18760 E. Colima Road, Rowland Heights, CA 91748 U.S.A.

Tel: 626-964-9655 Fax: 626-913-3919

- a. Please note this application is for both soon-to-be enrolled and previously enrolled students.
- b. The application only needs to be filled out once at the beginning of a student's Cal U Prep School career.

Application Procedure

Step 1 - Submit Completed Application, Required Items, and Fees

The Application Form is available on our website or from any of the admissions counselors via email or hard-copy. It must be submitted along with all required items, including:

- 1. *Completed Application Form (with Signature)
- *Photocopy of passport information page
- *Official original transcripts, sealed with English translation, from all grades completed
- *Application fee
- 5. Photocopy of immunization record and report of health examination, completed by a physician
- completed affidavit and parents' authorization (if student will not live with natural parents in the US)
- 7. Two (2) letters of recommendation
- 8. Affidavit of financial support or statement to show proof that the student has sufficient financial resources to pay for tuition and living expenses for one year
- Transfer request form (if student is transferring from another school)

Step 2 - Interview

After your application and all required items are submitted, an admissions counselor will contact you to schedule an interview. The interview may be conducted by phone if the student is not local.

Step 3 - Acceptance and Payment Notice

If the student is admitted to California University Preparatory School, an admissions counselor will send you a notice of acceptance and a payment notice for the following:

- Application Fee
- Tuition Fee
- SEVIS I-901 Fee

For detailed information about school fees, please refer to Cal U Prep School Fee Schedule

The SEVIS I-901 Fee, the Application Fee, Cal U Prep School service fee, and the Delivery Fee are each nonrefundable under any circumstances. Students holding a visa and attempting to change their visa status to Nonimmigrant Alien Students Status will not receive any refund, even if the change of status is denied. The tuition is partially refundable ONLY to a first-time Nonimmigrant Alien Students applicant living outside the United States and ONLY if the student is denied on Nonimmigrant Alien Students visa by the U. S Government. In the case of any "force majeure", all fees paid to California University Preparatory School are not refundable.

Step 4 - Enrollment Package

When all required payments are received in full, your admissions counselor will send you a letter of acceptance and Nonimmigrant Alien Students Form necessary to obtain a Nonimmigrant Alien Students visa to enter the United States.

Step 5 - Visa Interview

It is the student or agent's responsibility to schedule a visa interview with the U.S. consulate in his/her home country. The most accurate information for the visa interview process can be found through the U.S. consulate in your home country.



Student Application

Student Information

Legal Name of Student:	
Family Name	First Name
Middle Name	Other Name
Date of Birth: / /	
MM / DD / YYYY	
City and country of Birth:	
City Country	
Country of Citizenship:	Passport Number:
When do you plan to enroll? / /	
MM / DD / YYYY	
Have you ever lived in the United States? NO	YES If so, How long?
What is/are your native language(s)?	
3 3 ()	
What is your legal status in the United States?	/E 0/11.4
☐F-1 International Student ☐U S. Citizen ☐L-2☐F-1 Transfer Student ☐U. S. Permanent Re	
Other:	Siderit
Whom does the student plan to live with during his School?	s/ner time at California University Preparatory
(Please check all that apply)	
☐ Mother ☐ Father ☐ Stepmother ☐ Ste	pfather
If the student will not live with any of the above, th	e student must stay with one of following.
Please select one:	,
_	
Parent-appointed guardian (caregiver authorization	<u> </u>
☐ Host Family arranged by California University Prepa be filled out and is available upon request	iratory School (Homestay application form must
ar american and an american approved	



Student's Educational Information

Please list all of the schools attended in the past three years:

1.		
School Name	Р	Phone Number
Address: Number and Street		
City	State/Province	Country
City	State/Province	Country
Highest Grade Completed	Reason for leaving	
	•	
Please list all of the schools atten	ded in the past three years	s:
2.		
School Name	P	Phone Number
Address: Number and Street		
City	State/Province	Country
City	State/Province	Country
Highest Grade Completed	Reason for leaving	
	•	
Please list all of the schools atten	ded in the past three years	s:
3.		
School Name	P	Phone Number
Address: Number and Street		
City	State/Dravings	Country
City	State/Province	Country
Highest Grade Completed	Reason for leaving	
3 1	Ŭ	
Has the student ever repeated a gra	de? ☐ NO ☐ YES If so,	Please explain:
. 3		·
Has the student ever skipped a grad	e? NO YES If so, I	Please explain:
Has the student ever been suspende	ed or expelled?	VES If so Please evolain:
rias the student ever been suspende	sd of expelled? NO	1E3 II SO, Flease explain.
Does the student have any circumst		
otherwise that the school should be	aware of? NO YES	If so, Please explain:



