



INTERNATIONAL STUDENT APPLICATION (Part I)

2911 N. San Fernando Road, Los Angeles, CA, 90065
Phone: (323) 344-4330 Fax: (323) 344-4339 Website: www.ribetacademy.com
Email: vshi@ribetacademy.com School SEVIS Code: LOS214F0647000

Instructions:

The application form must be completed in English and all supporting documents must be supplied in English. Print neatly in black ink or type. Return **completed** Part I of the application (page1-3) together with an **APPLICATION FEE OF \$200**. Application fee can be paid by check (payable to Ribet Academy), cash or credit card (Credit card authorization form is available on our website). Part II of the Application can be submitted after the student has been accepted. Before proceeding, make sure you have scanned copies of the following documents available:

- **Passport;**
- **School transcripts;**
- **One of the language tests scores (TOEFL, TOEFL Jr., or IELTS);**
- **Current I-20, if you are now studying in the United States and planning to transfer to Ribet Academy;**
- **Attach A few pictures of you or family in activities;**
- **You are welcome to include documents (academic/sports/art achievements, etc.) that will strengthen your admission status.**

GENERAL INFORMATION

PROGRAM INFORMATION:

Program Choice: Full Year (August-June) Fall Semester (August-January) Spring Semester (January-June)

Current Grade _____ Entering Grade _____

Housing: Dorm Ribet host family Agent host family Student family

Do you currently hold a valid I-20 from another school? Yes No (If yes, please attach a copy of current I-20)

STUDENT INFORMATION: (Please enter you personal information exactly as it appears on your passport.)

Last Name _____ First Name _____

Middle Name _____ English Name (Name wants to be called) _____

Date of Birth _____ (mm/dd/yyyy) Place of Birth _____ (City) _____ (Country)

Gender: Male Female First Language _____

Student Home Country Address: _____
Number & Street

City State/Province Country Zip Code

Country of Legal Residence _____ Country of Citizenship _____

Passport Number _____ Issued Country _____ Expiration Date _____ (mm/dd/yyyy)

Student Email _____ Phone _____

Skype ID _____

Standardized Testing (Please attach a copy of the official report of the test with student's name and test date on it.)

TOEFL TOEFL JR IELTS Date Taken _____ (dd/mm/yyyy) Score _____

TOEFL TOEFL JR IELTS Date Taken _____ (dd/mm/yyyy) Score _____



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STUDENT NAME _____

FATHER'S INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ (mm/dd/yyyy) English Level: Beginner Intermediate Fluent

Country of Legal Residence _____ Country of Citizenship _____

Email/Wechat _____ Phone _____

Employed by _____ Occupation _____

MOTHER'S INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ (mm/dd/yyyy) English Level: Beginner Intermediate Fluent

Country of Legal Residence _____ Country of Citizenship _____

Email/Wechat _____ Phone _____

Employed by _____ Occupation _____

SIBLING INFORMATION:

1. Name _____ Date of Birth _____ (mm/dd/yyyy) Gender: M F

2. Name _____ Date of Birth _____ (mm/dd/yyyy) Gender: M F

3. Name _____ Date of Birth _____ (mm/dd/yyyy) Gender: M F

AGENCY INFORMATION: (If applicable)

Representative Name _____ Company Name _____

Address _____

Number & Street

City

State/Province

Country

Zip Code

Email _____ Phone _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Email _____ Phone _____

Name _____ Relationship _____

Email _____ Phone _____



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STUDENT NAME _____

PERSONAL INFORMATION

- Please list your interests, hobbies, and activities that you and your family do _____

- Which academic subject are you most passionate about and why? _____

- Do you play in a band or orchestra? If yes, what instrument(s) do you play? _____
- Do you participate in any competitive sports? If yes, what sports? _____
- How often do you attend church? _____ Are you active in any church groups? _____
 Would you be willing to attend church with your Host Family? _____
- Do your parents require you to return home at a specific time in the evening? _____
 If yes, what time on weekdays? _____ What time on weekends? _____
- Allergic to animals? _____ Special Diet? _____
- Why would you like to come to the United States for your education? _____

STUDENT'S LETTER OF INTRODUCTION:

In your own words write a brief letter, which tells us more about yourself. *Suggestions: Describe yourself. Tell about any extra special accomplishments or awards. (Are you an expert soccer player, musician or computer whiz?) Is there any activity in which you would like to participate in the USA? Describe a typical school day and weekend and how you spend your time with friends away from school. Describe a particular experience in your life, which seems important to you. Introduce members of your family and say a few words about them. Describe the responsibilities you have at home and how you feel about them. Discuss what you expect to gain for yourself, your family, and your country. Describe how you will share your culture with your host family. Describe how and why you think your host community and family will benefit by welcoming YOU as an exchange student.*



INTERNATIONAL STUDENT APPLICATION (Part II)

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AGREEMENT CONDITIONS FOR ACCEPTANCE OF INTERNATIONAL STUDENT

Please read carefully then sign and date where indicated.

