

**INTERNATIONAL STUDENT REGISTRATION / RE-REGISTRATION**

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

<b>Student's Last Name</b>	<b>First</b>	<b>Middle</b>
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.

Host Parent Signature	Date
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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.

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Student Name Grade Level Date

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Father / Guardian Signature Date

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Mother / Guardian Signature Date

**EMERGENCY TREATMENT CONSENT FORM**

Please print:

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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 2023 through AUGUST 2024 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 Father / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

SIGNATURE (DO NOT PRINT) of Mother / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone 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.

Allergies to medication, food, or environment: \_\_\_\_\_

Current Medications (home and school): \_\_\_\_\_

Chronic/Serious Medical Conditions: \_\_\_\_\_

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: \_\_\_\_\_

### 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 it 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.

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: \_\_\_\_\_

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/Guardian Signature Date

\_\_\_\_\_  
Day Phone Number Emergency Phone Number

## 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 \_\_\_\_\_  
(U.S. Guardian's Name: Last, First) (Student's Name: Last, First)

while he/she is studying 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)

Please return this form to Ms. Millsbaugh, Register

**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 2023 – 2024 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. Millspaugh, 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 2023 - 2024 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 2023 – 2024 School Handbooks.

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Parent Signature (if present): \_\_\_\_\_

Host Parent Signature (Required): \_\_\_\_\_

Student's Signature (Required): \_\_\_\_\_

Date: \_\_\_\_\_

Sincerely,

*Janice Yen*

Dean of Studies  
PDSO, SEVIS International Student Program Director

