ARROYO PACIFIC ACADEMY

2027 - 2028

325 North Santa Anita Avenue • Arcadia • California 91006-2878 • Tel 626.294.0661 • www.arroyopacific.org

International Student Registration / Re-Registration

Type or print legibly in black ink. This must be filled out completely. ☐ New Student ☐ Returning Student

Student's Last Name | **First** | **Middle**

Country of Birth | Passport Number | Nationality

Place of Issuance: City | Country | State/Province

United States Address | Street

City | State | Zip Code

Date of Birth (MM/DD/YY) | Sex (M/F) | Grade Level for Enrollment

U.S. Phone Number | Email Address

Name (Write On The Line Above)

Please circle : Mother / Hostmother / Other: _____

United States Address

Daytime Phone Number | Evening Phone Number | Cell Phone Number

WeChat | Email Address

Name (Write On The Line Above)

Please circle: Father / Hostfather / Other: _____

United States Address

Daytime Phone Number | Evening Phone Number | Cell Phone Number

WeChat | Email Address

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.

Parent / Host Parent Signature | Date

I agree that I will not change my accommodation arrangements without the prior consent of Arroyo Pacific Academy. I understand that changing my accommodation arrangements without the prior consent of Arroyo Pacific Academy may result in dismissal from the Academy.

Student Signature | Date

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Student & Family Enrollment Commitment

Please read the following statement carefully and sign below to indicate your agreement to the following:

- I/We agree to complete and return all forms and records necessary to comply with school and state regulations.
- All outstanding balances must be kept current. Delinquent tuition will result in student expulsion or withdrawal from school.
- I/We give permission for our child(ren) to participate in all school activities, including sports and school sponsored trips away from the school campus.
- I/We agree to pay the cost of lost or damaged textbooks, library books and other school resource or damages to school property.
- With or without notice, should I/we withdraw my child(ren) from Arroyo Pacific Academy, I/we forfeit any tuition and all materials that have been paid.
- 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.
- I/We understand that the school reserves the right to use disciplinary measures that are deemed necessary, even expulsion, if our child(ren) fails to comply with the school regulations and policies or official requests from the administration and/or whose financial obligation remains unpaid after the deadline for payment.

I/We understand and agree to fulfill all points of the above agreement. I/We also understand that we may be asked to withdraw our child(ren) from school if we fail to fulfill our responsibilities under this agreement.

Student Name | Grade Level | Date

Mother / Hostmother / Guardian Signature | Date

Father / Hostfather / Guardian Signature | Date

Emergency Treatment Consent Form 2027-2028

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 2027 through AUGUST 2028 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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Photo & Video Release Agreement

August 2027 – August 2028

Type or print legibly in black ink. Provide all information fully and accurately. Please circle your relationship to the student.

Parent/Host Parent / Guardian's Name: _____

As the Legal Parent(s) and/or Guardian(s) of: _____,

who is enrolled at Arroyo Pacific Academy, permission is granted to Arroyo Pacific Academy and the Arroyo Pacific Foundation to use this student's name and/or photographic likeness, alone or in a group, in any Arroyo Pacific Academy and Arroyo Pacific Foundation publication/video or to release said photographic likeness to any newspapers or magazines for publicity and/or recognition purposes.

Additionally, I extend this permission to use this student's photographic likeness, alone or in a group, on the official web site of Arroyo Pacific Academy. The official web site is owned and maintained by Arroyo Pacific Academy as a service to the parents, students and alumni of Arroyo Pacific Academy and can be accessed and viewed at "www.arroyopacific.org".

I release Arroyo Pacific Academy and Arroyo Pacific Foundation, its Board members and employees, from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness on the official web site of Arroyo Pacific Academy or use in any Arroyo Pacific Academy or Arroyo Pacific Foundation publication/video or release of this student's name and/or photographic likeness to any newspapers or magazines for publicity and/or recognition purposes.

My permission shall remain in effect unless revoked by me and communicated to the Principal of Arroyo Pacific Academy in writing.

_____

Parent / Host Parent / Guardian Signature Date

Parent Guardian Contact Information Authoriazation

Please Read Carefully

It is required that each parent, legal guardian, and homestay guardian have all current contact information, including name, address, email address, daytime telephone number, evening telephone number, work telephone number, and other relevant contact information on file.

This form allows parents/guardians to indicate whether or not they authorize Arroyo Pacific Academy to use and share their contact information with school administrators, faculty, stuff, and the Parent Teacher Organization (PTO) for school-related communication and activities.

Contact information will be used only for School-related purposes, including school communications, student-related matters, school events, activities, and PTO communications. Contact information will not be provided to outside private, individuals or organizations for marketing or commercial purposes.

Please indicate your preference below:

____ YES, I authorize Arroyo Pacific Academy to use and share my contact information with school administrators, faculty, staff, and the Parent Teacher Organization (PTO) for legitimate school-related communication and activities.

____ No, I do not authorize Arroyo Pacific Academy to share my contact information with the Parent Teacher Organization (PTO). I understand that Arroyo Pacific Academy administrators, faculty, and staff may still use my contact information as necessary for school operations, student-related matters, emergencies, and other educational purposes.