In the City of _____ country of _____ on the _____ day of _____ in the year of 20____, I/we, the undersigned parents of _____ my/our son/daughter, and I, the student applicant, agree to the following terms and conditions. The above-named student is applying to participate in an academic/American cultural program sponsored by Ribét Academy and we give our son/daughter our permission to participate in this program.

1. We understand the program is designed to increase understanding among people of the world. We have discussed the importance of good behavior with our son/daughter and he/she understands the significance of acting in a manner that will reflect well on our family and our country.
2. We understand and agree that the enrollment of our son/daughter in the Ribét Academy program **does NOT guarantee a diploma or graduation to any student.**
3. We understand student placements are based on compatibility and availability with selection of dormitory roommates or a host family. We agree that the program participant will obey the disciplinary rules of the host family and/or dorm, will give respect and obedience to the host family and school officials, and will keep communications open at all times.
4. We understand and agree that the program participant will not take any un-prescribed drugs, drink alcoholic beverages, possess false identification, drive any motorized vehicle, or participate in any dangerous sport such as hang gliding, bungee jumping, etc. If the program participant does any of the above, we understand that he/she may be immediately returned home at our family's expense, and we accept full responsibility for any situation arising from his/her involvement with the above. We understand and agree that Ribét is not responsible in any way for our son/daughter's conduct.
5. We understand that prolonged or inappropriate use of the internet, including email or chat rooms may result in a first warning and then program termination.
6. We agree that the program participant may not take any action that may change the nature of his/her life, i.e. getting married, changing religions, getting tattoos, etc...
7. We understand and agree that the program participant will be subject to all of the laws of the host country. In the case of serious infraction of the rules and requirements governing the conduct of the program participant, or in the case of extreme homesickness, or poor adjustment to the host family or school the participant may be returned home immediately at the discretion of Ribét Academy and at the expense of our family.
8. We understand that the program participant may not drive any motorized vehicle that requires an operator's license, nor be a passenger in a private plane. A student is allowed to register for driver education classes. If a license is obtained through this program, the license must be immediately given to the local Ribét Academy representative. It will be returned to the student on the day of departure for home.
9. We understand that as natural parents we are responsible for providing funds for the necessary day-to-day expenses for our son/daughter. The suggested amount is approximately \$300-\$500 a month.
10. We agree that the program participants are not allowed to go home during the program unless with prior approval by Ribét Academy, or the I-20 can be terminated.
11. We agree that Ribét academy is not responsible for the program participant after the last day of school.
12. We agree to pay the early return of our son/daughter if it is deemed necessary for medical reasons after consultation between program personnel, medical authorities, and ourselves.
13. We agree to pay for any medical and dental bills not covered by the accident and sickness insurance. We agree to pay for any deductible amount due that the insurance policy might not cover.
14. We give Ribét Academy the right to use the participant's name and photograph for reproduction in any medium for the purposes of publication, advertising, trade, display, or editorial use.

Parent Name: _____
Print Name Signature Date

Student Name: _____
Print Name Signature Date



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AUTHORIZATION FOR TRAVEL AND MEDICAL TREATMENT

We, as parents of the undersigned student, do hereby authorize Ribét Academy and the Host Parents as agents of the undersigned parents, to make the determination for student travel for the duration of student's participation in the Academic Year Program. It is understood that this authorization is given in advance only when the student is traveling and supervised by Ribét Academy, host parent or by a representative of a school program, or with sponsored tours. Initial _____

I, (We) the undersigned parent(s), or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that before treatment is rendered, efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, we (parents/guardian) want to assure you that we will reimburse any and all expenditures not covered by the accident and sickness insurance policy of Ribét Academy. Initial _____

Date of last tetanus booster: _____ (mm/dd/yyyy)

List any restrictions: _____

Allergies to Drugs or Foods: _____

List medications taken regularly: _____

Special medications or pertinent information: _____

Family Physician's Name: _____ Phone: _____

Address: _____
Number & Street City State/Province Country Zip Code

Parent's Email _____ Phone _____

Signature of parent: _____ Date: _____

Signature of student: _____ Date: _____

HEALTH QUESTIONNAIRE

MEDICAL HISTORY – Do you have the following?

No	Yes	Measles	No	Yes	Concussion or Head Injuries	No	Yes	Sexually Transmitted Disease
No	Yes	Mumps	No	Yes	Rheumatic Fever or Heart Disease	No	Yes	Strokes
No	Yes	Chickenpox	No	Yes	Eating Disorder	No	Yes	Tuberculosis
No	Yes	Epilepsy			(anorexia/bulimia)	No	Yes	Broken Bones
No	Yes	Diabetes				No	Yes	Cancer
No	Yes	Have you ever been hospitalized, had surgery, or been under extended medical care? <i>If yes, for what reason?</i>						

SYSTEMIC REVIEW – Do you have the following?

