



SPRING VALLEY
ACADEMY
KNOW FOLLOW SHARE JESUS

Pre-registration form for International students

Student name: First _____ Surname _____

Home Address: Street _____

City _____ State _____

Date of Birth: (MM/DD/YYYY) ____/____/____ Male Female

Parent Names: _____

Email Address: _____

How many years do you expect to spend at Spring Valley Academy? _____

Current grade level in school: _____

School Name: _____

School Address: _____

How many years did you attend this school? _____

****Note: Attach school transcript (in English)****

TOEFL/TOEFL Jr./SLEP test score: _____

****Note: Attach official test results****

You must include a \$25 (US dollars) payment with this application before it can be processed

****If Spring Valley Academy accepts this pre-application then you will be required to submit a full application****

1461 E. Spring Valley Pike, Centerville, Ohio 45458

Phone: (937) 433-0790 Fax: (937) 433-0914 Email: info@springvalleyacademy.org