



Pennsylvania International Academy

8155 Oliver Road Erie, Pennsylvania 16509
(Phone) 814.746.9489 (Fax) 814.866.6845 www.piacademy.org

Thank you for contacting Pennsylvania International Academy! We are pleased to work exclusively with Mercyhurst Preparatory School to provide your candidate with a superior American education and cultural experience. Our combined program ensures that every student receives a quality education in a world class campus setting.

The following items must be completed and submitted to Pennsylvania International Academy prior to a student being offered an interview:

A. PRE-ACCEPTANCE: INFORMATION REQUIRED FOR SKYPE INTERVIEW

1. Application for admission boarding student
2. Boarding student application fee - credit card authorization form (\$150USD)
3. Reference request document and written recommendation letter from a current English and Math teacher
4. Transcript release form
5. Copy of latest report card and school transcripts, presented in English, for grades 7 through the most recent grade
6. Parental Registration Statement
7. The results of any standardized testing you have taken; for example SLEP, TOEFL, or SAT.
8. Medical forms including
 - a. PIA student medication form
 - b. PIA emergency medical & authorization form
 - c. PIA drug & alcohol agreement
9. Release of liability for off campus activities
10. Student should request official transcripts from school (with official school seal/stamp) to have on file. Student will be required to send all official transcripts to PIA if the student has been accepted and would like to enroll in our program. To save time, the Admissions Committee asks the students to request the original transcripts from the school so there is no delay once the student has been accepted. **The transcript should include all of the grades from the last year of school completed in the student's country.**

Once the Admissions Committee has reviewed the application a Skype interview will be scheduled. You may apply for a Skype account at www.skype.com. The Admissions Committee treats each student as a unique individual and may take up to two weeks to reach a decision. Once the admissions committee has reached a decision you will receive written notification via e-mail.

B. AFTER ACCEPTANCE: INFORMATION REQUIRED WHEN ACCEPTED

1. Signed PIA admissions contract
2. MPS confirmation form
3. MPS I-20/SEVIS form
4. Deposit
5. **Original PIA immunization document** – physician signature, date and official stamp required. All boarding students are required to receive the necessary immunizations prior to attending school, including Tdap (contains pertussis) and MCV-4 (Meningococcal vaccine). Most countries only issue MCV with only one component of the four. Students are required to have all four (A/C/Y/W 135) components.
6. **Official transcripts with school stamp/seal** – **The transcript should include all of the grades from the last year of school completed in the student's country.**

Mail to:

Pennsylvania International Academy
Attn: Director of Admissions, Amy Wiler
8155 Oliver Road
Erie, PA 16509
USA

C. I-20 ISSUED

1. Once PIA has received all required documents, MPS will process the I-20.
2. Once the I-20 has been processed, PIA will scan a copy of the I-20 to student.
3. Original I-20 will be mailed to the mailing address listed on the I-20/SEVIS form
4. Student will receive a welcome packet with original I-20

5. All required admissions and acceptance forms listed above are required to be completed prior to PIA mailing the official I-20.

D. PRE-ARRIVAL DOCUMENTS

1. PIAA Physical (required to be completed after June 1st which is a regulation of the State level committee which MPS is to adhere to)
2. MPS eligibility form
3. MPS handbook verification form
4. MPS authorization of photo form
5. MPS emergency data card
6. MPS parental support form
7. MPS textbook loan form
8. MPS parent I-pad policy form
9. MPS student I-pad policy form
10. MPS summer reading verification form
11. MPS community service form (if hours have been completed)
12. MPS Middle States Accreditation surveys
13. Other forms as necessary

You may e-mail your completed application to Director of Admissions, Amy Wiler, amy@piacademy.org or mail your application packet to:

Pennsylvania International Academy
Attention: Director of Admissions, Amy Wiler
8155 Oliver Road
Erie, PA 16509
U.S.A

CONTACT INFORMATION:

Amy Wiler, Director of Admissions	amy@piacademy.org	814-746-9489
Lihong Ni, Asian Student Advisor	lihong@piacademy.org	814-923-7244

WIRE INFORMATION:

First Niagara:

International Wire Transfers Receiving Instructions via USD

Account with Institution Code

Beneficiary Bank:	First Niagara Bank, N.A.
Bank SWIFT:	FNFGUS33
ABA Routing Number or local clearing code:	222370440
Bene Bank Location:	726 Exchange Street Buffalo, NY 14210 US

