



130 Woodward Avenue • Escondido • CA • 92025 • Office: 760-294-4490 • Fax: 760-294-4209 • www.balboaschool.com

APPLICATION FOR INTERNATIONAL ADMISSION

All sections must be filled out completely (write N/A if the information is not applicable).

STUDENT INFORMATION

Student's Family Name (surname): _____ First Name (given): _____

Middle Name: _____ Suffix (First, Second, Third): _____ American Name: _____

Date Of Birth (month/date/year): _____ Gender: Female / Male

Country of Birth: _____ Country of citizenship: _____ Country of permanent residence: _____

Current Grade Level: _____ Grade Level when attending Balboa School: _____

How many years would you like to study at Balboa School? _____ Date you would like to begin your studies: _____

How did you learn about Balboa School? _____

FAMILY INFORMATION

Father's Name: _____ Email address: _____

Mother's Name: _____ Email address: _____

Permanent address in home country: _____

City: _____ Province/Territory: _____ Country: _____ Zip: _____

Telephone Number: _____

Do both parents understand and speak English? Yes / No If no, which is the best way to communicate with parents? _____

Who will be your legal guardian while studying at Balboa School (name & phone number)?

AGENCY INFORMATION

Placement agency or name of person who is assisting with application: _____

Telephone Number: _____ Email address: _____

Homestay agency: _____

Telephone Number: _____ Email address: _____

SCHOOL INFORMATION

Previous School & year(s) attended:

School: _____ Grade & Year attended: _____

School: _____ Grade & Year attended: _____

I-20 INFORMATION

If you are currently in the US now, please complete below before going on to the next section. If not, please skip to the next section.

What is your immigration status? _____

If you currently have an F-1 Visa, what is your SEVIS ID #? _____

Purpose of requesting a form I-20 from BCS is to: _____ transfer in _____ regain F-1 status

I am currently attending school in the US? _____ yes _____ no

If yes, name of school: _____ Dates of attendance: _____

Do you want your form I-20 mailed to your foreign address? If not, where would you like it mailed?

Name & Telephone Number: _____

I do not want my form I-20 to be mailed. I would like it picked up by: _____

FINANCIAL INFORMATION

You may refer to Balboa School's estimated annual cost to calculate total expenses.

Sponser #1

Name of person financially responsible: _____

Total amount this person is giving me each year for tuition: _____

Total amount this person is giving me each year for living expenses: _____

Sponser #2

Name of person financially responsible: _____

Total amount this person is giving me each year for tuition: _____

Total amount this person is giving me each year for living expenses: _____

Sponser #3 - Free Room and Board

Name of person I will be living with for free: _____

Consequent to any payment made to Balboa School, I understand and agree I will not receive a refund.

Sponsor/Parent Name (please print): _____

Sponsor/Parent Signature: _____ Date: _____

MEDICAL INFORMATION

My child is currently being treated for the following medical conditions: _____

My child has allergies? _____ Please list: _____

Please circle if your family has a history of: Epilepsy/Seizure Mental Illness Diabetes High Blood Pressure Tuberculosis
Heart Attack/Heart Disease Blood Clots Family Other conditions: _____ History Unknown

My child takes medications: _____ Name of medication: _____ Dosage and frequency: _____

All medications must be turned into the office along with a prescription medication form (available in the office).

In case of an emergency, I give permission for Balboa School to seek, authorize, and consent to any medical treatment or care necessary for my child. This authorization, hereby granted to Balboa School, shall continue in effect until such time as I make direct contact with the treating doctor. This authorization in no way obliges Balboa School or its authorized representatives, to pay or be liable for any costs or expenses incurred in the care of or treatment of my child; and I agree to pay all costs and expenses incurred for the treatment and care of my child.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

PROGRAM PARTICIPATION

I understand:

Throughout the course of the year, students at Balboa School take a variety of field trips. These trips range from visiting museums to touring college campuses. We consider it an integral part of our program that students become exposed and interact within the community around them. Students will either walk, take a taxi, or ride with parent volunteers. I understand my child will go on off campus field trips with Balboa School. I understand that the staff of Balboa School will take reasonable care of my child, but I also recognize that they will be off campus and may occasionally encounter hazards beyond the staff's control. I agree to be fully responsible and hold harmless Balboa School, and any of its employees and parents, from any and all liability for any and all harm arising to my child as a result of participating. This will hold true while my child attends Balboa School.

Balboa School maintains the right to all student-generated work produced, created, or developed at Balboa School by my child. It also maintains the right to use my child's image in stills, video tape recordings or other media, such as the internet and/or yearbook, in such a way as it deems fit for now or in the future for publicity or other purposes. My child's name may be used in conjunction with Balboa School events, publicity and other ways as it deems fit now or in the future for publicity or other purposes. Balboa School has my permission to use photos and student-generated work.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

HOMESTAY RELEASE:

I agree to be fully responsible and hold harmless Balboa School, and its representatives from any and all claims, demands, costs or damages incurred by my child or out of the actions of the Homestay family. I also agree that at my own expense to defend any suit or action brought against Balboa School instituted upon the claim of such damage to persons or property. This will hold true while my child attends Balboa School.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Upon enrollment all students are assessed. For assessment purposes, please answer the following:

1. Student's Native language: _____
2. Student's Personal email address: _____
(write clearly)
3. Student's English proficiency when:

Speaking	None	Little	Fluent
Writing	None	Little	Fluent
Reading	None	Little	Fluent
Listening	None	Little	Fluent
4. Student studied English for how many years? _____

For Student to answer:

What is your greatest strength academically?

What is your greatest interest outside of school?

What career are you interested in?

After graduation I am interested in:

_____ 4 year University _____ Community College _____ returning home

All information on this application is complete and factually presented.

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____