



Samana International Academy 2025 - 2026 Application Form

Please fill in all the information as completely as possible.

FAMILY INFORMATION:

Last Name: _____ Father: _____ Mother: _____

Address: _____

Email Address: _____

What's App or Cellphone Number: _____

Nationality/Citizenship: _____

Primary Language Spoken at Home: _____

Does Your Child Speak or Understand Verbal English? Circle: Yes or No

STUDENT INFORMATION: Please list ALL of your students attending SIA.

Name	Grade	Age	Birthdate

STUDENT INFORMATION CONTINUED:

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Allergies: _____

Medical Conditions: _____

List Current Medications or Dietary Restrictions: _____

*Our school embraces neurodiversity and welcomes students of all abilities. However, we do not have specialized staff or resources to provide targeted support for students with significant learning differences or developmental needs. We encourage families to assess whether our program aligns with their child's unique educational requirements.

Does your student (or do your students) have any special needs that an instructor needs to accommodate to facilitate learning? If yes, please explain.

BACKGROUND INFORMATION: (Please do not leave any questions unanswered) Please tell us a little bit about your school journey.

How long have you lived in the Dominican Republic? _____

Has your student been enrolled in a formal school setting or have they been homeschooled?

What has your school experience been like so far?

Why did you decide to attend our school?

What are your education and/or social goals for your child/children?

What are you most excited about in regard to partnering with our school to educate your student?

What topics of study would you or your child/children be most excited about?

What are your child's top interests and/or hobbies?

What are your child/children's personal or academic strengths and weaknesses?

ADDITIONAL INFORMATION:

Please indicate any or all of the following: **parent's** educational/career background, hobbies and interests, special classes taken, classes previously taught, topics you enjoy or might be comfortable presenting, or ways you could volunteer time with our students.

Is there any additional information we should know about your family or student:

We may be able to receive a group discount with Home Life Academy or West River Academy. Are you interested in registering your student with one of these cover schools? (Click for NO.) **YES** ▾

Preferred Tuition Arrangement:

_____ I plan to pay annually.

_____ I plan to pay per semester.

_____ I plan to pay monthly.

_____ I need tuition assistance. Annual household income: _____ /# in household: _____

Hold Harmless Agreement:

I, _____, as the parent/guardian of the student/s named on this application, understand that SIA, its staff, and affiliates will take reasonable precautions to ensure the safety and well-being of all students. However, I acknowledge that participation in school activities, including but not limited to outdoor exploration, nature-based learning, farm activities, physical education, or field trips carries inherent risks.

By signing this agreement, I agree to release, indemnify, and hold harmless SIA, its owners, director, employees, and volunteers from any liability, claims, or damages arising from injuries, accidents, or losses that may occur while my child is participating in school activities, except in cases of gross negligence or intentional misconduct.

I understand that this agreement is binding for the duration of my child's enrollment at SIA.

Parent/Guardian Signature: _____

First Aid & Emergency Medical Permission:

I, _____, as the parent/guardian of the student/s named on this application, give permission for the staff of SIA to administer basic first aid to my child in the event of minor injuries such as cuts, scrapes, insect bites, or mild allergic reactions.

In the event of a more serious medical emergency, I authorize SIA to take appropriate action, including calling emergency medical services (911) and/or transporting my child to the nearest medical facility. I understand that every effort will be made to contact me or the designated emergency contact before taking such action.

I agree that SIA is not responsible for any medical expenses incurred as a result of emergency treatment.

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Name & Phone Number: _____

Transcripts:

****Please send transcripts, report card/s, and/or a writing sample from the most recent school attended to sis.samanadr@gmail.com with My Student's Transcripts in the subject line.

Applications must be approved by the Samana International Administrative Team before the applicant is considered a member of the school. All applications will be given due and careful consideration. Samana International Academy reserves the right to deny applications for any reason without explanation. Samana International Academy is owned and independently operated.