

ARROYO PACIFIC ACADEMY

41 West Santa Clara Street • Arcadia, California 91007-3100

Tel 626.294.0661 • Fax 626.294.0677

Website: www.arroyopacific.org

INTERNATIONAL APPLICATION FOR ADMISSION

All information is reported according to the Student and Exchange Visitor Information System (SEVIS) regulations and the U.S. Citizenship and Immigration Services in the Department of Homeland Security.

Name of Applicant: Last: _____ First: _____

Application for Grade: 9th 10th 11th 12th

Academic Semester: Fall Semester Spring Semester

Academic Year: 20 _____

All the information supplied by us on this form and on each of the required documents are true and correct to the best of our knowledge.

All information gathered confidentially with reference to the applicant will be used solely by the President and his delegates. By signing this application I (1) authorize my child's school(s) to release the applicant's academic records and test scores to Arroyo Pacific Academy for the purpose of evaluating the application for admission; (2) fully understand that as a parent I have rights under Education Code section 49069 to access any and all pupil records of my child once he/she is admitted to Arroyo Pacific Academy. I understand my rights under Education Code section 49069 and hereby knowingly and willingly waive all rights under section 49069 to access the evaluation materials and (3) hereby release every person and institution from any and all liability including liability for defamation and/or invasion of privacy, resulting from and pertaining to information received regarding this application. Furthermore, I am waiving any right(s) I may otherwise have with regard to this information.

Any falsification of information and/or signatures will result in denial of admission or dismissal.

Signature parent/guardian

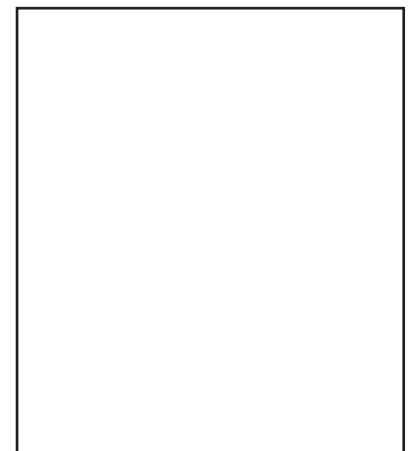
Date

Signature sponsor

Date

Signature applicant student

Date



Attach current passport photo here.



Collaborative Workers, Critical Thinkers, Lifelong Learners and Responsible Citizens

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APPLICANT INFORMATION – to be completed by the Parent or Guardian (please print or type)

Full Legal Name of Applicant: Male Female

Last Name (Family Name) First Name Middle Name

Applicant's Home Address (Overseas Address) Number and Street

City Province/Territory Country Postal Code

Applicant's Home Phone (Overseas) Date of Birth (Month/Day/Year)

Applicant's Country of Birth Applicant's Country of Citizenship

Applicant's Passport Number Passport Issuing Country Passport Expiration Date

I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study.
What is your intended field of study? (check) Full Time High School Diploma from Arroyo Pacific Academy.

FAMILY SITUATION – Applicant Currently Lives Overseas With (check as appropriate):

- | | | | |
|---------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Guardian |
| | <input type="checkbox"/> Father | <input type="checkbox"/> Parents Divorced | <input type="checkbox"/> Single Parent |
| | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Mother Deceased | |
| | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Father Deceased | |

FAMILY SITUATION – In the United States, Applicant Lives With (check as appropriate):

- | | | |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian |
| | <input type="checkbox"/> Father | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Stepmother | _____ |
| | <input type="checkbox"/> Stepfather | _____ |

Applicant's United States Address (If Known) Number and Street

City State Postal Code

Applicant's United States Home Phone Cell Phone

Applicant's Email Address

Applicant's Driver's License Number (If Applicable) License Issue State (If Applicable)

Applicant's Individual Taxpayer I.D. Number (If Applicable) Social Security Number (If Applicable)

In case of divorced or separated households, duplicate correspondence from the school should be sent to:

Name _____

Address _____

City/State/Zip _____

Country _____

APPLICANT ETHNIC BACKGROUND: check all that apply

African

Asian

Caucasian

Filipino

Hispanic/Latino

Pacific Islander

Other: _____

Arroyo Pacific Academy admits students of any race, gender, color, racial or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, gender, color, racial or ethnic origin in the administration of its educational policies, admission policies, athletic and other school administered programs.

ADDITIONAL APPLICANT INFORMATION

School Applicant Currently Attends _____

Attended from _____

to _____

Current School Address _____

City/ Province/Territory _____

Country _____

Postal Code _____

Current School Phone Number _____

Email Address _____

Web Page Address _____

How did the Applicant learn about Arroyo Pacific Academy?

To what other school(s) is the Applicant applying?

Please describe any academic or personal issue your son or daughter has experienced which has affected past performances or may affect future performance in school. Has your child ever skipped, repeated a grade or been home schooled?

Why does your son or daughter want to come to the United States to study? Please explain.

Verified at Arroyo Pacific Academy by: _____

Date: _____