



INTERNATIONAL STUDENT APPLICATION

Thank you for choosing High Bluff Academy. We welcome students from all nations in grades 9-12 who have basic proficiency in English.

To be considered for admissions, please answer all questions as truthfully and accurately as possible and include all of the requested documents. If you have questions in completing the application, please feel free to contact us via email at admissions@highbluffacademy.com or call us at (858) 509-9101. After receiving your application, we will contact you to schedule a Skype interview. The I-20 form is issued after acceptance and payment of deposit tuition fees.

The application form may be transmitted by scanning the document and emailing it to: admissions@highbluffacademy.com

or

Mail: 12707 High Bluff Dr. Ste 150 San Diego, CA 92130

Application Checklist

- 1. Completed Application Form with student essays
- 2. Official transcript from previous school and English translation.
- 3. Copy of Current Passport
- 4. Non-Refundable Application Fee (\$200)
- 5. Two Reference Forms from current teachers or principal
- 6. Current I-20 (if transferring from another school)



High Bluff Academy

INTERNATIONAL STUDENT ENROLLMENT FORM			
STUDENT INFORMATION			
Student's Last Name: (As on passport)		First Name: (As on passport)	Nickname (English name):
Grade Level (Circle one)	8 9 10 11 12	Date of Birth: Month/Day/Year	Parent's Cell Phone:
City & Country of Birth:		Country of Citizenship:	
US Street Address:			
City:		State:	ZIP Code:
Student Cell:		Student Email:	
Gender: M or F (Circle One)		Present School:	
Student Passport Number: Please Attach copy of the passport to the application			
NATIVE COUNTRY ADDRESS			
Street Address:			
City:		State:	ZIP Code:
Country:	Parent's Email:		Parent's Cell:
STATUS			
Are you a permanent resident of US Citizen? Citizen Permanent Resident Non-Resident (Circle One)			
Do you need an I-20? Yes No (Circle One)		Do you have an I-20 from another school? Yes No If yes, please attach a copy of I-20 to the application.	
Are you transferring from a US School? Yes No (Circle One)		If Yes to transfer, name of school:	
EMERGENCY CONTACT			
Name:		Cell Phone:	
Relationship to Student:			

PARENT INFORMATION - MOTHER			
Name:			
Street Address:			
City:	State:	ZIP Code:	
Mother's Email:	Preferred Contact Phone:		
PARENT INFORMATION - FATHER			
Name:			
Street Address:			
City:	State:	ZIP Code:	
Father's Email:	Preferred Contact Phone:		
GUARDIAN INFORMATION – IF APPLICABLE			
Name:			
Street Address:			
City:	State:	ZIP Code:	
Guardian's Email:	Preferred Contact Phone:		
LAST SCHOOL ATTENDED			
Name of School:		Dates Attended:	
School Address:			Phone:
LIVING ACCOMODATIONS			
Student will be living with: (Circle all that apply)		Mother	Father
		Relative	Guardian
		Siblings: _____ (please list ages)	
Would you like High Bluff Academy to arrange a homestay for you? YES NO			If "yes" please fill out homestay page
ACADEMIC PLANS			
Which terms do you plan to attend? Summer Fall Spring			Which grades? 9 10 11 12 13
Do you plan to graduate from High Bluff Academy? Yes No Not Sure			Will you attend college in the U.S.? Yes No Not Sure

MEDICAL INFORMATION		
Student Health Insurance Provider: The school can arrange health insurance for the student. The cost is \$80 - \$100 per month. Do you want the school to help with insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Policy #:	Name of Insured:	
Primary Care Physician:	Physician Phone:	
City:	State:	ZIP Code:
Home Phone:	Cell Phone	Parent Email:

Please note that all information provided will be held in the strictest confidence. We appreciate your honesty in filling out our forms. All information is used for student assessment, support and placement. It will not be a cause for elimination from the program.

Medical Conditions (Check all that apply):

- Allergic to _____
- Allergy to Bee Stings
- Allergy to Peanuts
- Anxiety
- Asthma
- Depression
- Epilepsy or Convulsive Disorder
- Headaches/ Migraines
- Insomnia
- OCD
- Respiratory Problems
- Other Health Concerns(please specify)_____

Does the student take any medications?

- No
- Yes (please specify)_____

Has the student been suspended or expelled from any other school? Please specify.

Has the student ever been arrested and/or put on probation? Please specify.

Testing and Learning Difficulty Information

Has the student been tested for a learning disability?

- No
- Yes (if yes answer the following)

Tested By: _____ Date: _____ Diagnosis: _____

Do you suspect that you child may have a learning disability that has not been diagnosed?

- Yes
- No
- Unsure

Does your child have Attention Deficit Disorder (with or without hyperactivity)?

- Yes
- No
- Unsure

Do attention or learning problems run in your family?

- Yes
- No
- Unsure

Is your student in a special education program at school?

- No
- Yes (describe) _____

Does your child have a history of substance abuse?

- No
- Yes (describe) _____

Does your child have any mental health related concerns?

- No
- Yes (describe) _____

Is the child currently receiving any counseling or therapy?

- No
- Yes (specify) _____

Does your child adapt easily to new situations?

