



APP High School Application Form

Application Process to any APP Member Private High School

1. Complete ALL pages of the Academic Placement Program Application Form.
2. Mail the complete application and ORIGINAL supporting documents required for the school you are applying for (see checklist):

Academic Placement Program
P.O.BOX 550050
North Waltham, MA 02455-0050
USA

3. Send placement and service fee(s) payment to Academic Placement Program. Payment can be made by bank check, international money order, credit card or bank transfer.
 (Application processing **CANNOT** begin until the placement fees and all required documents have been received by APP)

Supporting Document Checklist

■ **All Students:**

<input type="checkbox"/> Completed and signed High School Program Application Form
<input type="checkbox"/> Copy of most recent school transcripts (last 3 years) translated into English (Official transcripts must be sent directly from your school(s) to the school(s) you are applying to, NOT to APP)
<input type="checkbox"/> Official Bank Statement(s) less than 3 months old that list the amount of your personal, family or government financial support (The names of the account holders on bank statements should be written in English)
<input type="checkbox"/> English evaluation by your current or most recent English teacher
<input type="checkbox"/> Copies of your English test score reports (TOEFL, IELTS or others), if available. (Official tests score reports must be sent directly from the testing service to the school(s) you are applying to, NOT to APP)
<input type="checkbox"/> Copy of the photo page of your passport.
<input type="checkbox"/> 2 Passport sized photo
<input type="checkbox"/> Immunization and Health records (Specific school form or APP form will be required) (Failure to have complete health or immunization records may result in the student being denied entry to school)

NOTE

- Some programs or schools may require additional application requirements or documentations. APP placement agent will advise you about any additional paper works.
- Send **ONE ORIGINAL COPY** for EACH school you are applying to.
- All original supporting documents must be accompanied by an **ENGLISH TRANSLATION**.



Placement Service Introduction

Placement Service

■ **Includes:**

1. Application fee for ONE school
2. Guaranteed school admission (for APP-recommended school)
3. Unlimited school advising service
4. APP application management service
5. 1st set of Express mail service fee for documents to school and back to agency (Housing Placement, airport pick-up service, and payment of school fees including health insurance are arranged separated by the student)



High School Program Application

Student Information

Name	_____	
	Family Name	Given Name(s)
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Native Language
Birth	_____	_____
	Date of Birth (Month/Day/Year)	Birth Place (City, Country)
Country of Citizenship	_____	
Home Address (Include Country & Post Code)	_____	
Telephone Number	Home	Mobile
Passport	Passport Number	Passport Expiry Date
Email Address	_____	

APP School Placement Information

Starting Term (Check One)	<input type="checkbox"/> Fall (September) <input type="checkbox"/> Spring (January)
Starting Year	_____
Grade Applying for (Check One)	<input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade
Requested School(s)	1. _____ 2. _____
	3. _____ 4. _____
Housing Type (Write "1 st Choice" and "2 nd Choice" at the section)	Boarding _____ Homestay _____ (Some options may NOT be available at all schools)

Educational Information

List all schools you have attended in the last five (5) years. List with your most recent school FIRST.

School Name	Location (City, Country)	Start Dates of Attendance (Month/Year)	Graduation Date (Month/Year)	Study Program	Diploma/Degree

Standardized Test Record Information

English Exams

How many years have you been studying English? _____ Years.

Write information about the standardized English tests you have taken.

Exam	Highest Scores	Date(s) Taken
TOEFL		
IELTS		
Other:		

Entrance Exams

Write the score(s) of any standardized entrance exams you have taken.

Exam	Highest Scores	Date(s) Taken
SAT I	Verbal: _____ Math: _____	
SAT II (Subject: _____)		
ACT		
Other:		

Have you ever been dismissed/suspended from a school or convicted of any serious crime? Yes No

An affirmative admission will not prevent you from acceptance but you will need to provide additional information.

Family Information

Father	Name	Email	Occupation	Highest Education Level
Mother	Name	Email	Occupation	Highest Education Level
Siblings	Gender & Name	Gender & Name	Gender & Name	Gender & Name

Emergency Contact Information

Contact Name		Relationship to Student	
Address			
Phone Number		Email Address	

Signature

Your signature indicates that all information provided in your application is complete and accurate. Any misrepresentation of the information contained on this application may result in refusal of admission or cancellation of acceptance at the school you have been accepted to. Your signature also serves as your authorization to allow APP to act as your representative with the school admission office, to receive official school communications and acceptance documents for you and, if necessary, sign school application and admission documents on your behalf.

In order to APP to submit any application for you at any school, you and your parents must sign this application.

Signature of Applicant: _____ **Date:** _____

Signature of Parents / Guardian: _____ **Date:** _____



Certification of Financial Support

Application Process to any APP member school

The U.S. government requires prospective students to demonstrate they have the necessary financial support needed to meet all school and living expenses for one academic year before an I-20 can be issued. This form must be filled in COMPLETELY in order for your application to be processed.

Student's Name	_____		
	Family Name	First Name	Middle
Date of Birth	_____		
	Month	Day	Year

Financial Support Information

For each source of funding listed below, a recent bank statement signed by an authorized bank official is required. A separate copy of this Certification of Financial Support form should be submitted for each person or organization providing financial support for the student named above.

