

Public High School Application Packet



Excella
Education

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CHECKLIST

STEP 1 The following documents and fees need be received before student's application can be reviewed and processed:

- Form A: High School Application
- Form B: Student Questionnaire
- School report/transcript translated in English (include past 2-3 years of grades)
- Teacher's Recommendation Letters
- SLEP, TOEFL, IELTS, SSAT, or ISEE score report
- Photocopy of Passport (picture page)
- 1st phase program fee
- Optional documents: Awards, Certificates, etc.

STEP 2 After student obtains the Visa, the following documents and fees must be received within 10 business days:

- Photocopy of Visa
- Form C: Host Family Application
- 2nd phase program fee
- Medical insurance fee (if purchased through EE)

STEP 3 The following documents must be received at least 10 days PRIOR to the student's arrival to USA.

- Form D: Airport Pick-up Information
- Form E: Guardian Appointment Form
- Form F: Medical/Liability Release Form
- Form G: Certificate of Immunization Status
- Proof of medical insurance coverage in English (if not purchased through EE)

APPLICANT INFORMATION

Name _____
Last Middle First Nickname
Gender M F Date of Birth _____ Citizenship _____
mm / dd / yyyy
Current Grade _____ Grade Applying _____
Home Address _____
City _____ State _____ Zip Code _____ Country _____
Student Phone _____ Student E-mail _____

EDUCATIONAL INFORMATION

Current School _____ Date of Entrance _____
mm / yyyy
School Address _____
City _____ State _____ Zip Code _____ Country _____
Telephone _____

FAMILY INFORMATION

Parent/Guardian 1

Name _____ Relation to applicant _____
Last First
Home Phone _____ Mobile Phone _____ E-mail _____
Address (if different) _____
City _____ State _____ Zip Code _____ Country _____
Employer _____ Occupation _____

Parent/Guardian 2

Name _____ Relation to applicant _____
Last First
Home Phone _____ Mobile Phone _____ E-mail _____
Address (if different) _____
City _____ State _____ Zip Code _____ Country _____
Employer _____ Occupation _____

Sibling Information

Name _____ Age _____ Current Grade _____
Name _____ Age _____ Current Grade _____

OTHER INFORMATION

Religious affiliation _____
How would you like to purchase the medical insurance for the student? Your own Excella Education _____

Must be completed by student.

1. Why do you want to attend an American school?

2. What do you expect from American schools in the areas of academics, spiritual life, social life, and leadership development?

3. What is your favorite subject? Why?

4. What are your special interests, talents or hobbies (include both inside and outside of school activities)?

APPLICANT INFORMATION

Name _____
Last Middle First Nickname
 Gender M F Date of Birth _____ School Applying _____
mm / dd / yyyy
 Citizenship _____ Native Language _____
 Student Phone _____ Student E-mail _____

EMERGENCY CONTACT INFORMATION

Name _____ Relation to applicant _____
Last First
 Home Phone _____ Mobile Phone _____ E-mail _____

1. Would you prefer a family with children?
 Yes No No Preference
2. Would you be comfortable to stay with a family that smokes?
 Yes No No Preference
3. Would you be comfortable to stay with a single parent family that has children?
 Yes No No Preference
4. Do you mind to share a bedroom with someone else?
 Yes No No Preference
5. Would you be comfortable to stay with a family that has pets?
 Yes No No Preference
 If no, please explain: _____
6. Do you have any religious restrictions?
 Yes No
 If yes, please explain: _____
7. Do you have any health problems, allergies, or dietary restrictions?
 Yes No
 If yes, please identify: _____
8. Do you have any special physical or emotional conditions?
 Yes No
 If yes, please identify: _____
9. Do you play sports?
 Yes No
 If yes, what sport(s): _____
10. What are your hobbies and interests?

11. How would you describe your personality? Please check all that apply.
 Quiet Talkative Outgoing Shy Open-minded Private Organized Messy
 Easygoing Energetic Independent Athletic Serious Picky eater Cheerful
 Religious Other, please list: _____
12. Any other special requests?
 Yes No
 If yes, please explain: _____

We cannot guarantee that all of your preference will be met, but we will use the information to help arrange a suitable placement.

Student Name: _____

APPLICANT INFORMATION

Student Name _____
Date of Birth _____
School Attending _____

Gender M F
Emergency Contact Number _____

FLIGHT INFORMATION

Departure

Departure Airport _____
Departure Date _____
Airline _____

Departure City _____
Departure Time _____ AM PM
Flight Number _____

Connecting Flight (if applicable)

Departure Airport _____
Departure Date _____
Airline _____

Departure City _____
Departure Time _____ AM PM
Flight Number _____

Arrival

Arrival Airport _____
Arrival Date _____
Airline _____

Arrival City _____
Arrival Time _____ AM PM
Flight Number _____

Note: This form must be received by Excella Education office by 10 days PRIOR to the student's arrival.

FOR STUDENT AND PARENTS

I _____ (PRINT name of student's parent) as the parent of
_____ (PRINT name of student) will appoint legal guardianship to
Excella Education (its officers and employees) & _____ (PRINT name of
the host family).

I, on behalf of myself and my child, acknowledge that the legal guardian named above will act as a
legal guardian until the student named above reaches the legal age of eighteen (18) years of age.

Student's Signature

Date (mm/dd/yyyy)

Parent's Signature

Date (mm/dd/yyyy)

FOR LEGAL GUARDIAN

In the capacity of a legal guardian, I _____ (PRINT name of assigned legal
guardian) will be responsible for the actions of the student named above. In the event of an
emergency, I can be reached at _____
(LIST all telephone numbers with area codes where guardian can be reached).

Signature of Legal Guardian

Date (mm/dd/yyyy)

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

FOR PARENTS

I _____ (PRINT name of student's parent) as the parent of _____ (PRINT student's name) hereby authorize Excella Education (its officers and employees) and student's host family _____ (PRINT name of the host family), full authority and permission to take whatever action they feel is reasonably warranted under the circumstances. I agree that in the event of a medical emergency Excella Education or student's host family may refer the above-named minor to a licensed medical practitioner and/or clinic and hereby consent that such physician, hospital, or clinic may treat the above-named minor in response to the medical emergency. I also hereby authorize that a photocopy of this authorization be accepted with the same authority as this original. This authority and permission includes, but is not necessarily limited to, the following: rendering or ordering medical treatment, the giving of medication, and any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care if and as deemed necessary.

To the fullest extent permitted by law, the undersigned hereby releases Excella Education, its officers and employees, from all liability, actions, debts, claims, demands of every kind and nature which may arise. The undersigned agree to be financially responsible for all medical attention so authorized or ordered during the student's stay in the US.

This release and waiver remain in effect until the student reaches the legal age of eighteen (18) years or sooner if revoked in writing by the undersigned.

Signature of Parent

Date (mm/dd/yyyy)

FORM G CERTIFICATE OF IMMUNIZATION

All international students are **REQUIRED** to receive all immunization required by state law and the United States Federal Government. All immunizations must be completed, documented with a copy of the immunization record (forms vary from state to state) delivered to the Admissions office before attending school.

Certificate of Immunization Form is attached separately from the application packet.