____

Work Phone:_____ Cell Phone: _____

Email:_____

Immunization Record

International Student Program
Salem Academy Christian

Student Information

Name of Student: _____, _____ _____
Last/Family First Middle

Date of Birth _____ _____ _____
Month Day Year

Type of vaccine and number of required doses	1st Dose month/day year	2nd Dose m/d/y	3rd Dose m/d/y	4th Dose m/d/y	5th Dose m/d/y
Polio (5)					
DPT (5)					
Td (1)					
Measles (3)					
Rubella (2)					
Mumps (2)					
Hepatitis A (1)					
Hepatitis B (3)					
Varicella (1) (Chicken pox)					
Other (specify)					

Other Comments: _____

_____

_____

_____

_____

Printed name of Physician: _____

Physician's signature: _____ **Date:** _____

Immunization Requirements are subject to change. In the event that Oregon health authorities determine that the above student requires further immunization, I give permission for the above student to be further immunized:

Parent's hand-written signature: _____ **Date:** _____

Acceptance of Conditions to ISP at Salem Academy

I, _____ understand that I am being accepted as an International Student at Salem
(STUDENT NAME)
Academy under the following conditions:

1. I understand that Salem Academy Christian requires a Bible class each semester and attendance at chapel. I agree to be respectful of the teachings of SAC and do all the requirements of the Bible class.
2. I understand that my child will receive instruction based on SAC's Articles of Faith. It does not mean that myself or my student must full agree with the articles.
3. I understand that I must meet the graduation requirements in order to receive a diploma. I must prove that all transfer credits meet SAC's standards and must pass all required classes to graduate.
4. I understand that English proficiency will affect student's grade placement. I believe I am emotionally mature enough (as a teenager) to live away from home and study in a foreign culture. I have experienced success at school. My main motivation is to learn English and study hard.
5. I pledge to respect the school's and host family's guidelines.
6. I understand that I must abide by the attendance, behavior, and all other rules set forth at SAC both in the ISP Guidelines (see ISP Informational Packet) and the SA Handbook. I may be expelled from school if these requirements are consistently challenged. Any false information or failure to disclose academic, behavioral, physical or emotional problems may result in expulsion from school.
7. We also understand that any false statements in this application may result in dismissal from the program.
8. I understand that while I am a student at Salem Academy, I am considered a minor and must abide by all laws of the State of Oregon and the United States and all the rules of SAC even if I am 18. I also agree to abide by all laws of the State of Oregon and the United States.
9. I understand that **NO FEES OR TUITION WILL BE REFUNDED AFTER BEGINNING ATTENDANCE** if I am expelled or if I withdraw from school.
10. I understand that at the end of one year, my progress, effort, behavior, attitude, and attendance will be evaluated. A decision will be made at that time whether or not I will be allowed to continue at SAC.
11. I hereby agree that I shall defend, indemnify, and hold harmless SALEM ACADEMY CHRISTIAN and its representatives from any and all liability and costs for injury to persons and/or property directly or indirectly arising out of my actions while I am a student at SAC.
12. I understand that this Agreement shall legally bind me upon acceptance of my application by SAC, and it shall be interpreted and enforced in Oregon and under Oregon law.
13. I have read and understand the above statements. I fully agree to the conditions set forth therein.

_____ _____

Parent/Guardian's hand-written signature **Date**

_____ _____

Student's hand-written signature **Date**

Salem Academy Christian Recommendation Form

Note: Please provide **three (3)** recommendations from **three different teachers** who know the applicant well. One of the teachers needs to be the student's **English teacher.**

Student's Name: _____

Teacher's Name: _____ Phone Number: _____

Teachers Email: _____

What subject/s do you teach? _____

School's Name: _____

Please fill out this evaluation as carefully and accurately as possible. When completed, please place in a sealed envelope and return it to the student. Thank you very much!