Amount (US Dollars)	Financial Source(s) Information
\$	Personal Funds (Financial resources in the student's own name)
\$	Family Funds and/or Sponsor <ul style="list-style-type: none"> • Name of family member or sponsor: _____ • Relationship to student, if any: _____ • Address: _____ House Number, Street, etc _____ City, Country, Postal Code • Occupation: _____
\$	Government Sponsorship, Scholarship or Loan (Must attach a supporting letter)
\$	Other (Attach a supporting letter, if available)

Family or Sponsor's Certification

I certify that I will provide financial support to _____ (Student's Name) as listed above for the duration of his/her study in the USA at _____ (School's Name). I understand that the school and living costs are subject to change at any time.

In order to APP to submit any application for the student at any school, sponsor must sign this application.

Sponsor's Signature: _____ **Date:** _____

Sponsor's Name Printed: _____



Student's Personal Statements Form

(To be completed by the student)

Personal Statements

In your own words, write about why you would like to attend an overseas high school and what you think you would be able to contribute to your school.

Write about a person who inspires you. Why does he/she (they) inspire you?

Write about your plans after high school.

Student Signature: _____ **Date:** _____



Parents Statements Form

(To be completed by the student's parents)

Parents Statements of the Student

Please introduce your child to his/her future school.

Why do you feel your child would benefit from an overseas high school program?

Please mention your child's strengths and weaknesses. How will these affect his/her ability to succeed in an overseas high school program?

Are there any medical conditions or mental or physical conditions your child's future school should know about? If so, please specify what they are.

Parent's Signature: _____ Date: _____



Recommendation Form

(To be completed by the student's school principal/guidance counselor)

Personal Information

Student's Name		
Please completely fill out this form and return it in a sealed school envelop with your name written across the seal. The information you provide will be kept confidential and will not become a part of the student's school records.		
Person completing this form	_____	
	Name	Title
Name of School		
School Address		

How long have you known this student? _____

Academic Qualities	Excellent	Good	Average	Poor	Comments
Effort to Learn					
Ability to Work Cooperatively					
Ability to Solve Problems					
Self-Discipline					
Communication Skills					
Intellectual Curiosity					
Personal Qualities	Excellent	Good	Average	Poor	Comments
Leadership					
Relationship with Other Students					
Relationship with Teachers					
Acceptance of Personal Responsibility					
Ability to Accept Criticism					
Honesty					
Creativity					
Self-Confidence					

Additional Comments

Parent's Signature: _____

Date: _____



Recommendation Form

(To be completed by the student's most recent English teacher)

Personal Information

Student's Name		
Please completely fill out this form and return it in a sealed school envelop with your name written across the seal. The information you provide will be kept confidential and will not become a part of the student's school records.		
Person completing this form	_____	
	Name	Title
Name of School		
School Address		

How long have you known this student? _____

Personal Qualities	Excellent	Good	Average	Poor	Comments
Correct Use of Spoken English					
Correct Use of Written English					
Correct Use of English Grammar					
Vocabulary					
Class Participation					
Ability to Handle Criticism					
Academic Motivation					

Additional Comments

Parent's Signature: _____

Date: _____



Recommendation Form

(To be completed by the student's most recent math teacher)

Personal Information

Student's Name		
Please completely fill out this form and return it in a sealed school envelop with your name written across the seal. The information you provide will be kept confidential and will not become a part of the student's school records.		
Person completing this form	_____	
	Name	Title
Name of School		
School Address		

How long have you known this student? _____

Personal Qualities	Excellent	Good	Average	Poor	Comments
Arithmetic Skills					
Algebraic Skills					
Analytical Skills					
Computation Skills					
Class Participation					
Homework Effort					
Ability to Handle Criticism					
Academic Motivation					

Additional Comments

Parent's Signature: _____ Date: _____



Application Authorization Form

Authorizing Declaration

We, the parents of _____, have requested the assistance and services of Academic Placement Program (APP) in applying to your institution.

We hereby grant APP (its staff) to serve as our authorized representative throughout the application process and enrollment of our child at your institution. We request that all correspondence and communications regarding our child’s application and acceptance, including the Form I-20, be sent directly to APP Headquarters located at:

**Academic Placement Program
P.O.BOX 550050
North Waltham, MA 02455-0050
USA**

APP will ensure that these communications and documents are sent to us immediately upon receipt from your institution.

Furthermore, we authorize APP to receive progress reports and make inquiries regarding our child’s status on our behalf throughout their enrollment at your institution.

Signature of Parent(s): _____ **Date:** _____

Signature of Parent(s): _____ **Date:** _____



Credit Card Charge Authorization Form

Student Information

Student's Name		

	Family Name	First Name

Credit Card Information

Credit Card Type	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX	
Card Holder's Name (Print clearly as appeared on the card)		
Credit Card Number		
Credit Card Information	Expiration Date	Security Code

Charging Description

Application Fee	\$	
Tuition Deposit	\$	
American School Year Program (Please Check: <input type="checkbox"/> GROSS <input type="checkbox"/> NET)	\$	
Other:	\$	
Other:	\$	
Total Amount to charge to Credit Card	\$	

* Please note that all transactions over \$2,000 will incur a 3% surcharge.

Credit Card Holder's Signature: _____ **Date:** _____

Authorization Code: _____ **Authorized Date:** _____