Eyes-Ears-Nose-Throat:			No	Yes	Impaired hearing	Neck:		
No	Yes	Eye disease or injury	No	Yes	Do you wear hearing aids?	No	Yes	Stiffness
No	Yes	Do you wear glasses?	No	Yes	Dizziness	No	Yes	Thyroid trouble
No	Yes	Double vision	No	Yes	Episodes of unconsciousness	No	Yes	Enlarged glands
No	Yes	Headaches	Skin:			Respiratory:		
No	Yes	Glaucoma	No	Yes	Skin disease, hives, eczema	No	Yes	Spitting up blood
No	Yes	Nosebleeds	No	Yes	Jaundice	No	Yes	Chronic or frequent cough
No	Yes	Chronic sinus trouble	No	Yes	Frequent infection or boils	No	Yes	Asthma
No	Yes	Ear disease	No	Yes	Abnormal pigmentation			
No	Yes	Have you been in good general health most of your life? <i>If not, please explain.</i>						

ALLERGIES AND SENSITIVITIES

- Is there a history of skin reaction or other reaction or sickness following infections or oral administration of:

No	Yes	Penicillin or other antibiotics	No	Yes	Novocaine or other anesthetics
No	Yes	Morphine, Codeine, Demerol, other narcotics	No	Yes	Sulfa drugs
No	Yes	Aspirin, empirin or other pain remedies	No	Yes	Adhesive tape or latex (circle)
No	Yes	Tetanus, antitoxin or other serums	No	Yes	Any other drug or medication
No	Yes	Any foods, such as egg, milk or chocolate	No	Yes	Cancer
		List:			List:
No	Yes	Pets/Animals Please explain.	No	Yes	Any other allergies? <i>If yes, please list.</i>

NEURO-PSYCHIATRIC

If yes, please explain:

No	Yes	Have you ever had psychiatric care?
No	Yes	Have you been advised to see a psychiatrist?
No	Yes	Have you ever had fainting spells?



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CLINICAL EVALUATION

To be filled out by a **Physician**.

Physician's Name: _____ **Phone:** _____

Address: _____

Number & Street

City

State/Province

Country

Zip Code

Normal	Check each item	Abnormal
	Head, Face, Neck, Scalp	
	Nose	
	Sinuses	
	Mouth and Throat	
	Ears – General (interior & exterior)	
	Drums (perforated)	
	Eyes	
	Ophthalmoscopic	
	Pupils	
	Ocular Motility	
	Lungs and Chest	
	Heart	

Normal	Check each item	Abnormal
	Anus and Rectum	
	Endocrine System	
	G – U System	
	Vascular System	
	Abdomen and Viscera	
	Upper Extremities	
	Spine, other Musculoskeletal	
	Body Marks, Scars, Tattoos	
	Skin, Lymphatics	
	Neurologic	
	Psychiatric	

MEASUREMENTS AND OTHER FINDINGS

Height: _____ **Weight:** _____ **Color Hair:** _____

Eye color: _____ **Build:** slender medium heavy

Blood pressure: Sitting: _____ Recumbent: _____ Standing: _____

Pulse (arm at heart level): Sitting: _____ After Exercise: _____

2 mins After: _____ Recumbent: _____ After Standing 3 Mins: _____

LABORATORY FINDINGS

Urinalysis (A. Specific Gravity): Albumin _____ Sugar _____

Serology (Specify Test): _____ **Blood Type & RH Factor:** _____

Tuberculosis (Clearance must be within 6 months)

Chest X-Ray: Date _____ Positive or Negative _____

Skin Test: Date _____ Positive or Negative _____

Signature of Physician: _____ **Date of Exam:** _____

We certify that the information supplied is true and complete to the best of our knowledge. We authorized any of the doctors, hospitals, or clinics mentioned above to furnish and complete transcript of medical records for purposes of processing this application.

Signature of Student: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____



RIBÉT ACADEMY IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, childcare facilities, and family day care homes.

This record must be completed by school and child care personnel from the immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M F Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Race/Ethnicity: _____ Address _____

Telephone _____ City _____ ZIP _____

White, not Hispanic
 Hispanic
 Black Other: _____

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /				
HIB (Required only for child care and preschool)	/ /	/ /	/ /	/ /		
HEPATITIS B	/ /	/ /	/ /			
VARICELLA (Chickenpox)	/ /	/ /				
HEPATITIS A (Not required)	/ /	/ /				
Tdap (Must have by 7th-12th grade)	/ /					

I. DOCUMENTATION
 I certify that I reviewed a record of this child's immunizations and transcribed it accurately:
 Date: ____/____/____
 Staff Signature _____
 Record presented was:

- Yellow California Immunization Record
 - Out-of-state school record
 - Other immunization record
- Specify: _____

II. STATUS OF REQUIREMENTS

- A. All requirements are met.
Date: ____/____/____
- B. Currently up-to-date, but more doses are due later.

Exemption was granted for:

- C. Medical Reasons—Permanent
- D. Medical Reasons—Temporary
- E. Personal Beliefs

III. 7th GRADE ENTRY

- A. All requirements are met.
Name: _____ Date: _____
- B. Currently up-to-date, but more doses are due later. Needs follow up.
Name: _____ Date: _____

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

*If required for school entry, must be Mantoux unless exception granted by local health department