



LA JOLLA  
**COUNTRY DAY**  
SCHOOL

# APPLICATION FOR INTERNATIONAL STUDENTS **2020-2021**

2020-2021

## APPLICATION FOR INTERNATIONAL ADMISSION

Place Student's  
Photo Here

ENTERING GRADE: 8    9    10    11

FOR SCHOOL YEAR: 2020-2021

TEST REQUIREMENT:

- TOEFL iBT      85 Min
- ISEE      Writing sample must be included.

Do you intend on returning for the 2021-2022 school year?

YES      NO

## TUITION AND FEES

### PAYMENT SCHEDULE FOR 2020-2021

#### STAGE I:

##### Application Fee

**\$125**

- Payable to: IEM
- Due date to complete and submit the application is January 31, 2020.
- Refund: Non-refundable

#### STAGE II:

##### International Student Fee (only for admitted students)

**\$5,000**

- Payable to: IEM
- Due date: 10 business days from date of the admission offer for the I-20 to be issued
- Refund: According to the school's refund policy

#### STAGE III:

##### Tuition Fee 2020-2021

**\$32,130**

- Payable to: IEM
- Due date: 15 business days after passing the visa interview to guarantee space in the program
- Refund: According to the school's refund policy

##### IEM International Student Program Fee:

**\$32,500**

*Living Expenses, Student Services and Guardianship*

- Payable to: IEM
- Due date: 15 business days after passing the visa interview to guarantee homestay placement\*\*
- Refund: Please refer to the IEM agreement.

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## TOTAL FEES

**\$69,755**

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#### Payment Method

- Wire Transfer (from bank to bank).

#### Additional Information

- All fees must be paid prior to the student's arrival in the U.S.
- All fees are subject to change without notice

#### Additional Fees

- Homestay deposit \$ 500

#### \*\* Late Fees

- Late enrollment fee \$ 1,000
- Late arrival fee \$ 1,500
- Immunization Fee (After first clinic visit) \$ 1,000

#### Optional Student Fees

- Extra homestay (per day) \$ 100

#### Optional Parent Services Fees

- Airport pick up
  - San Diego \$ 75
- One-day orientation \$ 350
- Driver (per day, 8 hours max) \$ 500
- Itinerary schedule planning \$ 500

## APPLICATION CHECKLIST

### 1: Initial acceptance and eligibility is assessed after receiving all items below

Students must send the following documents to IEM by e-mail or fax no later than January 31 to be considered for admission for Fall 2020

- Application Fee (Payable to IEM)
- International Student Application for Admission
- Student Essay
- Administrator Recommendation
- Current English Teacher Recommendation
- Current Mathematics Teacher Recommendation
- Affidavit of Support
- Designated Guardian in the U.S.
- Immunization Record Form
- Bank Letter/Statement
- English test score
- ISEE test score
- Transcripts with official translation for subjects, hours, and grades (in English)
- Copy of Passport (must be valid for at least 6 months prior to entry)
- IEM International Student Program Application
- Copy of I-20, student visa and I-94 (if student is already in the USA)

DOCUMENTS WILL BE SENT TO THE SCHOOL FOR ADMISSION DECISION

### 2: Interview and Testing

Final candidates will be notified of interview dates

Skype or Zoom Interview by IEM and School (Mandatory)

IF STUDENT IS ACCEPTED FOR ADMISSION, I-20 WILL BE ISSUED

### 3: For the I-20 to be processed and mailed

Students must send all the original documents in Stage 1 to IEM by courier no later than 10 business days after receiving the admission offer in order for the I-20 to be issued. Additional item(s) required:

- International Student Fee (Payable to IEM)
- Enrollment Agreement Form
- All original documents

APPEAR FOR INTERVIEW AT THE U.S. EMBASSY FOR THE F-1 STUDENT VISA

### 4: Before beginning classes

Students must send payments listed below to IEM no later than 15 business days after passing the Visa Interview. All payments must be fully processed before the student arrives in the U.S.

- Tuition Fee (Payable to IEM)
- IEM International Student Program Fee (Payable to IEM)
- Homestay Deposit (Payable to IEM)
- Homestay Application Form
- IEM-Home Parent Letter
- IEM-Student Letter
- Student Health Information

## INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Entering Grade \_\_\_\_ for School Year \_\_\_\_

### 1. NEW STUDENT INFORMATION *(to be completed by parent or guardian)*

Student: \_\_\_\_\_  
 Last (family) First Middle (preferred name) Date of Birth (mm/dd/yy)

Male/Female Student Email Student Phone Last Grade

Residence: \_\_\_\_\_  
 Apt./House Address

Section/Province, Etc.