Parent Information

Parents are: Married [_Separated	ed	
Family Name	First Name	Middle Name	Other Name
Home Address:			
Street Name and Number		Apt.	Floor
District/City	State/Province	Postal Code	Country
Home Phone:		Fax:	
Work Phone:		Cell:	
Email:			
Business Name:			
Occupation:			
Company Address:			
Street Name and Number		Apt.	Floor
District/City	State/Province	Postal Code	Country
Mother			
Family Name	First Name	Middle Name	Other Name
Home Address:			
Street Name and Number		Apt.	Floor
District/City	State/Province	Postal Code	Country
Home Phone:		Fax:	
Work Phone:		Cell:	
Email:			
Business Name:			
Occupation:			
Company Address:			
Street Name and Number		Apt.	Floor
District/City	State/Province	Postal Code	Country

Agreement and Authorization

This agreement and authorization serve as a fundamental understanding of California University Preparatory School's policies and regulations. It must be signed by a parent (or a guardian) and students to complete the enrollment process. Please read the following statements carefully and completely, and complete all fields as necessary.

Tuition and Fees Statement

The student's application will not be processed until all required items are received, including application fee. These fees are **nonrefundable**, even if the student is not admitted to California University Preparatory School. Upon acceptance, a Nonimmigrant Alien Students Form will not be issued until all additional fees are received in full, including all of the following.

- Application Fee
- Tuition Fee
- ➤ SEVIS I-901 fee

For detailed information about school fees, please refer to Cal U Prep School Fee Schedule
The SEVIS I-901 fee, the Cal U Prep School service fee, and the delivery fee are each non-refundable under any circumstances. Student transferring from another American school to Cal U Prep School will not receive a refund under any circumstance. Students holding a visa and attempting to change their visa status to F-1 will not receive any refund, even if the change of status is denied. The enrollment fee, academic fee, activities and field trip fee and tuition are refundable ONLY to a first-time (at California University Preparatory School) Nonimmigrant Alien Students applicant living outside the United States and ONLY if the student is denied on Nonimmigrant Alien Students visa by the U. S Government. The fee refund will be processed ONLY IF the student surrenders to California University Preparatory School (1) the original Nonimmigrant Alien Students form, (2) the U.S. Government's rejection letter, and (3) a copy of the passport page(s) containing application stamp(s)from the U.S. government. The beneficiary will allow 60 days for the refund to be processed.

No part of the tuition or fees will be refunded if the student fails to start school as scheduled or if the student is expelled, withdraws, or is suspended during the school year. Furthermore, in the case of any "force majeure" event it is materially hampered in the performance of its obligations or its normal business operation are delayed or become impossible or commercially impracticable: acts of God, catastrophe, labor disagreement, acts of government, its agencies or officers, an order, regulation, ruling or action of any labor union or association of employees affecting California University Preparatory School or the industry in which it is engaged, delays in the delivery of materials or supplies or any other cause beyond California University Preparatory School's control. All fees paid to California University Preparatory School are not refundable.

Statement of Truth

My signature below certifies that the information provided in all parts of this application is true and correct to the best of my knowledge. If I am admitted, I agree to cooperate with California University Preparatory School officials and conduct myself in accordance with the ideals and regulations of California University Preparatory School.

Student's Name(Print):	Date of	Birth:	1	1
	MM	DD	YYYY	
Signature of Student:	Date:			
Parent's or Guardian's Name (Print):				
Signature of Parent or Guardian:	Date:			

Photograph Usage Release Agreement

The parent and student authorize and irrevocably grant California University Preparatory Schooland its associates, affiliates, appointed advertising agencies and designated directors, officers, agents, employees, and customers, permission to use photographs and likenesses of myself in all forms of media, for any and all promotional purpose including advertising, publicity, display, commercial, or editorial use.

Emergency Medical/Dental Care Consent

By signing this agreement, the parent represents and warrants that he/she is the parent or guardian responsible for the care and welfare of the student named above. The parent represents and warrants that said student has a comprehensive policy of insurance for all expenses related to illnesses and injuries. California University Preparatory School requires that all students be covered by accidental injury and illness insurance.

The parent hereby agrees to allow the child to fully participate in all activities organized by California University Preparatory School, including field trips, sports, community service, and others. The parent and child waive all claims against the California University Preparatory School, leaders of the activities and the officers, agents, representatives, authorized caregivers, and host families of California University Preparatory School arising out of participation in such activities.