Beneficiary Customer

Beneficiary Name:	Pennsylvania International Academy
Beneficiary Account Number:	7900705943
Beneficiary Address:	8155 Oliver Road, Erie, PA 16509 United States of America

Sender to Receiver Information Details

For Further Credit/Reference Information: This field specifies additional information for the receiver or other party specified. (Optional)

Please direct inquiries to:

First Niagara Bank, N.A. Wire Transfer Services
55 East Avenue
P.O. Box 886
Lockport, NY 14095-0886

(P): (877)-320-3634 / (F): (716) 438-2854 / (E): requestwires@fnfg.com / Hours of Operation: M-F, 8:00am-5:30pm ET

SPECIAL NOTE: PLEASE INCLUDE THE STUDENT'S NAME IN ENGLISH ON THE BANK WIRE TRASMITTALE FORM.



**APPLICATION FOR ADMISSION
BOARDING STUDENT**

Fill out the below application form and return it to the Admissions Office with a \$150 non-refundable application fee.

STUDENT INFORMATION

Name: _____
 LAST/FAMILY NAME FIRST MIDDLE PREFER TO BE CALLED

Sex: Male Female Date Of Birth: _____ Skype ID: _____

Phone #: _____ Email Address: _____

Address: _____
 STREET CITY

STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Presently In Grade: (circle one) 9 10 11 12 **Applying For Grade:** (circle one) 9 10 11 12

Applying For: Fall 20__ **Applied to MPS before:** Yes No **Applied to PIA before:** Yes No

Citizen Of: _____ Native Language: _____ Language Spoken At Home: _____

Current Immigration Status: U.S. Citizen U.S. Resident I require an I-20 for my student visa I have an I-20 issued by _____

How Did You Find Out About Mercyhurst Preparatory School (MPS)?: _____

List any friends/relatives who have attended MPS (name, class, relationship) _____

Religious Affiliation/Preference: _____ Do you currently attend Church: _____ Are you working with an Education Consultant: Yes No

If yes, please provide the Name of Consultant: _____ Phone Number: _____

Please attach a current picture of the student to this application.

FAMILY INFORMATION

Parents: Married Divorced* Widowed Separated Single Other

**Please include stepparent information separately*

1. Father's Name: _____
 LAST FIRST

Address: _____

Phone: _() _____

Position/Title/Occupation: _____

Employer & Address: _____

Phone: _() _____

Fax: _() _____

Email Address: _____

2. Mother's Name: _____
 LAST FIRST

Address: _____

Phone: _() _____

Position/Title/Occupation: _____

Employer & Address: _____

Phone: _() _____

Fax: _() _____

Email Address: _____

Student Lives With: Parents Mother Father Guardian (if Guardian, enclose address)

Who Is Financially Responsible?: Mother Father Both Other: (if Other, enclose contact information) _____

Please list one other person other than the parents to be contacted in case of emergency (*contact must be able to speak English*):

Name: _____ Relationship: _____ Phone #: _____

Address:

_____ STREET CITY STATE/PROVINCE ZIP CODE COUNTRY

SCHOOL INFORMATION

1. Name Of Last School Student Attended: _____

Address: _____

_____ STREET CITY STATE/PROVINCE

_____ ZIP CODE COUNTRY

Phone Number: _____ Parochial Independent/Private Public

2. Please list all schools student attended in the last four years and the dates of attendance:

3. If student was in an accelerated program, please list any grades skipped _____

4. Grades which student has repeated _____

5. How would student describe his/her attitude toward school and learning? _____

6. Please rate student's academic work from previous years: Excellent Good Average Poor

7. Has student ever had any disciplinary difficulties, either at home or in school? Yes No If yes, please explain. _____

8. Has student ever had any extended or frequent absences from school? Yes No If yes, please explain.

9. Please describe any physical restrictions, learning disabilities, learning differences, special accommodations or social limitations we should know about regarding the student:

10. Sports in which the student would like to participate (*list of sports is available at www.piacademy.org and www.mpslakers.com*):

Fall: _____ Winter: _____ Spring: _____

11. Previous Sports Team Experience: _____



CREDIT CARD AUTHORIZATION

I, _____ authorize Pennsylvania International Academy to charge my credit card for the amount of \$150.00 for the student (student's name) _____.