City Country Postal Code

Birth Country Citizenship

Last School: \_\_\_\_\_  
 Name Full Address

Section/Province Phone Fax

### 2. FAMILY INFORMATION IN HOME COUNTRY

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Last (family) First Last (family) First

Address (if different from student): \_\_\_\_\_  
 Apt./House Section/Province, Etc. City Country Postal Code

Home Phone Work Phone Father's Cell Mother's Cell

Father's Email Mother's Email Other Emergency Contact Fax

### 3. TEST SCORES

TOEFL: \_\_\_\_\_ IELTS: \_\_\_\_\_  
 Score Date Taken Score Date Taken

ISEE: \_\_\_\_\_ iTEP: \_\_\_\_\_  
 Score Date Taken Score Date Taken

#### 4. PRESENT SCHOOL PLACEMENT AGENCY INFORMATION *(if applicable)*

Agency Name: \_\_\_\_\_ IEM Group, Inc. \_\_\_\_\_ Contact Person: \_\_\_\_\_ Vo \_\_\_\_\_ Kieu \_\_\_\_\_  
 Address: \_\_\_\_\_ 1770 4th Avenue \_\_\_\_\_ San Diego \_\_\_\_\_ CA \_\_\_\_\_ USA \_\_\_\_\_ 92101 \_\_\_\_\_  
 Building & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip (Postal) Code \_\_\_\_\_  
 888-505-8941 \_\_\_\_\_ 619-857-9638 \_\_\_\_\_ kieu.vo@ieducationm.com \_\_\_\_\_ 858-366-9829 \_\_\_\_\_  
 Primary phone number \_\_\_\_\_ Other Phone/s \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

#### 5. PRESENT HOME STAY PLACEMENT COMPANY INFORMATION

*(for all students not living with a blood relative)*

Company Name: \_\_\_\_\_ IEM Group, Inc. \_\_\_\_\_ Contact Person: \_\_\_\_\_ Vo \_\_\_\_\_ Kieu \_\_\_\_\_  
 Address: \_\_\_\_\_ 1770 4th Avenue \_\_\_\_\_ San Diego \_\_\_\_\_ CA \_\_\_\_\_ USA \_\_\_\_\_ 92101 \_\_\_\_\_  
 Building & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip (Postal) Code \_\_\_\_\_  
 888-505-8941 \_\_\_\_\_ 619-857-9638 \_\_\_\_\_ kieu.vo@ieducationm.com \_\_\_\_\_ 858-366-9829 \_\_\_\_\_  
 Primary phone number \_\_\_\_\_ Other Phone/s \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

#### ANY ADDITIONAL PERTINENT INFORMATION

About the Student Applicant:

1. Has the student had any disciplinary difficulty in school? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Has the student had any academic difficulty in school? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Does the student have any physical and/or learning disabilities? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Is the student currently on any medication? \_\_\_\_\_ If yes, please list the name(s) of the medication \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Please explain why you want this student to attend La Jolla Country Day School? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. How did you learn of La Jolla Country Day School? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Student's Name: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

1. Describe two to three important life experiences that have helped shape the kind of person you are (for example, family experiences, interests, hobbies, places in which you have lived or visited, service to others, etc).

2. What impact would you like to have on the world around you? What global challenge interests you the most?

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**INTERNATIONAL  
EDUCATION  
MANAGEMENT**

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## ADMINISTRATOR RECOMMENDATION

**Child's Name:** \_\_\_\_\_ **Applying for Grade** \_\_\_\_\_ **in Fall 20** \_\_\_\_\_

Please insert your child's name and give this form to the Head of School, Principal or Guidance Counselor with stamped envelopes addressed to the consortium schools to which you are applying.

**Parents:** Our signatures below indicate that we understand that this confidential recommendation is a required and important part of our child's admission application and that we will not have access to it.

Parent/Guardian 1 Name (*print*): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name (*print*): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Administrator:** Please complete this form. Feel free to photocopy your complete recommendation.

