



Sarasota International Academy of Sports & Arts

GSD Academies, INC.

582 McIntosh Rd.

Sarasota, FL 34232

941-773-9974 or Info@SarasotaIASA.com

www.SarasotaIASA.com

Congratulations!

Welcome to the International Digital Visual Arts Academy, an academy partner of the Sarasota International Academy of Sports & Arts (Sarasota IASA) in Sarasota, Florida. We are excited that you are interested in joining our program, family and community for the academy year 2014-2015.

The International Digital Visual Arts Academy is dedicated to nurturing the talents of each individual student under our core values of integrity, hard work, respect, discipline, selflessness, goal attainment and leadership.

We only offer the best programs for our students, with world renowned leadership who will provide the highest level of instruction and training available. Although not mandatory, we recommend that all prospective students visit the Academy which would offer the opportunity to meet our instructors, teachers, and staff, review housing options and learn more about our academic offerings.

The following admissions packet is for the International Digital Visual Arts Academy Video Production Program and is to be completed by Parent/Guardian and returned to the Sarasota IASA. Please return the admissions packet with a passport sized photo and a non-refundable deposit/application fee of \$3,300 to:

Sarasota International Academy of Sports & Arts
582 McIntosh Rd.
Sarasota, FL 34232
U.S.A.

Upon acceptance of your application your son/daughter will be enrolled in both the Elevation Preparatory School and International Digital Visual Arts Academy Video Production Program. Shortly thereafter you will receive the tuition agreement, medical forms, and waivers with instructions on how to proceed. All documents must be received by admissions within 60 days of notification of acceptance. A spot for your son/daughter will be held until all of the forms are received or the July 1, 2014 deadline is reached.

International Digital Visual Arts Academy instructors, administrators and support staff look forward to seeing you in August!

Warm regards,

Joseph N. Pickett
President GSD Academies
Sarasota International Academy of Sports & Arts

4/16/2014

Sarasota International Academy of Sports & Arts

<p style="text-align: center;">FULL-TIME STUDENT REGISTRATION FORM INTERNATIONAL DIGITAL VISUAL ARTS ACADEMY</p>
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Video Production

Junior Registration Form, Family/Guardian Information and Resume

Please complete entire registration form (print clearly)

Marketing Questions:

How did you hear about Sarasota International Academy of Sports & Arts?

Were you referred by a Sarasota IASA representative/agent (If so please list their name)?

Student's Information:

Student's Last Name: _____ First Name: _____

Grade Level for 2013-2014 _____

Date of Birth: _____ Age: _____
(Month/Day/Year)

Home Address:

City: _____ State: _____ Zip: _____

Country: _____

Student's Email Address:

Student's Cell Phone:

Applicant's Family Information:

Student's Name: _____

For all Phone Numbers List Country Code, City/Area Code then Phone Number

Father or Guardian Last Name: _____ First Name: _____

Home Address: _____ City: _____

State: _____ Zip/Postal: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

Fax: _____ Work Phone: _____

Email Address: _____

Employer: _____ Position: _____

Business Address: _____ City: _____

State: _____ Zip/Postal: _____ Country: _____

Mother or Guardian Last Name: _____ First Name: _____

Home Address: _____ City: _____

State: _____ Zip/Postal: _____ Country: _____

Home Phone: _____ Mobile Phone: _____

Fax: _____ Work Phone: _____

Email Address: _____

Employer: _____ Position: _____

Business Address: _____ City: _____

State: _____ Zip/Postal: _____ Country: _____

Names and Ages of Siblings:

Print Name Age

Print Name Age

Parent/Guardian Questions:

1. Explain what academic goals you would like your son or daughter to achieve while attending the Sarasota International Academy of Sports & Arts:

2. Explain what Video Production goals you would like your son or daughter to achieve while attending the International Digital Visual Arts Academy Video Production Program:

Junior Resume to be completed by Student:

Student's Name: _____

Please answer the following questions with as much detail as possible. If you need more space, please attach additional. Please feel free to attach a resume if there is information you would like us to consider.

1. Why do you want to attend the International Digital Visual Arts Video Production Program?

2. What are your academic goals while attending Sarasota IASA?

3. What are your Video Production goals while attending iDVA academy Video Production Program?

4. Explain how you first got involved in Video Production and why you chose this as your preferred medium?

5. What is the best performance you have reached in Video Production?

6. What other aspects of digital visual arts do you enjoy?

7. What are your hobbies or other activities besides Video Production?

8. How would you describe yourself? What are the qualities you like best about yourself and what would you wish you could improve on?