Type of Card: _____ VISA _____ MASTERCARD

Credit Card Number: _____ Expiration Date: _____ / _____

Security Code: _____ (Located on the back of card For Visa and MasterCard, and on the front for American Express)

Credit Card Billing Address:

Street: _____

City: _____

State/Province: _____

Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

CARDHOLDERS SIGNATURE

DATE



REFERENCE REQUEST CURRENT ENGLISH TEACHER

Please mail completed reference form to: Pennsylvania International Academy • 8155 Oliver Road • Erie, PA 16509 or fax to: 814.866.6845
Attn: Admissions. You may also scan and email to amy@piacademy.org.

Students of Pennsylvania International Academy attend our affiliate school, Mercyhurst Preparatory School (MPS). All applications, transcripts and information will be submitted to MPS who will conduct interviews and determine academic eligibility. Graduating students will receive a diploma from MPS.

To The Student: As part of the application process, we ask that your current school fill out the following form. Please print your name, address and school below and give to your Guidance Counselor, Principal or Head of School to fill out.

Student's Name: _____ Current Grade: _____
LAST FIRST MIDDLE

Current School: _____ Phone #: _____

To The School Teacher: The above named student is a candidate for Admission to PIA. The Admission Committee places considerable weight on the academic and personal qualifications of each applicant. Your recommendation is vital to our Admissions process. We greatly appreciate your responses and insight. Please make sure to complete this entire form and **include a narrative statement to this reference as well**. References should be mailed to Pennsylvania International Academy by the individual giving reference.

How well do you know the student academically?: _____ As a person?: _____

In what years did you teach the student?: _____ How large is the class?: _____

What course(s)?: _____ Is the student on a block schedule?: _____

Is this course part of a tracking system or designated as an honor or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How accurately does the student read and understand what he or she has read?

How well does the student write in comparison with other students you have taught? Please be specific about areas of strength and weakness.

Thank you for taking the time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admissions Committee and others as deemed necessary.

SIGNATURE

DATE

SCHOOL ADDRESS

PRINTED NAME

EMAIL ADDRESS



REFERENCE REQUEST CURRENT MATH TEACHER

Please mail completed reference form to: Pennsylvania International Academy • 8155 Oliver Road • Erie, PA 16509 or fax to: 814.866.6845
Attn: Admissions. You may also scan and email to amy@piacademy.org.

Students of Pennsylvania International Academy attend our affiliate school, Mercyhurst Preparatory School (MPS). All applications, transcripts and information will be submitted to MPS who will conduct interviews and determine academic eligibility. Graduating students will receive a diploma from MPS.

To The Student: As part of the application process, we ask that your current school fill out the following form. Please print your name, address and school below and give to your Guidance Counselor, Principal or Head of School to fill out.

Student's Name: _____ Current Grade: _____
LAST FIRST MIDDLE

Current School: _____ Phone #: _____

To The School Teacher: The above named student is a candidate for Admission to PIA. The Admission Committee places considerable weight on the academic and personal qualifications of each applicant. Your recommendation is vital to our Admissions process. We greatly appreciate your responses and insight. Please make sure to complete this entire form and **include a narrative statement to this reference as well**. References should be mailed to Pennsylvania International Academy by the individual giving reference.

Is this course part of a tracking system or designated as an honor or accelerated course? Yes No

Student's Mathematical Background: The courses listed below suggest a sequence typical of the mathematics curriculum in many American secondary schools. Please check those courses or list others which the student will have completed by the end of the current school year.

- _____ Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations)
- _____ First Year Algebra (a thorough course which includes quadratics)
- _____ Geometry
- _____ Second Year Algebra (not including trigonometry)
- _____ Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine)
- _____ Pre-Calculus (including analytical trigonometry)
- _____ Calculus (an introduction)
- _____ Calculus (Advanced placement AB) _____
- _____ Calculus (Advanced placement BC) _____

Please add any additional information that will give us a more complete picture of the student.

Thank you for taking the time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admissions Committee and others as deemed necessary.

SIGNATURE DATE SCHOOL ADDRESS

PRINTED NAME EMAIL ADDRESS



APPLICATION FOR ADMISSIONS TRANSCRIPT RELEASE FORM

To The Parent/Guardian: Please sign this Transcript Release Form and submit it with the School Recommendation to your child's Principal or Guidance Counselor. **Your child's present school must return the Official Transcript and School Recommendation directly to Pennsylvania International Academy.**

Please Note: We will be unable to conduct an Admissions Interview without your child's transcript and school recommendation.

