

FAIRMONT INTERNATIONAL EDUCATION

APPLICATION FOR ADMISSION

OFFICE OF ADMISSIONS
2200 W. Sequoia Avenue
Anaheim, CA 92801

ISEE School Code: 054196
SSAT School Code: 3105

T 714.999.5055 | F 714.999.5026
www.fairmontschools.com



Inspiring minds. Empowering dreams.™

FAIRMONT INTERNATIONAL EDUCATION

Application For Admission

Office of Admissions

2200 W. Sequoia Avenue, Anaheim, CA 92801

Tel 714.999.5055 | Fax 714.999.5026

For office use only

Student ID # _____

App. Received Date: ____/____/____

APPLICATION FEE

Enclosed with this application is a one-time new student application fee of \$700 which will be used to process my child's records. I understand that this fee is non-refundable.

DiscoverCard MasterCard VISA American Express

Check (Check # _____)

Card # Security Code Exp. Date ____/____

Print Name on Card _____ Total Amount \$ _____

APPLICANT INFORMATION

Applicant's First Name _____ Applicant's Surname _____

Applying for grade 7th 8th 9th 10th 11th Academic Year _____

Indicate if student is willing to enter into a lower grade to meet requirements of the specified school? Yes No

Date of Birth ____/____/____ Current Grade _____ Student's Age _____ Male Female
Month Date Year

Student's Home Country _____ Country of Citizenship _____

Home Address _____ City _____

Province _____ Country _____ Postal Code _____

E-mail (Required) _____

Home Phone (Required) _____ Mobile Phone (Required) _____

PARENT INFORMATION

Father's Title Mr. Dr.

Father's First Name _____

Father's Surname _____

Mobile Phone (Required) _____

Primary Email (Required) _____

Check if billing address is same as student's address

Home Address _____

Home Phone _____

Mother's Title Mrs. Ms. Dr.

Mother's First Name _____

Mother's Surname _____

Mobile Phone (Required) _____

Primary Email (Required) _____

Check if billing address is same as student's address

Home Address _____

Home Phone _____

FAIRMONT INTERNATIONAL EDUCATION

Application For Admission

REQUIRED INFORMATION

Why would you like to come to the United States for your education? Please explain.

How did you hear about Fairmont?

Please provide placement agency information (If applicable)

Does the student require:

Housing* Yes No *A separate application for Homestay is required.

Transportation* Yes No *Bus transportation request form is required.

Medical Insurance* Yes No *Medical insurance is required. Referral information is available.

U.S. MAILING ADDRESS (Student's English speaking contact)

Relationship to applicant:

Guardian Father Mother Uncle Aunt Other (note) _____

First Name _____ Surname _____

Home Address _____ Apt. # _____

City _____ State _____ Postal Code _____

Home Phone _____ Mobile Phone _____ E-mail _____

EDUCATIONAL HISTORY

Current School _____ City/Country _____

Date Entered _____ Number of years attended _____ Current Grade _____

Other schools attended: (please include dates)

_____ Dates Attended _____

_____ Dates Attended _____

_____ Dates Attended _____

Why are you thinking of leaving your present school? _____

Applying for I-20: Yes No

Does this student hold an I-20 from another school: Yes No (If yes, please attach copy of I-20)

Primary Language spoken at home _____ Additional Languages _____

FAIRMONT INTERNATIONAL EDUCATION

Application For Admission

APPLICANT INFORMATION

Academic strengths: _____

Academic weaknesses: _____

Has the applicant ever been evaluated for the following? (If yes, explain on a separate sheet of paper)

Learning Differences No Yes Behavioral Problems No Yes

Psychiatric/Psychosocial Problems No Yes Visual Problems No Yes

Hearing Problems No Yes I.Q. No Yes

Does the applicant take any prescribed medication or need special attention? No Yes (Please explain)

Condition _____ Medication _____

Condition _____ Medication _____

Have there been any situations in the applicant's life that the school should know about in order to meet his/her learning or developmental needs? (i.e.: frequent changes of school, death in the family, divorce, etc.)

