



# ENGLISH SECOND LANGUAGE (ESL) 2017 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 7-12<sup>th</sup> Grades)

### 5 Week Session - Cost \$3,100.00

**5 Week Session:** July 10, 2017- August 11, 2017      **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 2017-2018 school year?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Please note the following requirements:
  - ✓ **Please complete this application in full and return it with a \$175.00 (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: \_\_\_\_\_