



ENGLISH SECOND LANGUAGE (ESL) 2018 SUMMER SCHOOL APPLICATION

Sierra School
220B Blake Avenue
Santa Clara, CA 95051
408-247-4740
www.sierraschool.com

Please enroll my child in the following summer school program:
(Applicants include 6-12th Grades)

5 Week Session - Cost \$3,250.00

5 Week Session: July 9, 2018- August 10, 2018 **Session Time:** 9:00 am - 1:00 pm Mon-Friday

1. Does the student have an active I-20?
Yes _____ No _____
2. Will student be attending summer school on a Visitor's Visa?
Yes _____ No _____
3. Will student need an I-20 to attend Sierra School for the 2018-2019 school year?
Yes _____ No _____
4. Please note the following requirements:
 - ✓ **Please complete this application in full and return it with a \$200.00 (non-refundable) registration fee.**
 - ✓ **No tuition refunds will be given after the start of a session.**
 - ✓ **Full payment must be received before the start of summer school**
 - ✓ **All payments must be made by cashier's checks only.**
 - ✓ **Student must present a negative TB test results and proof of Tdap (whooping cough) shot prior to starting summer school.**

Student's Name: _____ Age: _____ Gender: _____

Last Grade Completed: _____ Date of Birth: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

IN CASE OF AN EMERGENCY (if parent or guardian is not available) PLEASE NOTIFY:

(Name) _____ (Phone)

Significant Health History: (for example: list known allergies or any medications taken)

Doctor: _____
(Name) _____ (Phone)

By signing this application, I understand and agree: (Please initial each line and sign form below)

____ Sierra School has my permission to obtain first aid or medical services.

____ That I give permission for my child filmed/photographed/interviewed for new advertising and future marketing of Sierra School and I understand that my child's name will not be used at any time.

DATE: _____ PARENT/GUARDIAN'S SIGNATURE: _____