_____

Parent / Host Parent / Guardian Signature Date

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Arroyo Pacific Academy Assigned Guardian Statement

The following authorization form must be completed by a parent of the applicant/current student. A completed form and a copy of the U.S. guardian's California driver's license/identification card must be attached and on file before the student will be admitted for the term applying. The U.S. address must match information below and will be verified by U.S. Postal Service Address Verification.

Arroyo Pacific Academy requires all international students have a designated Los Angeles County guardian over the age of 25 living within 50 miles of Arroyo Pacific Academy. In the event of a personal emergency, accident, illness incarceration, the State of California will require a signature of a guardian before offering assistance such as hospitalization or legal counsel. Arroyo Pacific Academy is not permitted to act in place of the parent or guardian. This guardianship form must be signed and dated both by the parents and the designated U.S. guardian.

I, _____ , the parent of _____ , am giving
(Parent's Name: Last, First) (Student's Name: Last, First)

permission to _____ to be the legal guardian of my child named above, while he/she is studying
(U.S. Guardian's Name: Last, First)

at Arroyo Pacific Academy. The responsibilities include but are not limited to:

- Ability to communicate in English, by email, phone and/or in person, in a timely manner.
- Serves as the communication liaison between the school and family.
- Can be reached at any time in emergency situations, accident, illness or hospitalization.
- Signing all necessary reports and documents pertaining to the school that require a parent's signature.
- Receiving confidential information regarding the student from the school and communicating this information to the parents and the family of the student.
- Assuming all parent obligations with respect to school issues or concerns with the student.
- Authorizing medical care in emergency situations.
- Age 25 or older and fit to serve as a local guardian.

In case of any emergency, accident, or serious illness, please contact:

Name of U.S. Guardian: _____ Guardian Date of Birth: ____/ ____/ ____ Age: _____

Relationship to student (i.e., Aunt, Brother, Sister, Family Friend, Other): _____

Address: _____
House Number Street Apt. #

City: _____ California Postal Code: _____

Home Telephone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Telephone: (_____) _____ - _____ E-mail Address: _____

I understand that Arroyo Pacific Academy has no legal responsibility for the care or well being of the minor student wherever he or she chooses to live while in the United States attending Arroyo Pacific Academy. I also understand that the school has no relationship with any homestay company and assumes no responsibility for the actions of any host family or homestay company.

Parent Signature **Date: (Month/Day/Year)**

A copy of the guardian's California driver's license must accompany this form, the address must match information above otherwise the form will not be accepted. If the guardian cannot abide by this requirement, the student will not be admitted until this requirement is fulfilled for the term applying/enrolled.

U.S. Guardian Signature **Date: (Month/Day/Year)**

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International Student Statement of Receipt and Notice of Implied Agreement

Dear International Students, Homestay Agencies, Host Parents, Parents, Guardians, and International Agents,

This is the form to be completed after reading the online 2027 – 2028 School Handbook, the International Student Handbook, and the Guidelines for International Homestay Students and Host Parents. These School Handbooks provide you with important information. The policies, rules, and procedures contained in these School Handbooks stipulate specific guidelines and clear directives which enable all international students, parents, guardians, agents, and host parents to best utilize the educational opportunity provided at Arroyo Pacific Academy.

Please read the online School Handbook, the International Student Handbook, and the Guidelines for International Homestay Students and Host Parents. Please return this SIGNED document to Ms. Anton, Registrar, in her Office B107.

Please PRINT

Student's Last Name: _____ Student's First Name: _____

Student's American Name: _____ Grade Level: _____

We have read the entire contents of the online School Handbook, the International Student Handbook, and the Guidelines for International Homestay Students and Host Parents. We agree to cooperate with our student and the members of the faculty and administration in complying with the Mission and Statement of Philosophy of Arroyo Pacific Academy, and the policies, rules, and regulations of each of the 2027 - 2028 School Handbooks. We recognize the right and responsibility of the school to make rules and enforce them.

These handbooks constitute a contract between international students, parents, guardians, agents, host parents and Arroyo Pacific Academy. Lack of knowledge of school regulations and expectations are not acceptable reasons for inappropriate behavior or disregard for proper procedure. We understand that the administration reserves the right to interpret and amend the contents of the School Handbooks when, and if, deemed necessary by the school administration. Observance of any change is expected of all when the change is made known to the students.

In summary, the registration of students at Arroyo Pacific Academy is deemed to be an agreement on their part to comply fully with all policies, rules, and regulations of the school as outlined in the 2027 – 2028 School Handbooks.

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.

Parent Signature (if present): _____

Host Parent Signature (Required): _____

Student's Signature (Required): _____

Date: _____

Sincerely,

Janice Yen
PDSO, SEVIS International Student Program Director

International Student Program Estimated Financial Requirement 2027-2028

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 2027 – 2028 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:	$	150	(Non-refundable)
Registration Fee:	$	350	(Non-refundable)
International Student Processing Fee:	$	400	(Non-refundable)
International Tuition:	$	36,000	(New High School Students)
	$	28,000	(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 Students Only)
Total Payment to School[2]:	$	40,000	(New High School Students. Does not include Room and Board)
	$	32,000	(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