ARROYO PACIFIC ACADEMY

2026-2027

325 N Santa Anita Ave • Arcadia, California 91006
Tel 626.294.0661
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: Grade Level: _____

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. I understand and acknowledge that all tuition and fees are non-refundable for a student whose I-20 SEVIS record has been processed unless the visa is denied by the U.S. Government. In this case, refunds will only be considered if proper official documentation is provided to the school.

Answer all questions fully and accurately.
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

Rev 11/25

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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 City of Birth | Applicant's Country of Citizenship

Applicant's Passport Number | Passport Issuing Country | Passport Expiration Date

Applicant's Email Address

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):

_____ Both Parents
_____ Mother
_____ Father
_____ Stepmother
_____ Stepfather
_____ Parents Separated
_____ Parents Divorced
_____ Mother Deceased
_____ Father Deceased
_____ Guardian
_____ Single Parent

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

_____ Both Parents
_____ Mother
_____ Father
_____ Stepmother
_____ Stepfather
_____ Guardian
_____ Other: _____

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

City | State | Postal Code

Applicant's United States Home Phone | Cell Phone

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

Office Use: Representative's Name | Email Address | Phone Number

Legal and Financial Responsibility:

Full legal responsibility for this applicant is with:
(check as appropriate)

_____ Both Parents _____ Mother _____ Stepmother
_____ Guardian _____ Father _____ Stepfather

Full financial responsibility for this applicant is with:
(check as appropriate)

_____ Both Parents _____ Mother _____ Stepmother
_____ Guardian _____ Father _____ Stepfather

Family Data: If deceased, write deceased after name

Mother or Guardian _____ Mrs. _____ Ms. _____ Dr. _____ Other _____

Full Name (Mother's Maiden Name)

Occupation/Profession Position

Employer Business Telephone

Present Mailing Address (Overseas) Province/Territory Country Postal Code

Home Telephone Email Address WeChat

Father or Guardian _____ Mr. _____ Dr. _____ Other _____

Full Name

Occupation/Profession Position

Employer Business Telephone

Present Mailing Address (Overseas) Province/Territory Country Postal Code

Home Telephone Email Address WeChat

Step-Parent (If Applicable) _____ Mr. _____ Mrs. _____ Ms. _____ Dr. _____ Other _____

Name Home Telephone

Occupation/Profession Position

Employer Business Telephone

Present Mailing Address (Overseas) Province/Territory Country Postal Code

Home Telephone Email Address WeChat

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

Current and Previous Schools Applicant Has Attended:

Grade	Name of School	Dates of Attendance	City/Province/Territory	Country

_____

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.

_____

_____

_____

_____

_____

Additional Applicant Information (continued)

To Be Answered By The Applicant / Student:

Why do you want to attend Arroyo Pacific Academy?

What are some of your short term or long term personal or educational goals?

Please list your subjects or areas of interest.

What are some of your strengths or talents?

What are some of your accomplishments?

What are some areas you would like to improve?

Verified at Arroyo Pacific Academy by: _____ Date: _____

Emergency Treatment Consent Form 2026-2027

Type or print legibly in black ink. This must be filled out completely.

Student's Name: _____ Age: _____ Grade Level: _____

MEDICAL / EMERGENCIES:

Please indicate any allergies, health issues, learning disabilities, psychological issues or chronic/serious medical conditions we need to be aware of. Please write "N/A" if not applicable.

_____

_____

_____

_____

_____

EMERGENCY TREATMENT CONSENT

The undersigned parent(s)/guardian of the above-named student, a minor, do hereby authorize Arroyo Pacific Academy, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is to rendered to said minor, under the general or specific supervision of any physician or surgeon licensed under the supervision of the Medical Practice Act of the State of California, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given as specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given pursuant to provisions of Section 25.3 of the Civil Code of California, and shall remain effective from AUGUST 2026 through AUGUST 2027 unless sooner revoked in writing delivered to said agent(s).

I understand it is my responsibility to inform Arroyo Pacific Academy, in writing, of any changes pertaining to this form. If I do NOT inform Arroyo Pacific Academy of any changes, in writing, I will hold the school free and harmless from any and all liability as a result of my failure to comply.

SIGNATURE (DO NOT PRINT) of Mother/Host Mother/Guardian:_____

Date: _____ Email: _____

Home Telephone Number: _____ Work: _____

SIGNATURE (DO NOT PRINT) of Father/Host Father/Guardian:_____

Date: _____ Email: _____

Home Telephone Number: _____ Work: _____

1st U.S. Emergency Contact Name: _____ Relationship: _____

U.S. Home Telephone Number: _____ Work: _____

2nd U.S. Emergency Contact Name: _____ Relationship: _____

U.S. Home Telephone Number: _____ Work: _____

Medical Information and Request For Medication Form

All information on this form is confidential and will only be used in the case of a medical emergency or natural disaster.
Please write "N/A" is not applicable.

Allergies to medication, food, or environment: _____

_____

Current Medications (home and school): _____

_____

Chronic/Serious Medical Conditions: _____

_____

To Be Taken During School Hours For Both Prescription and Over-the-Counter

I request that my child be allowed to take the following medication at school according to the stated instructions and in compliance with school policy as stated in the **School Handbook**. I further understand that is solely the responsibility of my child, and not of Arroyo Pacific Academy personnel, to verify that the medication being taken is the correct medication and is being taken properly.
Please write "N/A" is not applicable.