The parent hereby authorizes the School, its officers, agents, employees, volunteers, caregivers, host families, and any emergency service agency as well as any physician, dentist, or paramedic associated with them to give whatever care, in their professional opinion, is necessary for said student's health and safety while enrolled at California University Preparatory School. The school is hereby authorized to administer first aid and over-the-counter medications unless I have otherwise directed medication.

The parent hereby accepts full responsibility for any costs incurred in providing medical care to the student and agrees to hold the school, its officers, agents, employees, volunteers, caregivers, and host families harmless. The parent agrees to pay or reimburse the school for all expenses in connection with the above.

The parent hereby waives all claims against the school, its officers, agents, employees, volunteers, caregivers, and host families for any and all accidents, illness, injury, or death occurring at the school or during any and all of its activities, including field trips, sports, community service, and any other activities organized by the school.

All declarations in this Agreement are true and correct until revoked by written notification to California University Preparatory School.

Student's Name(Print):	Date of Birth: / /
	MM DD YYYY
Signature of Student:	Date:
Parent's or Guardian's Name(Print):	
Signature of Parent or Guardian:	Date:



Acknowledgment by Notary Public

State of California

Country of Los Angeles	
On this date,, before	me,,
a Notary Public, personally appeared	,
Who proved to me on the basis of satisfactory e	vidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged
to me that he/she/they signature(s) on the instru	ment the person(s), or the entity upon behalf the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJRUY under the	ne laws of the state of California that the foregoing paragraph is true and correct.
Witness my hand and official seal	
Notary Public	
	Consent for Going Off-Campus
California University Preparatory School is not rehours and therefore; California University Preparatory off campus In addition, California University Prestudent's car at any time. If any California University Consequences may be imposed. It is important to	11 th -12 th grade students to leave campus to have lunch on their own under certain circumstances. esponsible for the students' safety or conduct if they leave the school property at any time during school ratory School will not cover any losses, injuries or damages caused by or resulting from a student being paratory School does not assume any responsibility if a student enters his/her own car or another resity Preparatory School Policy is not upheld the student may lose this privilege and other disciplinary that the student has his/her identification with him/her at all times.
It is my request thatagree and accept full responsibility for any off-cadoes not adhere California University Preparator	(your student's name) be allowed to leave campus during the open lunch period. I ampus activity and understand that it may be revoked and other consequences imposed if my student ry School policies.
By signing your name you indicate that you agree	ee and consent to the policy above.
Cons	sent for California University Preparatory School Fieldtrips
	agree to allow the said student to participate in any school-sponsored California University Preparatory School. I from all claims of injury or loss to the student (asserted either participation in any trips.
By signing your name you indicate that you agree	ee and consent to the statement above.
	Student Handbook
Not following the handbook will result suspension,	All students MUST read and follow the handbook. expulsion, and losing student status. further actions or a contract will be put in force.*
	understand, and accept all of the terms and conditions written in this application. This and and and and and and and and all parts of this Agreement.
Student's Name(Print):	Date of Birth: / / / MM DD YYYY
	MM DD YYYY
Signature of Student:	Date:
Parent's or Guardian's Name (Print):	
Signature of Parent or Guardian:	Date:

Grade Placement Agreement

All official transcripts from middle school to the most recent high school submitted with the application are final. Any transcripts submitted afterwards with different grades or classes will not be accepted. If the student is currently taking classes at another school, he/she must provide California University Preparatory School I with a written list of these ongoing classes upon submitting the application.

It is **mandatory** for each incoming student to take a Math and English placement test prior to enrollment. Test dates are available in the Administrative Office. **California University Preparatory School will designate the student's grade level based on the test results in conjunction with the student transcripts and the University of California A-G required course list.** Based on the results of the placement test, the student may be placed in a lower grade level than what he/she may have completed prior to **California University Preparatory School**.

If the student is unable to demonstrate basic English proficiency based on the English placement test, he/she will be required to take ELD courses. ELD courses are part of the regular course load and may be taken for credit as electives.

Students are not allowed to take the placement test if official transcripts from middle school to the last completed grade are not received by the Administrative Office. No classes will be scheduled until the placement test is completed. Failure to take the placement test will result in delayed enrollment.

California University Preparatory School **requires** students to take the TOEFL (iBT) test within two months of enrollment. TOEFL (iBT) is a test of English proficiency for international students and public/private universities require it.

Currently, the University of California (UC) system requires a minimum of 81 for admission; the California State University (CSU) system requires a minimum of 61for admission; and the two-year junior or Community College (CC) system requires a minimum of 45 for admission. Additional private schools such as Stanford generally range from 80 to 105.