Has the student ever been subject to major disciplinary action in any school? No Yes (Please explain)

Check all activities the student would be interested in:

- | | | | |
|-------------------------------------|--|---|---|
| <input type="checkbox"/> Football | <input type="checkbox"/> Cross Country/Track | <input type="checkbox"/> Speech & Debate | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Drama | <input type="checkbox"/> School Newspaper |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Volley ball | <input type="checkbox"/> Choir/Show Choir | <input type="checkbox"/> Student Government/
ASB |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Band | |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Cheer leading | <input type="checkbox"/> Orchestra | |

PARENT AGREEMENT

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school. I further understand acceptance is based on approval of credit and that I may be subject to a credit check by Fairmont Private Schools, Inc.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: ____/____/____

MATH TEACHER REFERENCE

Fairmont International Education

TO THE APPLICANT: (please type or print clearly)

Student Name _____ Date of Birth _____ Male Female

School you now attend _____

Candidate for the academic year beginning _____ Grade: 7 8 9 10 11

TO THE TEACHER:

This student is applying for admissions to Fairmont International Education Program. In providing you with this form, the student and his/her parents have authorized release of all requested information, including disciplinary actions. A full report is essential if the student is to be given fair consideration in our selection process. Please bear in mind that admission is competitive and that the Admissions Committee depends on your candid evaluation in making its decision. **This form is confidential.** Please return directly to Fairmont International Education Program.

Course title and level (Reg./Honors/AP/IB)	Current grade (%)
How Long Have you Know the Candidate?	
Textbook or other materials used?	
Course topics covered?	

EVALUATION:

ACADEMIC ATTRIBUTES	Truly Outstanding	Above Average	Average	Below Average	Poor	No Basis for Judgment
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Participate in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading/Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATH TEACHER REFERENCE

Fairmont International Education

EVALUATION (CONT'D):

PERSONAL ATTRIBUTES	Truly Outstanding	Above Average	Average	Below Average	Poor	No Basis for Judgment
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Staff/Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the first words that come to mind when describing this student?

Please provide any additional insight about the applicant that will guide the Admissions Committee:

TEACHER RECOMMENDATION:

	Truly Outstanding	Strong	Average	Poor
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print Teacher's Name: _____ Title _____

School Address: _____ School Phone _____

Teacher's Signature: _____ Date: ____/____/____

Thank you for filling out this recommendation. Please mail this completed form to:

Fairmont International Education
 Office of Admissions
 2200 Sequoia Avenue | Anaheim, CA 92801
 714.999.5055
 www.fairmontschools.com

ENGLISH TEACHER REFERENCE

Fairmont International Education

TO THE APPLICANT: (please type or print clearly)

Student Name _____ Date of Birth _____ Male Female

School you now attend _____

Candidate for the academic year beginning _____ Grade: 7 8 9 10 11

TO THE TEACHER:

This student is applying for admissions to Fairmont International Education Program. In providing you with this form, the student and his/her parents have authorized release of all requested information, including disciplinary actions. A full report is essential if the student is to be given fair consideration in our selection process. Please bear in mind that admission is competitive and that the Admissions Committee depends on your candid evaluation in making its decision. **This form is confidential.** Please return directly to Fairmont International Education Program.

Course title and level (Reg./Honors/AP/IB)	Current grade (%)
How Long Have you Know the Candidate?	
Textbook or other materials used?	
Course topics covered?	

EVALUATION:

ACADEMIC ATTRIBUTES	Truly Outstanding	Above Average	Average	Below Average	Poor	No Basis for Judgment
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Participate in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading/Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGLISH TEACHER REFERENCE

Fairmont International Education

EVALUATION (CONT'D):

PERSONAL ATTRIBUTES	Truly Outstanding	Above Average	Average	Below Average	Poor	No Basis for Judgment
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Staff/Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the first words that come to mind when describing this student?

Please provide any additional insight about the applicant that will guide the Admissions Committee:

TEACHER RECOMMENDATION:

	Truly Outstanding	Strong	Average	Poor
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Print Teacher's Name: _____ Title _____

School Address: _____ School Phone _____

Teacher's Signature: _____ Date: ____/____/____

Thank you for filling out this recommendation. Please mail this completed form to:

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Grades K-12

INSTRUCTIONS Use this guide as a quick reference to help you determine whether children seeking admission to your school meet California’s school immunization requirements. For the actual laws, see Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075. If you have any questions, call the Immunization Coordinator at your local health department.

