

## Application Instructions

Thank you for your interest in Valley International Academy (VIA) High School. The VIA admissions procedure involves the following steps:

**1. Student Information Form**

Student, please complete the **Student information Form**.

**2. Student Questionnaire**

Student, please complete the **Student Questionnaire**.

**3. Family Questionnaire**

Parents, please complete the **Family Questionnaire**. If the prospective student has learning differences, please include all relevant information such as test results and accommodation plans.

**4. Teacher Recommendation**

Use the enclosed **High School Applicant Assessment Form** to obtain a recommendation from one or more teachers or counselors at your present school.

**5. Submit Application Fee**

Submit your application and all requested supplemental materials with the non-refundable 300 USD application fee.

Upon receipt of all the application materials requested, the Admissions Office will schedule an interview for the prospective student with the Head of School. We must have all of your supporting documents (please see the Application Checklist) before we can process your application.

If you have questions during the application process, please do not hesitate to contact VIA Admissions Office at +1-408-709-3002 or [admissions@valleyacademy.org](mailto:admissions@valleyacademy.org)

## Application Checklist

*(Please make sure that each item is checked off. If non-applicable, please list N/A)*

Student First / Last Name: \_\_\_\_\_

Student Information Form *(Please directly type on the Form)*

Family Information Form *(Please directly type on the Form)*

Copy of original immunization and filled out California school immunization record

Teacher Recommendation Form *(Please directly type on the Form)*

Passport copy

School Transcript(s) and Test Scores *(Original/ Official transcript must be submitted when attending VIA)*

1. Transcript must be originals and issued by academic institution in English version.
2. Transcripts for at least the previous three years.  
*(Students applying to grades 10-12 should include a complete middle school transcript)*
3. Each transcript should indicate years of attendance, subjects studied and the grade earned in each subject.
4. If foreign transcript in another language, it must be accompanied by notarized English translation.
5. Student are required to submit the official notarial transcripts to VIA when attending VIA.

Proof of monetary funds/bank certified letter **(Above \$50,000 U.S dollars)**

*The bank certified letter older than 3 months will not be accepted.*

300 USD non-refundable application fee *(International students)*

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***If a student is accepted by VIA, the student must pay the SEVIS fee to process the I-20 and the deposit to hold a place in the school.***

315 USD non-refundable International Student SEVIS (I-20) Fee *(It is not required for F-1 transfer students.)*

3,500 USD reservation fee to reserve the student's seat. This fee will be credited toward the first academic year's tuition. *(Refundable only if visa is denied by embassy.)*

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***Students will receive the below documents with their acceptance letter. Students are required to submit the below documents with one parent's signature and one photo to VIA.***

A scanned photo of the student for student ID *(Photo 2 x 2 inches or 5 x 5 centimeters)*

Contract

Medical Consent

Vehicular Waiver

Parental Consent to Leave Boarding Residence *(Only Dorm students are required to fill out this form)*

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Preferred Name or Nickname \_\_\_\_\_

Sex: Male      Female      Age \_\_\_\_\_ Current School Grade \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ City and Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

U.S. Citizen      U.S. Permanent Resident      International Student From \_\_\_\_\_  
Country

Social Security/Green Card/International Student Passport Number

Ethnicity *(optional, check all that apply)*

Black or African American      Asian      White      Hispanic or Latino American

Indian/Alaskan Native      Native Hawaiian or Other Pacific Islander

Multiracial: \_\_\_\_\_ Other: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Home Telephone *(include country, city, and area code):* \_\_\_\_\_

Fax *(include country, city, and area code):* \_\_\_\_\_

Additional Telephone *(include country, city, and area code):* \_\_\_\_\_

E-Mail Address \_\_\_\_\_

What are your intended start and end dates for our school?