Student's Name: _____ Current Grade: _____
LAST FIRST MIDDLE

Current School: _____ Phone #: _____

Current School Address: _____
STREET CITY STATE ZIP/POSTAL CODE COUNTRY

I hereby authorize my child's official school transcript records be released to the Admissions Office at Pennsylvania International Academy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Students of Pennsylvania International Academy attend our affiliate school, Mercyhurst Preparatory School (MPS). All applications, transcripts and information will be submitted to MPS who will conduct interviews and determine academic eligibility. Graduating students will receive a diploma from Mercyhurst Preparatory School.

To The School: The above named student is a candidate for Admission to Pennsylvania International Academy. We require the following to be sent to the Admissions Office as soon as possible:

- Final or Mid-Semester Grades (must be included)
- Recent Teacher Reports (if any)
- Grades since 6th Grade
- A School Profile, if available
- Standardized Test Scores
- School Recommendation (filled out by Guidance Counselor, Principal or Head of School)
- Health Records
- Psychiatric/Psychological Reports
- Behavior Reports
- Learning Differences, Educational Testing and/or IEP
- Other Pertinent Information

Please mail transcripts to:

Pennsylvania International Academy
Attn: Admissions
8155 Oliver Road
Erie, PA 16509

In order to expedite the admissions process you may fax transcripts to: 814.866.6845 Attn: Admissions or e-mail transcripts to amy@piacademy.org. We are required to have the original, official transcripts with the schools stamp/seal on file prior to issuing the I-20.



PARENTAL REGISTRATION STATEMENT

Student Name _____ Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

_____ Zip Code _____

Telephone Number _____ Email _____

Please complete the following:

I hereby swear or affirm that my child was **OR** was not previously suspended or expelled from any public or private school for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. The facts contained herein are true and correct to the best of my knowledge, information and belief.

Name of School from which student was suspended or expelled; reason for suspension and/or expulsion; and date of suspension or expulsion:

School _____

Reason _____

Date of Suspension or Expulsion _____

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

(Signature of Parent or Guardian)

(Date)



STUDENT MEDICATION ALLERGIES & HEALTH CONDITIONS

Pennsylvania International Academy (PIA) strives to protect and promote the health of all students. Teachers, administrators and parents work closely to maximize each child's potential to learn and grow. Parents should share information and concerns regarding student's health to ensure they are receiving quality care, per the Emergency Medical Authorization Form.

PIA administers medication, such as prescribed antibiotics and over the counter items. Parents/students are responsible for refilling, maintaining and providing necessary medication and medical supplies. Medication containers must be properly labeled with the student's name, medication name, dose and time to be given. Please complete the information below relating to your child's medications, allergies and health conditions:

Student's Name: _____ DOB: _____

MEDICATIONS

Name Of Medication(s): _____

Required Dose: _____ Time(s) To Be Administered: _____

Reason For Medication: _____

Prescribing Physician: _____ Physician's Signature: _____

Physician Phone Number: _____ Physician's Email: _____

Physician Address: _____

Street

City/Province

State

Zip Code

Country

Tylenol, aspirin and similar over-the-counter medications will not be dispensed unless written authorization is submitted. **CHECK-MARK ONE.**

My child is allowed to receive Tylenol, aspirin and similar over-the-counter medications.

My child is **NOT** allowed to receive Tylenol, aspirin and similar over-the-counter medications.

ALLERGIES (an abnormal reaction of the body to a previously encountered allergen introduced by inhalation, ingestion, injection, or skin contact, often manifested by itchy eyes, runny nose, wheezing, skin rash, or diarrhea.)

List allergies: _____

HEALTH-CONDITIONS

List health condition(s) of which an Emergency Physician should be

aware: _____

Parents/Guardian Signature: _____ Date: _____



EMERGENCY MEDICAL AUTHORIZATION FORM

_____ Male ___ Female
First Name Middle Name Family Name Date of Birth (Mo/Day/Year)

Home Address City State/Province

Country Zip/Postal Code Passport Number OR Social Security Number

In case of need for routine or emergency medical and surgical care, treatment or immunizations, I hereby grant Pennsylvania International Academy (PIA) authorization to:

- 1) Authorize and sign for routine appointments, emergency medical treatment, surgical care, and treatment of immunizations for my child/ward and to make all decisions concerning such matters when a parent or guardian is not immediately available. PIA complies with State regulations governing immunization requirements. Any required immunizations not obtained prior to your student/child's arrival will be administered after your student/child arrives, and any fees for obtaining them will be billed to the student/child's account.
- 2) Exchange pertinent medical/surgical/immunization information concerning my child/ward between PIA and Mercyhurst Preparatory School (MPS), including the school nurse, the school physician, and any other medical personnel involved in the care and treatment of my child/ward.
- 3) PIA to obtain copies of medical records concerning my child/ward from a hospital, outpatient department or doctor's office when they are pertinent to the continuing care of my child/ward and thus needs to be in the school record.

