

**INTERNATIONAL STUDENT REGISTRATION**

Type or print legibly in black ink. Provide all information fully and accurately.

<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 to Enroll (9, 10, 11, 12)
U.S. Phone Number	Email Address	

**Name of the Parent/Guardian 1 in the U.S. who student will be staying with while attending Arroyo Pacific Academy**

United States Address	
Daytime Phone Number	Cell Phone Number
Evening Phone Number	Email Address

**Name of the Parent/Guardian 2 in the U.S. who student will be staying with while attending Arroyo Pacific Academy**

United States Address	
Daytime Phone Number	Cell Phone Number
Evening Phone Number	Email Address

**Name of Emergency Contact: Other Than Host Family/Guardian**

Emergency Contact Day Phone Number	Emergency Contact Cell Phone Number
Signature	Date

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.

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**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 2015 through AUGUST 2016 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 Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

Home Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

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

U.S. Home Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

2<sup>nd</sup> 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.

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 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 aspirin when she/he requests aspirin: \_\_\_\_\_ YES \_\_\_\_\_ NO

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 inbuprofen when she/he requests ibuprofen/Advil: \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

\_\_\_\_\_ Day Telephone Number \_\_\_\_\_ Emergency Telephone Number

**PHOTO/VIDEO RELEASE AGREEMENT**

June 2015 – July 2016

Type or print legibly in black ink. Provide all information fully and accurately.

**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/Guardian Signature\_\_\_\_\_  
Date

Please PRINT or TYPE:

\_\_\_\_\_  
Name

**PARENT DIRECTORY RELEASE: OPT OUT PREFERENCE**

Type or print legibly in black ink. Provide all information fully and accurately.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

Arroyo Pacific Academy is a four-year private, independent, coeducational, college preparatory high school.

**Please Read Carefully**

Please return this form on or before the first day of the new school year.

For parents of transfer students who enroll after the new school year has started, this form is due on the same day as Registration.

It is required that each parent, guardian and homestay guardian have all current information: name, address, email address, day telephone number, evening telephone number, work number etc. on file.

This is the Parent/Guardian Opt Out Form for the publication of your name, address, home telephone number and home email address in the Parent Directory of Arroyo Pacific Academy for the 2014 – 2015 academic year. Contact information is intended for the sole use of Arroyo Pacific Academy administrators, faculty, staff, parents and students to provide direct communication for legitimate interest requests. Directory information is never given to private, profit-making organizations.

If you do not express your preference on this form, you are giving Arroyo Pacific Academy permission to publish contact information in the Parent Directory. If you do not wish to be included in the Parent Directory, please complete and return this form to Opt Out.

\_\_\_\_ No, I do not authorize Arroyo Pacific Academy to include my name, address, home telephone number, and e-mail address in a directory to be published and distributed to the parents/guardians of Arroyo Pacific Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AUTOMOBILE REGISTRATION FORM**

Type or print legibly in black ink. Provide all information fully and accurately.

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I request that my child be allowed to park on campus. I understand the regulations as stated in the School Handbook and agree to abide by them while driving on and off campus and while parking on campus. Arroyo Pacific Academy assumes no responsibility for theft, fire, or damage to any automobile or its contents, it being understood that the driver has full control of the vehicle at all times.

\_\_\_\_\_  
Year, make, model and color of vehicle

\_\_\_\_\_  
Student's Driver License Number

California Automobile Liability Insurance:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Policy #

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please attach a copy of current drivers license and copy of insurance card.**

\_\_\_\_\_  
Assigned Parking Space - to be given (to be filled out by school official)

# Outreach Concern, Inc.

400 N. Tustin Avenue, Suite 360  
Santa Ana, CA 92705  
Telephone: 714-547-1163  
Fax: 714-547-4578  
www.outreachconcern.org  
information@outreachconcern.org

*Pupil Personnel Services for Schools*

Dear Parents:

My name is Dr. Fredrick Capaldi and I am the Executive Director of Outreach Concern. I'd like to take this opportunity to introduce you to Outreach Concern, the new pupil personnel program that is being incorporated into the curriculum of *Arroyo Pacific Academy* this year. This letter will familiarize you with the various counseling and support services that will be available to your child and family, which is aimed at positively impacting your child's academic success.