In order for an ELD student to transition into the mainstream curriculum for the following semester, the student must obtain a minimum TOEFL (iBT) score of 35 if he/she is in 9th grade, 40 if he/she is in 10th grade, and 45 if he/she is in 11th grade.

Seniors are expected to graduate from California University Preparatory School with a minimum TOEFL (iBT) score of 61.After official TOEFL (iBT) scores are received; parents or caregivers may meet with the Academic Office to discuss the student's English proficiency and academic goals.

Enrollment in California University Preparatory School does not guarantee conferral of a diploma. The student must pass all courses with a grade of 70% (C) or above, based on the University of California A-G required course list. The student must also adhere to all other rules and regulations and fulfill all requirements for graduation from Cal U Prep School.

Medical and Health Statement

Student's Name:	Date of	of Birth:	1	1
Family Name First Name Note: The provided details in the space provided.	IM DD e check	YYYY ⊠ if any	of the	ese
This will NOT affect the consideration of your student's application				
☐ Present medical treatments				
Allergies or reactions to medication				
☐ Serious physical impairment or illness				
☐ Physical handicaps				
☐ Restrictions on physical activity or participation in sports				
Restrictions on diet (food or drink)				
☐ Vision deficiency				
☐ Hearing deficiency				
☐ Other				

Immunization Record and Health Examination Report

Please have a physician complete the attached Report of Immunization for School Entry. Please also submit a photocopy of immunization records for the following vaccines and tests, with each dose dated.

- Polio
- DTP (Diphtheria, Tetanus, Pertussis)
- MMR (Measles, Mumps, Rubella)
- Hepatitis B
- Varicella (Chickenpox)
- TB skin test result
- Written evidence of chest X-ray (if TB test result is positive)

Department of Health Services Children's Medical Services Branch Child Health and Disability Prevention (CHDP) Program

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

State of California—Health and Human Services Agency Primary Care and Family Health Division

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PARI I TO BE FILLED OUT BY A PARENT OF GUA	GUARDIAN							
CHILD'S NAME—Last	First		Middle			BIRTHDATE—Month/Day/Year	onth/Day/Year	
ADDRESSNumber/Sueet	Oity		ZIP Code		SCHOOL		1 - 1 - 1	
PART II TO BE FILLED OUT BY HEALTH EXAMINER	IINER							
HEALTH EXAMINATION		IMMUNIZATION RECORD						
NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.	ad test age.	Note to Examiner: Please give the family a completed or updated yellow California Immunization Record. Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).	family a complet nunization dates	ed or updated yellov in the blue Californi	v California Im a School Imm	ımunization Re unization Reco	cord. rd (PM 286).	
REQUIRED TESTS/EVALUATIONS DATE					DATE EA	DATE EACH DOSE WAS GIVEN	GIVEN	
Health History		VACCINE		First	Second	Third	Fourth	Fifth
Physical Examination		AND TO MOON OF THE						
Dental Assessment		CCIC (CLA CILLA)						
Nutritional Assessment		DTaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis)	and (acellular) pertu	ssis)				
Developmental Assessment		OR (tetanus and diphtheria only)						
Vision Screening		MMR (measles, mumps, and rubella)						
Audiometric (hearing) Screening								
Tuberculin Test (Mantoux/PPD)		HIB MENINGITIS (Haemophilus Influenzae B)	nzae B)	-			A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Blood Test (for anemia)			lly)					
Urine Test		HEPATITIS B						
Blood Lead Test		WABICELL A (Chickonson)						
Other		ADIOELLA (CIRCABIDOS)						
PART III ADDITIONAL INFORMATION FROM HEALTH		EXAMINER (optional) and	RELEASE OF	RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN	MATION BY	PARENT O	R GUARDIAN	
RESULTS AND RECOMMENDATIONS		I give p	ermission for the	I give permission for the health examiner to share the additional information about the health check-up	share the add	itional informat	ion about the h	ealth check-up
Fill out if patient or guardian has signed the release of health information.	information.	with the	with the school as explained in Part III.	ed in Part III.				
☐ Examination shows no condition of concern to school program	ogram activities.		ase check this bo	Please check this box if you do not want the health examiner to fill out Part III.	the health ex	aminer to fill or	ıt Part III.	
☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)	luation that are o	I importance to schooling						
		Signa	Signature of parent or guardian	an			Date	
		Name, 6	address, and telep	Name, address, and telephone number of health examiner	alth examiner			
			i a					
		A						
		Signa	Signature of health examiner				Date	

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

PM 171 A (2/99) (Bilingual)