



St. Stephen Academy

Investing in our Future Today

1718 N. Walnut Ave., La Puente, Ca 91744, (626) 918-0796 www.ststephenacademy.com

International Student Application One application per student

Student Information

Date: _____ Start Date: _____ Grade: _____ Gender: M / F

Student's First Name: _____ Middle: _____ Last: _____

English Name (if applicable): _____ Date of Birth: _____

Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Father Information

Father's Name: _____ E-mail Address: _____

Address same as above? Yes or No

Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Cell Phone: _____ Home Phone: _____

Employers Name: _____ Work Phone: _____

Mother Information

Mother's Name: _____ E-mail Address: _____

Address same as above? Yes or No

Address: _____ City: _____

Province: _____ Country: _____ Postal Code: _____

Cell Phone: _____ Home Phone: _____

Employers Name: _____ Work Phone: _____

Mother's Name _____ Occupation _____

Person Financially Responsible

Name: _____ Phone: _____ E-mail Address: _____

Full Address: _____

How did you hear about St. Stephen Academy? ☐ Internet ☐ Friend ☐ Agent ☐ Family

Emergency Contact Information**While a student attends St. Stephen Academy, Student will be living with:**☐ Host Family ☐ Legal Guardian ☐ Relative ☐ Parent ☐ Have not decided (Do not fill below)

Name: _____ E-mail Address: _____

Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Work Number : _____ Other Phone: _____

Agency Name(If applicable): _____ Agent Name: _____

Emergency Phone Number: _____

Pick Up and Carpool Authorization

I give permission for the following people to pick up my student from school.

_____**Medical Information**

Does the student have medical conditions and or allergies? List here: _____

Is it life threatening? ☐ Yes ☐ No If yes, list instructions for treatment: _____Any other important information about the student's health needs _____
_____**Medical Consent with Liability Release - Parent Permission**

The undersigned(s) being the lawful parent(s) and/or guardian of the above student (the "Child"), hereby consents to the participation by the Child in any school sponsored activity conducted by St. Stephen Academy and to the participation of the Child in all events relating to the activity.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of St. Stephen Academy to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, St. Stephen Academy shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activity and agree(s) to releases, indemnify, defend and forever discharge St. Stephen Academy its affiliated organizations, and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activity.

This Consent Form may be revoked at any time with written notice to St. Stephen Academy.

Student's Name: _____ Birthdate: _____

Address: _____ City: _____ Zip code: _____

Parent's Signature (Father)_____
Date_____
Parent's Signature (Mother)_____
Date

ST. STEPHEN ACADEMY
STUDENT IMAGE/MEDIA/WORK RELEASE AND AUTHORIZATION

Student's Name _____

Parent/Guardian Permission for World Wide Web/Printed Materials – Publishing of Student Work and Student Image

1) Publishing of Student Work

I understand that my child's artwork or writing may be published on the World Wide Web/Printed Materials, a part of the Internet. I understand that copyright and ownership of the work or writing remain my child's property. I further understand that the work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to me a parent. No last name, home address, or telephone number will appear with the work. A copy of all such publishing will be printed out and brought home for me to see upon request.

2) Permission to Use Student Image

I understand that my child's image may be published on the World Wide Web, a part of the Internet, as part of his/her class work or extra curricular involvement. An image could take the form of a photograph, video, or multimedia project. No last name, home address, or telephone number will ever appear with such image.

3) Permission to Publish Student Picture on Printed Materials

I understand that my child's photo may be used on a school brochure, newsletter, or printed material as long as last name, home address, or telephone number are **NOT** included.

I hereby waive any right to inspect or approve the finished work(s)/product(s) or the uses to which they may be applied. I hereby forever release and discharge St. Stephen Academy from any and all claims, actions, and demands arising out of or in connection with the use of said video, motion picture, audio recording, Web page, digital image, or photograph, including, without limitation, any and all claims for invasion of privacy and libel. This release shall also apply to the assigns, licensees, and legal representatives of St. Stephen Academy, the party/parties for whom St. Stephen Academy took the video, motion picture, audio recording, Web page, digital image or photograph, and the party/parties for whom St. Stephen Academy took the video, motion picture, audio recording, Web page, digital imaging, or photograph.

I have read the foregoing and fully and completely understand the contents hereof. I understand that I may rescind my authorization for use of my image for my child's/student's image at any time in writing. Activity/Event where image will be used: Classroom activities throughout the year for school webpage Smugmug, Facebook, Twitter, and Shutterfly accounts.

Student Signature

Date

Parent Signature

Date



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POLICIES – PERMISSIONS AGREEMENT

Nothing is more vital in helping children develop positive habits of learning and behavior than a strong home-school relationship. St. Stephen Academy's policies, standards and expectations were established to enhance this relationship. Outlined below are some of the more significant policies that require special attention and parent's signature.

Please initial next to each category and sign your name below.

_____ **Dress Code:** Students are required to wear uniform

_____ **Internet Use:** My child has permission to use the internet for meaningful educational experiences under the direction of a St. Stephen Academy teacher or staff member. I recognize that Internet access is a privilege---not a right. Failure to adhere to the schools acceptable use policies may result in loss of internet privileges or disciplinary action as deemed prudent by the instructor and/or administration.

Behavioral Standards:

Student's behavior and conduct, both at school and at school sponsored events, is expected to meet the standards the school established for maintaining a good atmosphere for learning. Students whose behavior and conduct consistently make it difficult to maintain a good atmosphere for learning and social interaction will be subject to dismissal or denial of re-enrollment. The administration will make such decisions after careful consideration, which may include conferences with parents, teacher and student.

Student's Name _____ Parent's Name _____

Parent's Signature _____ Date _____

ST. STEPHEN ACADEMY – INTERNATIONAL STUDENT

GETTING ACQUAINTED FORM

Student's Name: _____

Father's Name _____ Occupation: _____

Father's Cell # _____ Father's Email _____

Mother's Name _____ Occupation: _____

Mother's Cell # _____ Mother's Email _____

Name(s) and Age(s) of Brothers and or Sisters _____

Language(s) spoken at home _____

Does student speak English? Circle YES or NO

If YES, what level of English proficiency is your student? From a range of 1-10 Circle :

0-1: Beginning 2-5 Beginning Intermediate 5-7 Intermediate 8-10 Advanced

Has your student taken an English Proficiency Test? Circle None ITEP Other: _____

Test _____ Score _____ Date Taken _____

Test _____ Score _____ Date Taken _____

Does student have allergies to Food, Medicine, or Other? Circle YES or NO

If YES, please list _____

Will your child need a homestay? YES OR NO

If NO, please state who your child will live with Parent or Guardian.

If not parent, Guardian Name _____

Address _____

Phone _____ Cell Phone _____

Does your student have any special concerns which teachers should be made aware of _____



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St. Stephen Academy
1718 N. Walnut Ave.
La Puente, CA 91744
626-918-0796

June Davis, Principal
626-918-9476

REQUEST/RELEASE OF STUDENT RECORDS

TO: _____

DATE: _____

STUDENT: _____

DATE OF BIRTH: _____

GRADE: _____

The above named student has enrolled at St. Stephen Academy. In compliance with the provision of Section 438 of the Family Educational Rights and Privacy Act, please send **ALL** records, so that we may continue to provide this student with an education that promotes success.

I parent of _____ give permission to release school records to St. Stephen Academy.

Parent Signature _____ Date: _____

Thank you for your cooperation.

SEND RECORDS TO:

St. Stephen Academy
ATTN: International Admissions
1718 N. Walnut Ave.
La Puente, CA 91744