Outreach Concern was founded in 1994 and currently provides over 600,000 children and families in 250 schools throughout Orange and Los Angeles Counties access to a variety of pupil personnel services aimed at positively impacting a student's academic performance. We are pleased to be a part of the curriculum at *Arroyo Pacific Academy* and believe that should you find the need to utilize any of our services, you'll be impressed with the impact they have on your student.

*Arroyo Pacific Academy* strives to provide its students, families, and faculty members with as much supportive help as possible, and is aware that today's stressful lifestyles make that support more and more necessary. By enlisting Outreach Concern's services, students at *Arroyo* experiencing problems with academics, behavior, or personal problems, have access to trained counselors on campus, where and when they might need them.

Outreach Concern's counselors possess a wide variety of experience, including undergraduate, graduate, postgraduate, doctoral, and professional backgrounds. Because our counselors are "intern-counselors," each counselor works under the supervision of one of our Regional Field Supervisors whom they meet with weekly to discuss their cases, in addition to ongoing supervision from their Outreach Concern Clinical Supervisor and their university program.

Outreach Concern is a behavioral intervention program designed to provide additional support to students whose learning is negatively impacted by emotional intelligent factors such as, an inability to manage emotions, resolve conflicts, and engage in successful school relationships. The purpose of our program and the counselor's activities will be to engage students in settings accomplishing short and long-term academic and personal goals to improve grades and attendance and to decrease disruptive or counter productive behavior. Of course, all counseling services provided by Outreach Concern is confidential. Records are retained by Outreach Concern and do not become a part of a student's school file. As you might suspect, it's essential to protect each student's confidentiality. Please be assured that our goal is not to shield important information from parents. It's always our goal to involve parents and consult with your child's teachers or school administrators when necessary in order to maintain a strong partnership aimed at positively impacting the students' performance and behavior. Any situation where a student may be involved in behavior that could be identified as dangerous to either themselves or others, or where the reasonable suspicion of child abuse is identified, our counselors are mandated by law and by the ethics of the counseling profession to take all responsible steps necessary to protect the student, including informing appropriate authorities.

**If your child/adolescent is under the age of 18, you must sign and return the attached consent form in order for him/her to use the counseling services provided through our program. Students are never solicited for counseling – your consent is only to assure that your child may use the counseling services if you, your child, or the school administration deems it necessary.**

Students are referred for counseling in three ways: by a school faculty member or official, by the parents, or by the student. It is a mark of the effectiveness of our program that over 60% of our students are self-referred, seeking out the counselors on their own. To make a referral to have your student seen, simply speak to one of the personal counselors in the counseling office, or ask for a referral form in the counseling office.

Outreach Concern also provides each school and student access to our 24-hour Crisis Hotline, **1-800-4-CONCERN**, our Crisis Response Team, a variety of inservice programs for students and teachers, parent education programs, monthly newsletters for parents and teachers, and access to our Multi-County Referral Network for additional support services.

We look forward to the possibility of working with you and your student should the occasion arise.



Fredrick Capaldi, Ph.D., M.F.T.  
Executive/Clinical Director

**PLEASE SIGN AND RETURN TO  
ARROYO PACIFIC ACADEMY ASAP**

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## **Outreach Concern, Inc.**

400 N. Tustin Avenue, Suite 360 Santa Ana, CA 92705 Telephone: 714-547-1163

### **CONSENT FOR COUNSELING Arroyo Pacific Academy 2015-2016 School Year**

- My student/students may use the counseling services if referred.
- My student/students may **not** use the counseling services if referred.

\_\_\_\_\_  
*Name of student/students (please print)*

\_\_\_\_\_  
*Grade in school*

\_\_\_\_\_  
*Name of parent/legal guardian (please print)*

\_\_\_\_\_  
*Relationship to student*

\_\_\_\_\_  
*Parent/Legal guardian's signature*

\_\_\_\_\_  
*Date*

**Your signature authorizes Outreach Concern to review your child's grades to assist the counselor in supporting academic progress and to utilize this data for the purpose of research and accountability studies.**