

**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 to Enroll (9, 10, 11, 12)
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

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.

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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 2021 through AUGUST 2022 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 / Host Father: \_\_\_\_\_

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

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

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

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. 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 Name Parent / Host Parent Signature Date

Day Telephone Number Emergency Telephone 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. Millspaugh, Register

# Arroyo Pacific Academy International Student Program

325 North Santa Anita Avenue Arcadia California 91006 626.294.0661 www.arroyopacific.org

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



This is the form to be completed after reading the *2021 – 2022 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 on-line *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.

## International Student Statement of Receipt and Notice of Implied Agreement 2021 - 2022

Please **PRINT**

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_  
Student's American Name: \_\_\_\_\_ Grade: \_\_\_\_\_

We have read the entire contents of the 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 2021 - 2022 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 2021 – 2022 School Handbooks.

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

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

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

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

Sincerely,

Robert S. Walley  
Assistant Principal  
Dean of Studies  
PDSO, SEVIS International Student Program Director



# Arroyo Pacific Academy

Elementary School, Middle School and High School 2021 - 2022

## WAIVER OF LAWSUIT/LIABILITY



I/We hereby forever release and waive my right to bring suit against the Arroyo Pacific Academy and its administrators, directors, managers, officials, trustees, agents, employees, coaches, staff, affiliates or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Arroyo Pacific Academy's facilities. I/We understand that this waiver means I/We give up my/our right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I/We may have to seek damages, whether known or unknown, foreseen or unforeseen.

### **AGREEMENT TO ABIDE BY SAFETY PROTOCOLS and the COVID-19 CONTAINMENT, RESPONSE AND CONTROL PLAN**

I/We have been provided with an online copy of Arroyo Pacific Academy's written safety protocols and the COVID-19 CONTAINMENT, RESPONSE AND CONTROL PLAN. I/We have read and I/We understand these safety protocols and COVID-19 Plan. I/We agree to fully comply with the safety protocols and COVID-19 Plan. I/We acknowledge that if, in the sole discretion of Arroyo Pacific Academy's representatives, it is determined that I/We are not fully complying with the safety protocols, I/We will be precluded from further use of Arroyo Pacific Academy's facilities.

### **NOTIFICATION REQUIREMENTS**

As a condition to the use of Arroyo Pacific Academy's facilities, I/We agree that if I/We receive a positive COVID-19 diagnosis, I/We will promptly notify Ms. K. C. Deagon. I/We consent to allowing Arroyo Pacific Academy's representatives to notify employees and other users of the facilities that another user of the facility tested positive for COVID-19, without identifying me/us by name.

### **CHOICE OF LAW**

I/We understand and agree that the law of the State of California will apply to this waiver.

I/WE HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE AND AGREEMENT TO ABIDE BY SAFETY PROTOCOLS, THE COVID-19 CONTAINMENT, RESPONSE AND CONTROL PLAN, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY/OUR RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

### **COVID-19 LIABILITY RELEASE WAIVER FOR STUDENT/PARENT/HOST PARENTS**

Due to the outbreak of the novel Coronavirus (COVID-19), Arroyo Pacific Academy is taking extra precautions with the care of every student, parent/host parent and employees to include health history review and enhanced sanitation/disinfecting procedures in compliance with CDC guidance.

### **Symptoms of COVID-19 include**

Fever  
Fatigue  
Dry Cough  
Difficulty Breathing

### **I/We agree to the following:**

- I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above within the last 14 days.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 within the past 30 days.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.

- I affirm that I, as well as all household members, have not traveled outside of the country or to any city or county considered to be a “hot spot” for COVID-19 infections within the past 30-days.
- I understand that Arroyo Pacific Academy cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each student, parent/host parent, employee.

Arroyo Pacific Academy is following the enhanced procedures as contained in this document to prevent the spread of COVID-19.

I/We have read for understanding, the online Arroyo Pacific Academy’s COVID-19 SAFETY PROTOCOLS, CONTAINMENT, RESPONSE & CONTROL PLAN.

By signing below, I/We agree to each statement above and release Arroyo Pacific Academy from any and all liability for unintentional exposure or harm due to COVID-19.

Parent/Host Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Parent/Host Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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