### APPLICANT INFORMATION

No Opportunity to Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Academic Ability						
	Conduct						
	Integrity						
	Consideration of Others						
	Social Adjustment with Peers						
	Stability						
	Attendance						

### FAMILY INFORMATION

No Opportunity to Observe		Rarely	Sometimes	Usually	Always
	Communication with School				
	Attendance at School Functions				
	Cooperation with School Rules				
	Cooperation with Faculty/Administration				
	Fulfillment of Financial Responsibilities				
	Stability				
	Attendance				

How long have you known this student and in what capacity? \_\_\_\_\_

Has this student ever been subject to any disciplinary action while attending your school? If yes, please explain. \_\_\_\_\_

## ADMINISTRATOR RECOMMENDATION (p. 2)

Please share with us your observation about this student's academic ability, work habits, relationships with peers, classroom behavior, attitude, and emotional maturity.

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Please comment on this student's contribution to your school community and potential for leadership.

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Please comment on the parents' expectations for their child. Please explain the way in which the family supports their child and the policies of your school.

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Is there any additional information that can be better conveyed in a phone conversation? Yes [ ] No [ ]

Administrator's name \_\_\_\_\_ Title \_\_\_\_\_

School \_\_\_\_\_

School/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I recommend this student:	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic Ability and Promise					
Character and Personal Promise					
Overall					

Please make any additional comments on this student's appropriateness for La Jolla Country Day School.

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## CURRENT ENGLISH TEACHER RECOMMENDATION

**Child's Name:** \_\_\_\_\_ **Applying for Grade** \_\_\_\_\_ **in Fall 20** \_\_\_\_\_

Please insert your child's name and give this form to the Head of School, Principal or Guidance Counselor with stamped envelopes addressed to the consortium schools to which you are applying.

**Parents:** Our signatures below indicate that we understand that this confidential recommendation is a required and important part of our child's admission application and that we will not have access to it.

Parent/Guardian 1 Name (*print*): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name (*print*): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **To the Teacher:**

Please complete this form. Feel free to photocopy your complete recommendation.

### ACADEMIC QUALITIES

No Opportunity to Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Reading Comprehension						
	Effectiveness of Writing						
	Development of Ideas						
	Study Habits						
	Attention Span						
	Ability to Work Independently						
	Motivation						
	Intellectual Aptitude						
	Intellectual Curiosity						
	Critical and Abstract Thinking Skills						

### PERSONAL QUALITIES

No Opportunity to Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Creativity						
	Self-Confidence						
	Leadership Potential						
	Reaction to Criticism						
	Reaction to Setbacks						
	Concern for Others						
	Personal Conduct						
	Personal Integrity						
	Ability to Act Independently						
	Ability to Work Cooperatively						
	General Level of Maturity						
	Sense of Humor						

## CURRENT ENGLISH TEACHER RECOMMENDATION (p. 2)

Please compare this student's academic achievement to his/her ability.

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Please comment on this student's contribution to your school community and potential for leadership.

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Please comment on this student's study habits. (Consider initiative, industry, promptness, drive, ability to organize, etc.)

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Please comment on this student as a person. (Consider maturity, integrity, behavior, respect for others, self-discipline, individuality, sense of community service, etc.)

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Other comments and remarks (Are there any traits, good or bad, not mentioned above that are worthy of note?)

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Is there any additional information that can be better conveyed in a phone conversation? Yes [ ] No [ ]

Teacher's name \_\_\_\_\_ Email address \_\_\_\_\_

Subject(s) and grade level(s) you taught applicant \_\_\_\_\_

Grades received \_\_\_\_\_

School \_\_\_\_\_ School/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I recommend this student:	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic Ability and Promise					
Character and Personal Promise					
Overall					

Please make any additional comments on this student's appropriateness for La Jolla Country Day School.

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## CURRENT MATHEMATICS TEACHER RECOMMENDATION

**Child's Name:** \_\_\_\_\_ **Applying for Grade** \_\_\_\_\_ **in Fall 20** \_\_\_\_\_

Please insert your child's name and give this form to the Head of School, Principal or Guidance Counselor with stamped envelopes addressed to the consortium schools to which you are applying.

**Parents:** Our signatures below indicate that we understand that this confidential recommendation is a required and important part of our child's admission application and that we will not have access to it.

Parent/Guardian 1 Name (*print*): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name (*print*): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **To the Teacher:**

Please complete this form. Feel free to photocopy your complete recommendation.