*Parents/students are financially responsible for any medical fees, including immunizations and prescriptions that are not covered by the student insurance.

This authorization covers any dates in which the student is enrolled at Pennsylvania International Academy. By my signature below, I hereby grant consent to all the provisions above:

Applicant Signature (If 18 years old or over) **OR** Parent/Guardian (required if applicant is under 18 years of age) Date

Parent or Legal Guardian Name Parent or Legal Guardian Signature Date

Home Telephone (include ALL country, city, and area codes) Work Telephone (include ALL country, city, and area codes)

Alternate Emergency Contact Person (must be English-speaking/reading contact person)

Alternate Contact Person's Phone Number and Address

Alternate Daytime Emergency Phone Number (include ALL country, city, and area codes)



DRUG & ALCOHOL AGREEMENT

Student Name: _____ Sex: Male _____ Female _____

Grade Attending: _____ Date of Birth: _____

By our signature below, we hereby consent to allow our son/daughter listed above to undergo urinalysis testing and/or breathalyzer testing for the presence of alcohol, illicit drugs or banned substances in accordance with the Pennsylvania International Academy Student Drug and Alcohol Abuse Policy.

We understand that at any time, Pennsylvania International Academy or a qualified vendor is able to test my child for drug or alcohol usage throughout the academic year.

We understand that any samples may be sent to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Pennsylvania International Academy, their designated laboratory, doctors, employees, or agents, together with any clinic, hospital or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Pennsylvania International Academy, its doctors, employees, or agents to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. By our signature below, we understand these results will be forwarded to the principal, school nurse and will also be made available to Pennsylvania International Academy.

Parents and/or student is required to cover the cost of the drug and/or alcohol test. Please understand the drug and/or alcohol tests would not be covered by student insurance. Failure to pay for the test, complying with staff during drug and/or alcohol testing, or failing drug & alcohol test may result in disciplinary action up to and including expulsion.

School Year: _____

Parent/Guardian Signature

Date

Student Signature

Date



RELEASE OF LIABILITY FOR OFF CAMPUS ACTIVITIES

By my/our signature below I/we hereby give permission for my/our child to participate in the following:

Student Name: _____ Sex: Male _____ Female _____
Grade Attending: _____ Date of Birth: _____

1. Unsupervised off-campus activity.
2. Leave the residence hall campus, ride in a car, and/or remain overnight with the parents or guardians of other students for activities including but not limited to: overnight stays, concerts, movies, shopping, dinner, weekend trips, etc.
3. Leave the residence hall campus, ride in a car, and/or remain overnight for school breaks, holidays or other functions with parents or guardians of other students, staff members of PIA or MPHS, or members of the community.
4. Unsupervised public transportation (including but not limited to: taxi/cabs, bus service, airplanes, trains, etc.) Students are responsible to pay for the fee of the unsupervised transportation. Students should notify PIA staff if he/she chooses to travel to another location while using unsupervised public transportation.

I understand that Pennsylvania International Academy (PIA) is not held responsible for those activities in which the student, with their parents' permission, voluntarily engage in activities that could result in injury or death as stated in #10 of the student contract. I understand that the above-described events, programs, or activities will not occur or be held at PIA, and agree that my/our child will comply with all PIA rules/code of conduct while participating in the above-described activities. Based on the information set forth above, and my/our understanding of the risks, circumstances, and activities, I/we agree to release PIA and MPS from all liability and waive any rights to file a claim, pursue legal action against, or seek financial relief or reimbursement from PIA and/or MPS, their board members, employees, and/or volunteers associated with the event, activity, or program, for any and all damages arising out of such event, activity or program.

Please list any limitations or restrictions:

I fully understand that for my child's safety, he/she is required to abide with PIA's transportation, off campus and safety policies and procedures and will help enforce these safety measures. Your child's failure to comply with the policies may result in expulsion.

Mother/Guardian Name: _____

Mother/Guardian Signature: _____ Date: _____

Mother/Guardian Telephone: _____ Email: _____

Mother/Guardian SKYPE ID: _____

Father/Guardian Name: _____

Father/Guardian Signature: _____ Date: _____

Father/Guardian Telephone: _____ Email: _____

Father/Guardian SKYPE ID: _____

Home Mailing Address: _____

Street City/Province State

Zip Code Country