9. How much time do you spend (daily) on Video Production? What software have you used?

10. Who has been an inspiration to you in your life and why?

11. If you plan to be a resident at the Academy, have you ever lived away from home?

Yes: _____ No: _____ If yes, did you enjoy the experience? _____

Emergency Contact Information:

1st Emergency Name: _____

Relationship to Student : _____

Emergency Contact Phone: _____

2nd Emergency Contact Name:

Relationship to Student: _____

Emergency Contact Phone: _____

Arrival:

I will be arriving on _____ (date) _____ (time)

Accompanied / or not accompanied (circle which applies) by my parent/guardian.

Participants Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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Confidential Reference Form 1

Applicant is to submit this form to at least two adults who have known you for a minimum of one year in different areas of your life. Make additional copies as needed. (Suggested: Teacher, coach, family friend, religious counselor, etc.)

Applicant's Name: _____ Video Production Program

The Academy encompasses competitive and demanding programs and should only be undertaken by students of unreserved motivation and ability. The student's integrity, initiative and character are a factor in the student's success at the Academy.

We appreciate your assistance with the following recommendations. As you personally know the student, we hope you will provide us with an honest appraisal which will guide us in our decision-making processes. All information will be kept confidential. Please return this form in a sealed envelope to the applicant or send it directly to:

Admissions Director

Sarasota International Academy of Sports & Arts

582 McIntosh Rd.

Sarasota, FL 34232

U.S.A

Name: _____

How long have you known this applicant: _____ What is your relationship to the applicant: _____

Confidential Reference

Please comment further on any additional qualities, experiences, strengths/weaknesses that we should be aware of in evaluating the student's candidacy for the Academy:

Are there any family circumstances that affect the student at home and/or school?

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How would you best describe the relationship between the parents and their child?

How well does the student interact with peers and elders?

How would you rate the applicant in the following areas of their Video Production experience, compared with students of the same age? *(Please check appropriate boxes below)*

Area:	Outstanding	Excellent	Good	Average	Below Average
Technical					
Competition					
Discipline					
Teachable					
Coachable					
Psych Skills					
Ability					
Personal					
Motivation					
Study Habits					
Work Ethic					

Dedication					
Cooperation					
Consideration					
Responsible					
Integrity					
Attitude					

Please Print Your Name: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Mobile Phone: _____ Work Phone: _____

Email Address: _____

Signature: _____ Date: _____

Thank you for your comments.

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Confidential Reference Form 2

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Applicant's Name: _____ Video Production Program

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Psych Skills					
Ability					
Personal					
Motivation					
Study Habits					
Work Ethic					

Dedication					
Cooperation					
Consideration					
Responsible					
Integrity					
Attitude					

Please Print Your Name: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Mobile Phone: _____ Work Phone: _____

Email Address: _____

Signature: _____ Date: _____

Thank you for your comments.

Application and Deposit Procedures:

Please review carefully to enroll student: All Applications Must be Submitted in English

- Elevation Application
- iDVA academy Video Production Program Application
- Copy of Passport or U.S. Birth Certificate or Resident Alien Card
- Character Reference Form: The applicant will need two (2) Character Reference Form completed by an adult (not a family member), who has known the applicant for a minimum of one year and who can speak about the applicant’s character and integrity.

Education Forms (For Application to any of our Academic Programs or Post Graduate Program)

Official School Transcript, including most recent grade report. Applicants to high school (grades 9-12) or the Post Graduate Program must submit all secondary school records, including 8th grade academic reports.

Note: Registration is to be completed as soon as possible in order to reserve your space at the Elevation Preparatory Academy and the Internatioal Digital Visual Arts Academy Video Production Program.

Completed registration packages can be returned in one of two ways:

- Email: info@sarasotaIASA.com
- Mail: Sarasota International Academy of Sports & Arts
582 McIntosh Rd.
Sarasota, FL 34232

Application Fees:

\$3,000 deposit fee (*non-refundable unless student is not accepted*): Visa/Master Card and Wire Transfer accepted.
\$300 non-refundable application fee: Visa/Master Card and Wire Transfer accepted.

Credit Card Information

Card: _____ VISA _____ MASTER CARD _____

Card Number: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

Billing Address: _____

Country: _____

City: _____ State _____ Zip/Postal: _____

Authorized Signature: _____ Today’s Date: _____

Billing Phone Number: _____

OR Please wire the payment to the following:

SUN TRUST
 11255 East State Road 70
 Bradenton, FL 34202
 PHONE: 941-739-5048
 ROUTING NUMBER: 061000104
 ACCOUNT NUMBER: 1000113913395
 SWIFT CODE: SNTRUS3A

FOR THE BENEFIT OF: ELEVATION ACADEMY LLC

582 McIntosh Rd * Sarasota, Florida 34232 * 941-371-0462 * Fax 941-371-1750