### ACADEMIC QUALITIES

No Opportunity to Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Reading Comprehension						
	Effectiveness of Writing						
	Development of Ideas						
	Study Habits						
	Attention Span						
	Ability to Work Independently						
	Motivation						
	Intellectual Aptitude						
	Intellectual Curiosity						
	Critical and Abstract Thinking Skills						

### PERSONAL QUALITIES

No Opportunity to Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Creativity						
	Self-Confidence						
	Leadership Potential						
	Reaction to Criticism						
	Reaction to Setbacks						
	Concern for Others						
	Personal Conduct						
	Personal Integrity						
	Ability to Act Independently						
	Ability to Work Cooperatively						
	General Level of Maturity						
	Sense of Humor						

## CURRENT MATHEMATICS TEACHER RECOMMENDATION (p. 2)

This student is enrolled in: ☐ Arithmetic ☐ Pre-algebra ☐ Algebra ☐ Geometry ☐ Other: \_\_\_\_\_

Section level of course: ☐ Remedial ☐ Regular ☐ Advanced ☐ Mixed-ability

Textbook(s): \_\_\_\_\_ Suggested math placement for next year: \_\_\_\_\_

Please compare this student's academic achievement to his/her ability.

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Please describe this student's mental ability with regards to mathematics. (Consider ability to retain mathematical relationships and principles, drawing generalizations, applying basic principles in word problems, and relying on memory versus conceptual processes.)

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Please comment on this student's study habits. (Consider initiative, industry, promptness, drive, ability to organize, etc.)

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Please comment on this student as a person. (Consider maturity, integrity, behavior, respect for others, self-discipline, individuality, sense of community service, etc.)

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Other comments and remarks (Are there any traits, good or bad, not mentioned above that are worthy of note?)

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Is there any additional information that can be better conveyed in a phone conversation? Yes [ ☐ ] No [ ☐ ]

Teacher's name \_\_\_\_\_ Email address \_\_\_\_\_

Subject(s) and grade level(s) you taught applicant \_\_\_\_\_

Grades received \_\_\_\_\_

School \_\_\_\_\_ School/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I recommend this student:	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic Ability and Promise					
Character and Personal Promise					
Overall					

Please make any additional comments on this student's appropriateness for La Jolla Country Day School.

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## AFFIDAVIT OF SUPPORT

I, the undersigned, swear that I will be fully responsible for all the expenses including the round-trip airfare, tuition fees, living expenses and other miscellaneous expenses, incurred by the below-named student during his/her stay in the U.S.

### STUDENT

Name in Full: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

### SPONSOR\*

Name in Full: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Relation to Student: \_\_\_\_\_

The affidavit of support is made by me for the purpose of assuring the U.S. Government that above named student will not in any way become a public charge in the event he/she is admitted to the United States.

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*ATTACH BANK CERTIFICATE SHOWING \_\_\_\_\_  
AMOUNT IN US DOLLARS TO VERIFY  
ABILITY TO SUPPORT\*

## DESIGNATED GUARDIAN IN THE UNITED STATES

International Education Management Group, Inc. (IEM) is the designated guardian for International Students in the United States of America. (The designated guardian is NOT the American host family)

### REQUIREMENTS:

1. Must be at least 25 years old
2. Must speak English
3. Must be acquainted with American customs and educational systems
4. Must live in the continental United States and be able to take physical responsibility for the student within twelve (12) hours of notification of a problem, if parents are not in residence
5. Must be well-known by the parents or the contracted sending agency

RESPONSIBILITIES: Must maintain communications between parents, school, and host family concerning student.

1. Help counsel and decide academic, living, medical and/or behavior questions, deficiencies, or problems
2. Assume responsibility of student within 12 hours if student is dismissed from La Jolla Country Day School or any home stay (if participating) program, if parents are not in USA residence
3. Must keep in contact with the LJCDs international office – including the following:
  - Approve major schedule changes,
  - Approve any home stay changes and follow all notification procedures,
  - Keep informed by email, website and RenWeb of student's progress and school activities,
  - Immediately notify school of all changes in contact information (student, parent, guardian, etc.)

A. Parents appoint DESIGNATED UNITED STATES GUARDIAN for student: \_\_\_\_\_  
(Student's Name)

Guardian Name: IEM Group, Inc.

Relation: Placement Agency

Address: 1770 4th Avenue

Phone: 888-505-8941

City/State/Zip: San Diego, California 92101

Work Phone: 619-857-9638

Email: studentservices@ieducationm.com

Emergency Phone: 619-900-4780

B. Guardian and Parents read and sign:

- I have read the above requirements and responsibilities of the Designated Guardian for International Students at La Jolla Country Day School and home stay program (if participating). I accept responsibility for:

\_\_\_\_\_ as appointed by his/her parents \_\_\_\_\_  
(Student's Name) (Student's Parents' Name)

- I understand that if the student is dismissed from school or the home stay, I will be notified and will assume physical custody of the student within twelve hours of notification.
- I understand it is my responsibility to keep informed of student's progress, course selections, and school events.
- I understand it is my responsibility to keep informed and notify school of all contact information changes.

