

ARROYO PACIFIC ACADEMY

325 N Santa Anita Ave • Arcadia, California 91006

Tel 626.294.0661

Website: www.arroyopacific.org

2026-2027

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.

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

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

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

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 be 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

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 School²: \$ 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)

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

²Students 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 and if proper official documentation is provided to the school.

Student's Name: _____ Grade: _____

Parent / Guardian Signature _____

Date _____