

# 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](http://www.fairmontschools.com)



*Inspiring minds. Empowering dreams.™*

# FAIRMONT INTERNATIONAL EDUCATION

## *Admission Process*

### STEP 1 – APPLY

A list of all application requirements is provided in the checklist to the right. All documents must be received by the Fairmont Admissions Department in order for the admissions review process to commence.

### STEP 2 – APPLICATION REVIEW

Student applications are reviewed individually by the Fairmont International Admissions Committee. The applicant will be informed of the committee's decision within 5-8 business days of receiving all required application documents. If accepted, Fairmont will send an acceptance packet to the student which will include a Form I-20.

### STEP 3 – ENROLLMENT

Enrollment Contract and tuition deposit must be completed and returned to the Fairmont Admissions Department within 21 days of the date on the letter of acceptance. Upon receiving the acceptance packet, the student should immediately pay the US Government Fee for the F-1 visa interview. This interview fee may be paid at: [www.ice.gov/sevis/901](http://www.ice.gov/sevis/901).

### STEP 4 – PLACEMENT

Upon arrival in California, students will take placement exams. Exam results will determine the student's placement with the International Academy or Preparatory Academy program. The ISEE is required for placement consideration to the Preparatory Academy.

### STEP 5 – PROGRAM COMMENCEMENT

Depending on exam results, students will be placed at either the International Academy or the Preparatory Academy. If all necessary documents are received (including proof of health insurance), and the billing account is current, students will commence with the program.

## INTERNATIONAL STUDENT APPLICATION CHECKLIST

The following translated items are required (in English) for admissions consideration to Fairmont Private Schools.

- International student application form (pages 2-5)
- \$700.00 non-refundable application fee (fee will be applied to annual tuition upon acceptance)
- Official transcripts from 7th grade to present grade
- English and Math Teacher References (pages 6-9)
- SLEP (Secondary Language English Proficiency) or TOEFL (Test of English as a Foreign Language) test results.
- Copy of applicant's passport
- Immunization Record (pages 10-11)
- Letter of Support (page 12)
- Bank statement verifying a minimum of \$40,000 USD
- If transferring from another US school, copy of applicant's current F-1 Visa and I-20
- For students seeking admission directly to Fairmont International Education Program, test results from the Independent School Entrance Exam (ISEE) and/or Secondary School Admission Test (SSAT) are required

Fairmont's ISEE school code is 054196; Fairmont's SSAT school code is 3105. For students who reside in an area where regularly scheduled test sites are not available, please call 1.800.989.3721 ext. 9812 or email [iseeremote@erbtest.org](mailto:iseeremote@erbtest.org) to arrange a remote test administration of the ISEE

# 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.

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How did you hear about Fairmont?

Please provide placement agency information (If applicable)

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#### 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/<br>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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return by mail or fax to the Office of Admissions. Any questions related to the application process may be directed to the Director of Admissions:

**Office of Admissions**

2200 W. Sequoia Avenue, Anaheim, CA 92801

Tel 714.999.5055 | Fax 714.999.5026



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

# IMMUNIZATION REQUIREMENTS

To enter or transfer into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations as outlined below.

## 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<sup>1</sup>; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday.<sup>1</sup>

### Diphtheria, Tetanus, and Pertussis

*Age 6 years and under (Pertussis is required)*  
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.<sup>1</sup>

*Age 7 years and older (Pertussis is not required)*  
Td, DT, 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.<sup>1</sup> If last dose was given before the 2nd birthday, one more (Td) dose is required.

*7th grade*  
Td booster

**1 dose** not required but recommended if more than 5 years have passed since last DTP, DTaP, DT, or Td dose.

### Measles, Mumps, Rubella (MMR)

*Kindergarten*  
*7th grade*  
*Grades 1–6 and 8–12*

**2 doses<sup>2</sup>** both on or after 1st birthday.<sup>1</sup>

**2 doses<sup>2</sup>** both on or after 1st birthday.<sup>1</sup>

**1 dose** must be on or after 1st birthday.<sup>1</sup>

### Hepatitis B

*Kindergarten*  
*7th grade*

**3 doses at any age**

**3 doses<sup>3</sup> at any age**

### Varicella

*Kindergarten*  
*Out-of-state entrants (grades 1–12)*

**1 dose<sup>4</sup>**

**1 dose** for children under 13 years; 2 doses are needed if immunized on or after 13th birthday.<sup>4</sup>

<sup>1</sup> Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

<sup>2</sup> Two doses of measles-containing vaccine required. One dose of mumps and rubella-containing vaccine required; mumps vaccine is not required for children 7 years of age and older.

<sup>3</sup> Two doses of the 2-dose hepatitis B vaccine formulation along with provider documentation that the 2-dose hepatitis B vaccine formulation was used for both doses and both doses were received at age 11–15 years will also fulfill this requirement.

<sup>4</sup> Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.

## 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: \_\_\_\_\_ State: \_\_\_\_\_ 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)<br>(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)

# Tuition & Fee Schedule | Application & Enrollment Fees

## *Fairmont International Student – 1st Year*

**2011/2012 YEARLY TUITION & FEES TOTAL - \$26,250.00 (includes the following)**

**Application Fee - \$700.00** The Application Fee is nonrefundable and credited toward the cost of tuition. The application fee must accompany the Application of Admission.

**Enrollment Fee - \$2,550.00** Due 14 days from issuance of F-1 visa and credited toward the cost of tuition. Full refund of the fee is available only with written proof of a visa request being denied. Fee refunds must be requested in writing.

### PAYMENT OPTIONS

#### **Option A - One Payment Plan**

One payment in the amount of \$23,000.00 is due July 1, 2011.

#### **Option B - Two Payment Plan**

Tuition is paid in two installments: \$15,335.00 is due on July 1, 2011. The remaining \$7,665.00 is due on December 1, 2011.

**Tuition Refund Plan** - Fairmont's Tuition Refund Plan is underwritten by A.W.G. Dewar Insurance Agency. Please see the enclosed Tuition Refund Plan on the back for more details about the plan. All families are automatically enrolled in the Tuition Refund Plan.

Payment may be made by money order, wire transfer, credit card or check.

**Other Fees - Please note that first tuition payment must be paid by the start of school or student will not be allowed to attend school.**

**Budgeted Estimate** - \$1,000.00 for purchases of school uniforms, books, supplies, etc.

**Please indicate on the Application for Admission which of these services you are interested in and would like additional information.**

**Housing Fees** (Optional) - It is required to submit a completed Homestay Application for homestay placement. An annual registration fee of \$500.00 and a \$1,250.00 per month housing fee with a \$100.00 security deposit are billed. A student requesting relocation will be charged a \$375.00 processing fee. Student requesting airport pickup will be charged \$100.00.

**Food Service Fees** (Optional) - Fees associated with this service average \$150.00 a month and are paid to Nutrition Management Services (contracted with Fairmont) at the beginning of the school year.

**Transportation Fee** (Optional) - Bus Service is billed on the same payment plan as chosen for tuition. Fees associated with this service are \$2,050 per school year.

**Participation Fees** (Optional) - Please note that there are additional fees for students participating in sports, travel week, performing arts, clubs etc.

Fairmont Schools, Inc. reserves the right to suspend a student when tuition and fee payments become more than 30 days delinquent. Fairmont also reserves the right to dismiss a student or request parent(s) to withdraw a student with unsatisfactory academic standing and/or unsatisfactory behavior in accordance with Fairmont School policies.

# 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.

# FAIRMONT INTERNATIONAL EDUCATION

## *Admission Process*