- Yes
- No (describe) _____

Parent Goals for Students

We are very interested in finding out your goals for your child. This helps us design our program to fit the needs of our students.

Academic Goals:

- _____
- _____
- _____

Emotional Goals:

- _____
- _____
- _____

Social Goals:

- _____
- _____
- _____

Referral Information

Reason for attending High Bluff: _____

How did you hear about High Bluff Academy (please check all that apply)?

- Agent _____
- Internet Search
- Advertisement (where) _____
- Current School
- Outside Professional _____
- Other (describe) _____



Reference
 High Bluff Academy
 12707 High Bluff Drive, Suite 150
 San Diego, CA 92130
 admissions@highbluffacademy.com

This is a reference form for admittance into a high school program at High Bluff Academy. All information will be kept confidential. Students, please give this form to a Principal, Counselor or Core Teacher with a stamped envelope. We ask that the person providing the reference please fill out this form to the best of their knowledge and return in a sealed envelope to the address above or fax to 858-630-3606 or email to admissions@highbluffacademy.com

Applicant Name: _____

I request the individual named below to provide his/her perspective on my qualifications and experiences as they relate to my application for the above position. I waive my right to review this form after its completion and shall release this individual from any and all liability from damages related to his/her completion of this form.

_____ Signature _____ Date

Reference Name:	Employer/School:
Position: (teachers please state which subject)	
Reference Daytime Phone:	Evening Phone: E-mail:
Relationship to Applicant:	How long have you known applicant?:

Please comment on the student’s potential for success in an academic environment.

Qualification	Excellent	Good	Fair	Poor	Unable to Assess
Honesty					
Dependability					
Motivation					
Emotional Maturity					
Peer Relationships					
Attitude					
Communication					
Academic Ability					
Independence					

Do you think this student will adapt well to living in a new country away from his or her family? (Please comment)

Student Essay:

Please answer each of the following questions on a separate piece of paper. You may handwrite them if you prefer, as long as it is neat and legible. Try to answer all parts of the question thoughtfully. We are trying to get to know you better, so the more detail and explanation you can include, the more helpful your answers will be, but they do not need to be longer than a paragraph for each question.

If you cannot write in English, please write the essay in your native language and send us a typed translation.

1. Describe your home life and your relationship with your family.
2. If you could change anything about yourself, what would you change? Why? How would this impact your life as a high school student?
3. Describe a class that you took in middle school or high school that you really enjoyed. Why did you feel successful? What qualities did the teacher have? What activities or lessons did you like best? Did the material you learned have any connections to any other aspects of your life?
4. Why would you like to come to the United States for you education? Have you been to the U.S. before and if so, where did you go and how long did you stay.

Parent Agreement:

I certify that all information given in this application is complete and accurate. I understand that if information provided is inaccurate, misleading or contains material omissions, that High Bluff Academy reserves the right to reverse enrollment or expel the student without refunding tuition.

Parent /Guardian Signature _____

Student Signature _____



High Bluff Academy

High School International Program Information

Tuition for the academic year is as follows:

\$21,500 US for grades 9 -12

Tuition includes academic classes, PE and arts classes and field trips. Parents are responsible for AP, TOEFL, and/or SAT or ACT testing fees.

All payments made by credit card, will incur at 3% convenience fee. Payments not made by the due date will be charge a \$100 per month late fee.

All wire transfer fees must be paid by student’s family. Please contact us for wire transfer information. Transcripts cannot be released until payment is made in full.

Refund Policy:

If you choose to withdraw your child from the school, refunds will be given based on the withdrawal date:

Before August 15 th	All tuition minus a \$1,000 non-refundable fee
Before September 15 th	All tuition minus a \$2,000 non-refundable fee
Sept. 15 th - Jan 26 th	No refund for Semester 1
Before Jan 5 th	Second semester tuition minus \$1,000
Jan 6 th - Jan 30 th	Second semester tuition minus \$2,000
After Jan 30 th	No refund for Semester 2

By signing below I agree to all of the terms listed and agree to be responsible for paying the tuition in a timely manner.

Parent /Guardian Signature _____

HOMESTAY SURVEY

If you would like High Bluff Academy to find a family for you to live with, please answer the following questions:

Approximately when will you be arriving? (Refer to school calendar) _____

Do you require a private room or are you willing to share with another student? _____ own _____ willing to share

Are you okay living in a home with pets? ____ yes _____no If not, which pets bother you? _____

Will you be attending a religious institution on a regular basis (church, mosque, synagogue)? _____yes _____no

If yes, which religion are you? _____

Do you have any dietary restrictions? Please describe in the space below any religious restrictions or strong food dislikes, allergies, etc.

Do you know how to cook? Would you like to be able to cook for yourself?

Do you have trouble sleeping? Please describe any unusual sleep habits.

Have you lived away from home before? If yes, for how long?

What concerns you most about living with a new family?

Please describe your ideal living situation.

Do you like to be around people most of the time, or are you more comfortable spending time alone?

What activities do you like to do when you aren't in school?

Do you play any sports?

Do you play a musical instrument?

Are there any things you would like to learn how to do while you are in San Diego?

Do you have any career interests?