IMMUNIZATION REQUIREMENTS To enter into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations.

VACCINE	REQUIRED DOSES
Polio	4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday ¹ ; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday. ¹
Diphtheria, Tetanus, and Pertussis	Age 6 years and under: DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus) 5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday. ¹
	Age 7 years and older: Tdap, Td, or DTP, DTaP or any combination of these 4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday. ¹ If last dose was given before the 2nd birthday, one more (Tdap) dose is required.
Measles, Mumps, Rubella (MMR)	Kindergarten: 2 doses² both on or after 1st birthday. ¹
	7th grade: 2 doses² both on or after 1st birthday. ¹
	Grades 1–6 and 8–12: 1 dose on or after 1st birthday. ¹
Hepatitis B³	Kindergarten: 3 doses at any age
Varicella	1 dose for children under 13 years. ^{4, 6}
Tdap Booster (Tetanus, reduced diphtheria, and pertussis)	7th grade: 1 dose on or after 7th birthday. ⁵

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
² Two doses of measles-containing vaccine required. One dose of mumps (Kindergarten only) and rubella-containing vaccine required.
³ No longer required for 7th grade beginning July 1, 2011.
⁴ Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.
⁵ Tdap, DTaP, or DTP given on or after 7th birthday will meet the requirement. Td does not meet the requirement.
⁶ A 2 dose varicella requirement for ages 13-17 years applies to transfer students who were not admitted to California school before July 1, 2001.

EXEMPTIONS The law allows parents/guardians to choose an exemption from immunization requirements based on their personal beliefs or medical exemptions. For children with medical exemptions, the physician’s written statement should be submitted. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

NOT MEETING REQUIREMENTS Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

CONDITIONAL ADMISSIONS Children who lack one or more required vaccine doses that are not currently due may be admitted on condition that they receive the remaining doses when due. Refer to Title 17, CCR Section 6035 for more information.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

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.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number, Street: _____ City: _____ ZIP code: _____ SCHOOL: _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

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).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTaP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

Signature of parent or guardian: _____ Date: _____

Name, address, and telephone number of health examiner: _____

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.

LETTER OF SUPPORT

The US Department of Justice (Immigration and Naturalization Service) requires an affidavit of support be filed for international students. The following letter is a sample that meets government approval. The letter must be notarized and must be officially stamped to be valid.

Date ____________

To Whom It May Concern:

I, _____ (parent's name), will be financially responsible for all expenses (tuition, transportation, living, food, home stay, etc.) while my child,

_____ (student's name),

_____ (student's date of birth),

Month Date Year

is studying in the United States.

All United States laws and guidelines will be upheld and followed.

Thank you for your attention in these matters.

Sincerely,

_____ (Parent's Signature)

_____ (Parents's Name)

FAIRMONT INTERNATIONAL EDUCATION

Tuition Refund Plan

FAIRMONT'S TUITION REFUND PLAN

Investing in your child's education is an important commitment that you make in advance of the beginning of the academic year. Occasionally, this commitment must be broken for unforeseen circumstances such as a job transfer or prolonged illness. Fairmont makes commitments for operational expenses (salaries, books, supplies, insurance, etc.) prior to the start of each school year. When a student leaves Fairmont, for whatever reason, there is a significant impact on our ability to meet those obligations.

All Fairmont families are automatically enrolled in the Tuition Refund Plan underwritten by A.W.G. Dewar Insurance Agency. The Plan pays benefits (subject to its terms, conditions and limitations) to the school should your child withdraw before the end of the school year. For more information about your coverage under the Plan, please see the Tuition Refund Plan leaflet included in your admissions or re-enrollment materials or available from your Campus Admissions Director.

FILING A CLAIM:

1. Submit Insurance Claim Form (available from your Campus Admissions Director) on or before the time you withdraw your child. Return the original form--photocopies, scans or faxes are not acceptable.
2. Fairmont's Accounting Department officially files your claim with A.W.G. Dewar. The Insurance Company remits payment to Fairmont within 30-60 days.
3. Fairmont submits your final statement in one of two ways: 1) issuing a check for the credit on your account or 2) issuing a bill for the balance on your account. If a balance remains on your account, you have 7 days to arrange for payment or Fairmont may pursue further collections efforts.