Name(s) of medication: _____

_____

Purpose of medication/diagnosis: _____

_____

Prescribed dosage: _____

Time schedule at school: _____

Length of time medication will be necessary: _____

Explain how the medication may have adverse effects: _____

_____

Special instructions/comments: _____

Insurance Company Name: _____

Policy or Group Number: _____

In case of a natural disaster, student may be picked up by:

_____ Relationship: _____

_____ Relationship: _____

_____ Check here if child may walk home unescorted. Signature: _____ Date: _____

I give permission for the school to give my child Tylenol when she/he requests Tylenol: _____ YES _____ NO
I give permission for the school to give my child Advil when she/he requests ibuprofen/Advil: _____ YES _____ NO
I give permission for the school to give my child Benadryl when she/he requests Benadryl: _____ YES _____ NO

_____

Parent / Host Parent /Guardian Name Parent / Host Parent /Guardian Signature Date

_____

Day Telephone Number Emergency Telephone Number

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International Student and Exchange Visitor Bank Verification Form

The Affidavit of Support 2026 - 2027

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.

Directions: This form must be returned with your admissions documents. It is required that international students have sufficient finances to meet necessary expenses while attending Arroyo Pacific Academy. Please note that any falsification of documents will result in denial of admission or dismissal.

The 2026 – 2027 Cost of Tuition and Student Fees, excluding housing, food, transportation, and supplies are printed on the following page. Housing arrangements are administered by private agencies through Arroyo Pacific Academy. The total estimated annual amount needed for High School is $60,000, and for Elementary/Middle School is $56,000. These amounts are estimates and are subject to change without notice. Actual expenses may vary.

Financial verification must be made prior to institutional issuance of a Certificate of Eligibility (Form I-20). The parent/guardian or sponsor must submit with this Affidavit of Support the following financial documents to include, **a certificate of deposit or the most recent four (4) months of accrued bank deposit statements translated into U.S. Dollars**. This amount must meet or exceed the total cost of tuition, living expenses of room and board, insurance, fees, books and supplies for at least one full academic year. Please PRINT in black ink. Provide all information fully and accurately.

_____
Student's Name

_____
Guarantor / Account Holder Name Relationship To Applicant

_____
Bank or Institution Name

_____ _____
Signature of Bank Official Title

_____
Address

_____

The applicant must indicate how the remaining years of education at Arroyo Pacific Academy will be supported. Check one or more of the following:

_____Parents _____Guardian _____Other_____
(Print Name)

will be fully responsible for all student tuition and fees.

The above mentioned guarantor/account holder has deposited funds in our bank/institution to cover the 2026 – 2027 cost of tuition and fees and the estimated cost of financial expenses for the above named student. It is the understanding of all parties that this document is a requirement by the Student and Exchange Visitor Information Service (SEVIS) for the purpose of attendance and enrollment in Arroyo Pacific Academy. This document is for the use of Arroyo Pacific Academy, and will be invalid for any other learning institution. The school may request additional information or evidence, if needed.

_____
Guarantor / Account Holder Signature **Date** **Email Address**

International Student Program Estimated Financial Requirement 2026-2027

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.

In accordance with United States Immigration Law, Arroyo Pacific Academy must obtain reliable documentation that the student has financial resources adequate to meet expenses (tuition, fees, insurance, books, supplies and living expenses) while studying at the school. Students must prove with official documentation that funds exist at least for the student's first year of study that, barring unforeseen circumstances, adequate funding will be available from the same or equally dependable sources for subsequent years. This is the same standard that consular and DHS (Department of Homeland Security) officers will use to determine a student's financial ability.

The following amounts reflect the estimated cost of tuition, student fees, course fees, books, living expenses, health insurance, and other miscellaneous expenses for the 2026 – 2027 academic year. This does not include the Summer School term.

Students should have access to an ATM Credit/Debit Card to pay incidental fees, personal expenses, special programs, travel etc.

TUITION AND FEES FOR NEW STUDENTS:

Application Fee:	$ 200	(Non-refundable)
Registration Fee:	$ 400	(Non-refundable)
International Tuition:	$ 34,000	(New High School Students)
	$ 26,000	(New Elementary/Middle School Students)
Health Insurance:	$ 1,500	(May be waived with proof of health insurance)
Student Service Fee[1]:	$ 1,500	(Includes athletics, textbook rental, technology, testing, yearbook, and locker)
School Apparel:	$ 100	1 Blue T-shirt, 1 Gray T-shirt and 1 Sweatshirt (New Student Only)
Total Payment to School[2]:	$ 37,700	(New High School Students. Does not include Room and Board)
	$ 29,700	(New Elementary/Middle School Students. Does not include Room and Board)
Approximate Room and Board:	$ 2,000 -- $ 2,500/month	(Estimate only. Rates may vary. Not payable to the school)

[1]Does not include Advanced Placement Exam Fees and Graduation Fee. Participation in travel, social activities, co-curricular and extracurricular activities may also require additional fees.

[2]Students are responsible for the purchase of supplies. This amount will vary depending on courses studied.

If a student's enrollment is terminated by the school for reasons of infraction(s) of school policies, rules, procedures, practices or standards, the parent or family of the student remains liable for full payment of all tuition, fees, and family contribution/donation. No fees, pledge payments or contributions already paid and received by Arroyo Pacific Academy are refundable in the case of student withdrawal, transfer or expulsion. Refunds will only be considered if a student is denied a visa by the U.S. government. The refund minus a $600 processing fee will be processed within 2-3 weeks after we receive proof of the visa denial.

Student's Name: _____ Grade: _____

_____

Parent / Guardian Signature Date