Start: \_\_\_\_\_ End: \_\_\_\_\_  
dd/mm/yyyy dd/mm/yyyy

Seeking admission for which grade *(select one only)*

Grade 9

Grade 10

Grade 11

Grade 12

## Educational Information

1. List the schools you have attended in the past three years beginning with your current school.

	Name	Grade Levels	Contact Name	Phone	Address
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

2. Is English your first language?    Yes    No    If no, what is your first language? \_\_\_\_\_

3. Have you studied English? *(If English is your first language, please skip this question)*

Yes    No    If yes, for how long? \_\_\_\_\_

4. Have you ever repeated a grade?    Yes    No

If yes, which grade and why? \_\_\_\_\_

5. Have you ever skipped a grade?    Yes    No

If yes, which grade and why? \_\_\_\_\_

6. Have you ever been arrested by the police or suspended, dismissed or expelled from any school?

Yes    No    If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Please list your latest test scores (e.g. STAR, PSAT, SAT) : \_\_\_\_\_

\_\_\_\_\_

8. Will you require a boarding/homestay placement for the upcoming school year?    Yes    No

## International Students

1. Have you ever lived in the United States?    Yes    No    If yes, for how long? \_\_\_\_\_
2. Where do you live currently? \_\_\_\_\_
3. Immigration Status:    U.S. Permanent Resident    I require an I-20    I require a transfer I-20  
I have a \_\_\_\_\_ visa
4. Have you ever taken an English proficiency test (*TOEFL, IELTS*)?    Yes    No  
If yes, which test and when \_\_\_\_\_  
Please list your test scores: \_\_\_\_\_
5. Please check the appropriate boxes to indicate your opinion of your English skills:  

English Listening Ability:	None	Beginning	Good	Very Good	Excellent
English Speaking Ability:	None	Beginning	Good	Very Good	Excellent
English Reading Ability:	None	Beginning	Good	Very Good	Excellent
English Writing Ability:	None	Beginning	Good	Very Good	Excellent

## Student Questionnaire

We would like to know more about you, including your interests, talents, and experiences.

Please answer the following questions:

1. What is your favorite subject? \_\_\_\_\_  
Why? \_\_\_\_\_
2. What is your least favorite subject? \_\_\_\_\_  
Why? \_\_\_\_\_
3. Do you like to read?      Yes      No  
What are your favorite books? \_\_\_\_\_  
\_\_\_\_\_
4. What type(s) of music do you like? \_\_\_\_\_
5. Do you play any musical instruments?      Yes              No  
If yes, which one(s) and for how long have you been playing it/them? \_\_\_\_\_
6. Are you an artist or interested in art?      Yes              No  
If yes, what type of art? \_\_\_\_\_
7. Are you interested in playing sports?      Yes              No  
If yes, please list in order of preference: \_\_\_\_\_
8. Do you enjoy outdoor activities such as hiking, biking, or camping?      Yes      No      Never tried.  
If yes, what have you done and when? \_\_\_\_\_  
If you've never tried them, would you like to?      Yes              No
9. What other extra-curricular activities or hobbies do you participate in? Also, please describe any leadership positions you have taken: \_\_\_\_\_  
\_\_\_\_\_
10. Please list any awards or honors you have received: \_\_\_\_\_  
\_\_\_\_\_
11. What are your educational goals? \_\_\_\_\_  
\_\_\_\_\_
12. How do you feel VIA can help you achieve these goals? \_\_\_\_\_  
\_\_\_\_\_

Student Currently Lives With *(please check all that apply)*

Mother

Father

Guardian

Other *(please specify)*: \_\_\_\_\_

**Information About** *(check one)*

Father

Mother

Guardian

Other

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address *(City, State/Province, Country, Zip/Postal Code)*

Business Telephone *(inc. area/country code)* \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Address *(City, State/Province, Country, Zip/Postal Code)*

Home Telephone *(include area/country code)* \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Information About** *(check one)*

Father

Mother

Guardian

Other

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address *(City, State/Province, Country, Zip/Postal Code)*

Business Telephone *(include area/country code)* \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Address *(City, State/Province, Country, Zip/Postal Code)*

Home Telephone *(include area/country code)* \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

If relevant, please indicate to whom and where an additional copy of all correspondence should be sent:

Name \_\_\_\_\_

*First Name, Last Name*

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

Fax \_\_\_\_\_ Additional Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

***Name, address, telephone number and relationship of person(s) with whom the student may leave campus with:***

**1.** Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**2.** Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Can you meet your share of the financial obligations of our school, including living expenses for your child's welfare?