1. **In your opinion, what is this student's understanding of basic English?**

   ☐ Very good ☐ Good ☐ Average ☐ Poor

2. **In your opinion, is this student emotionally and socially well adjusted?** *(If "Not so well," explain on next page).*

   ☐ Very good ☐ Good ☐ Average ☐ Not so well

3. **Does this student have a good relationship with teachers and staff?**

   ☐ Very good ☐ Good ☐ Average ☐ Not good

4. **Is this student respectful toward authority?**

   ☐ Always ☐ Usually ☐ Not Often ☐ Rarely

5. **In your opinion, what is this student's primary motivation for coming to the U.S.?** *(Study? Escape? Adventure? Etc.)*

   _____

   _____

   _____

   _____

7. **Can you personally recommend this student for study in the U.S.?** *(circle or check)*

   ☐ Highly recommend ☐ Recommend with reservations ☐ Cannot recommend

   _____

   _____

   _____

Teacher's name *(Printed)*: _____

Teacher's signature: _____ **Date:** ____/____/____

Month Day Year

Please email directly to isp@salemacademy.org.

Check Your Steps and Due Dates

☐ **Step One.**

Complete the **ISP Application** forms and gather all of the **Required Documents**.

☐ **Step Two.**

To ensure a place at SA send Forms, Documents, and the **$I00 ISP Application Fee** (bank/company check or bank transfer) by **May 31**. For payment instructions please reference the "Making Payments" form included in this packet.

Note: If wiring the deposit, please **make sure the bank does NOT take a transfer fee from the $1700.** If there is a transfer fee, make sure that is paid before writing the deposit.

Email: You may email the completed application and TOEFL Jr./IELTS/ELTIS scores to: isp@SalemAcademy.org. Teachers may email the completed recommendation forms as well.

☐ **Step Three.**

Finalize admission process with WeChat/Skype interview, acknowledgement of acceptance

☐ **Step Four.**

$1,700 deposit submitted and receipt of I-20.

☐ **Step Five.**

Complete the VISA interview with U.S. Embassy/Consulate and verify VISA approval

☐ **Step Six.**

Remit the remaining **ISP Tuition/Fees** by **July 1.**

If you have any questions, please feel free to contact Tomiko Doten at isp@salemacademy.org.

Making Payments

1. **Fees for Tuition, Host family, and other fees are <u>due by July 1.</u>**
   - Tuition and fees are non-refundable.
   - Unused portion of the Host Family Fee is refundable.
2. **There are several methods you may choose from to make payments:**

- *Preferred Payment Option* – ***FlyWire*:** Your deposit transaction will be received with a few business days.
- Pay your deposit online via the FlyWire Portal: salemacademycs.flywire.com. Please note that you cannot use a U.S. credit card or U.S. bank account.
- When making a deposit payment, you must first create an account. Please include your full name, email address, and applicant ID as indicated on your application and Pay by Bank Draft, or Company Check.

Or you can pay by….

- *Pay by **Bank Transfer**:* If wiring the deposit, please **make sure the bank does NOT take a transfer fee from the $1700.** If there is a transfer fee, make sure that is paid before writing the deposit.
- Your bank will need the following information to make a <u>bank transfer</u> to the Salem Academy ISP account:
  - ⇒ **Name of Bank:** U.S. Bank (United States National Bank of Oregon)
  - ⇒ **Routing Number:** <u>123 000 220</u>
  - ⇒ **Account Number**: <u>1 536 0451 0351</u>
  - ⇒ **Branch Address**: P.O. Box 7437, Salem OR 97303 USA *Branch Phone*
  - ⇒ ***Number:*** 503.399.4171 *Branch Fax Number:* 503.362.0738
  - ⇒ **IBAN No.**/Swift Code: USBKUS44IMT
  - ⇒ **Name of Account:** Salem Academy ISP account

If you have any questions concerning the above, please contact us: isp@SalemAcademy.org or phone 503.378.1211.