Yes

No

*If no, please send us a letter stating your family's financial position and why our school should give special consideration to your child along with our Financial Aid Application (available for download on our website).*



## Parent / Guardian Questionnaire

The following section is to be completed only by the applicant's parent or guardian.

Please answer the following questions. If you need more space, feel free to continue on a separate sheet of paper.

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Which resource(s) did you use to learn about Valley International Academy?

School Fair                      Magazine/Newspaper                      Independent Educational Consultant

School Resource Book                                      Current/former VIA parent/student/friend

Internet (Name of resource/website) \_\_\_\_\_

Social Media (Facebook/Instagram/LinkedIn/Other): \_\_\_\_\_

Other: \_\_\_\_\_

1. What are your goals for your child at Valley International Academy?
2. Please describe your child's character and/or personality
3. Has your child experienced any significant problems with academic performance, emotions, or behavior? If so, has your child received special tutoring or counseling related to these problems? Please explain, we are here to help.
4. Have there been any family changes, learning challenges or illnesses which might distract your child or affect his/her classmates?
5. Please comment as to why you feel your child would make an important addition to our student body?

## To the Parent/Guardian:

Please read and type your name on the statement below.

**Typing your name here constitutes a valid electronic signature.**

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Signature of parent or guardian: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_ Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

## California School Immunization Record

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools.

**This record must be completed by parents or guardian.**

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Place of Birth \_\_\_\_\_

Name of Parents or Guardian \_\_\_\_\_

Telephone \_\_\_\_\_

VACCINE	DATE EACH DOSE WAS GIVEN			
	1 <sup>ST</sup>	2 <sup>ST</sup>	3 <sup>ST</sup>	4 <sup>ST</sup>
POLIO (OPV or IPV) -4 shots				
DTP/DTaP/DT/Td( Diphtneria, tetanus and [acellular] pertussis OR tetanus and diphtheria only) - 4 shots				
MMR ( measles, mumps, and rubella) -2 shots				
HEPATITS B) -3 shots				

## TO THE APPLICANT

Please type your full name in the space below and then give this form along to your teacher who will provide the teacher recommendation for you. **Typing your name here constitutes a valid electronic signature.**

Signature of Student \_\_\_\_\_

Applying to Grade \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

## TO THE TEACHER

This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed the form, please email it to [admissions@valleyacademy.org](mailto:admissions@valleyacademy.org). Be sure the parent/guardian has signed the form in the space above. Feel free to use additional pages if necessary. Thank you for your cooperation and candor.

How long have you known the student academically? \_\_\_\_\_ Outside the classroom? \_\_\_\_\_

In what year(s) did you teach the student? \_\_\_\_\_ How large is/was the class? \_\_\_\_\_

Course Name(s): \_\_\_\_\_

Is the student on a block schedule?      Yes                      No

Is this course designated as an honors or accelerated course      Yes                      No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

What are the first three words that come to mind when describing this student?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How accurately does the student read and understand what he or she has learned?

How well does the student study in comparison with other students? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

Please comment on this student's character, citizenship, and contributions to your school community.

Please add any additional information necessary to give us a more complete picture of the student.

Thank you for taking valuable time to complete this evaluation. Your comments are an important part of the student's application. **Typing your name here constitutes a valid electronic signature.**

Signature of Teacher \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Title \_\_\_\_\_ School \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

School Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_