\_\_\_\_\_  
(Guardian Signature)

\_\_\_\_\_  
(Print Guardian Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent of Student Signature)

\_\_\_\_\_  
(Print Parent of Student Name)

\_\_\_\_\_  
(Date)



# IMMUNIZATION RECORD FORM 2020-2021

疫苗记录表格

Student's Name (学生姓名) : \_\_\_\_\_ Date of Birth (出生日期) : \_\_\_\_\_

## All Immunizations must be STAMPED by a Doctor or Clinic

所有的疫苗记录都必须有医生或医院的盖章

The following list shows the immunizations required **BEFORE** the student may attend classes at La Jolla Country Day School.

下表为学生入读 La Jolla Country Day School 前的疫苗接种要求

VACCINE 疫苗名称	MINIMUM DOSES REQUIRED 最低接种要求	ADDITIONAL DOSE REQUIREMENTS FOR SOME STUDENTS 附加接种要求	DATE GIVEN Month/Day/Year 接种日期 (月/日/年)	
1. Polio 小儿麻痹疫苗	4 doses, but 接种四次, 但	3 doses meet requirement if at least one was given on or after the 4th birthday 若最后一次接种时未满4周岁, 需要再接种一次	1	[ ] IPV 注射 [ ] OPV 口服
			2	[ ] IPV 注射 [ ] OPV 口服
			3	[ ] IPV 注射 [ ] OPV 口服
			4 (if applicable)	[ ] IPV 注射 [ ] OPV 口服
2. Diphtheria, Tetanus, Pertussis 白喉,破伤风,百日咳疫苗  DTP or any combination of DTP with DT or Td (tetanus and diphtheria) DTP或任何DTP和DT或Td的组合	5 doses, but... 接种五次, 但	4 doses meet requirement if at least one was given on or after the 4th birthday 若第四针接种时未满4周岁, 需要再接种一次  3 doses meet requirement if at least one was given on or after the 7th birthday 若第三针接种时满7周岁, 即3针已满足接种要求	1	[ ] Dtap [ ] DTP [ ] DT/Td*
			2	[ ] Dtap [ ] DTP [ ] DT/Td*
			3	[ ] Dtap [ ] DTP [ ] DT/Td*
			4	[ ] Dtap [ ] DTP [ ] DT/Td*
			5 (if applicable)	[ ] Dtap [ ] DTP [ ] DT/Td*
Tetanus 破伤风疫苗	1 dose every 10 years 建议每间隔10年接种一次	Recommended	1	
3. Tdap 破伤风疫苗	1 dose (booster) 接种一次(补强针)		1	
4. Meningococcal 流脑疫苗	1 dose recommended 建议接种一次		1	
5. MMR (Measles, Mumps, Rubella) 麻疹腮腺混合疫苗 May be given separately 分别接种或接种混合疫苗	2 doses required 需接种两次	Both given on or after 1st birthday 两针接种时需满1周岁	1	
			2	
			3 (if applicable)	
6. Varicella 水痘疫苗	2 doses, but...接种两次, 但 A signed letter stating date of illness will be accepted 一份注明发病日期并且署有医生 签名的证明可以代替该疫苗		1	
			2 (if applicable)	
7. Hepatitis B 乙肝疫苗	3 doses required 需接种三次		1	
			2	
			3	

THE STUDENT MAY NOT ATTEND ANY CLASS UNTIL ALL IMMUNIZATIONS ARE CURRENT

注意:学生若未根据上述要求接种所需疫苗, 有可能影响正常的入学时间

CLINIC/HOSPITAL NAME 诊所/医院		CLINIC/HOSPITAL STAMP 诊所/医院盖章
DOCTOR'S SIGNATURE 医生签字		

ALL STUDENTS ARE REQUIRED TO RECEIVE THE TDAP BOOSTER VACCINATION UPON ARRIVAL TO THE U.S.

所有学生在到达美国时都必须接种百白破疫苗补强针

\*Dtap:白喉, 破伤风, 非细胞性百日咳混合疫苗 DTP:白喉, 破伤风, 全细胞性百日咳混合疫苗 DT:白喉, 破伤风混合疫苗 Td:破伤风, 减量白喉混合疫苗

Applicants from China are required to submit the "International Certificate of Vaccinations or Prophylaxis"

来自中国的申请者必须提交 "疫苗接种或预防措施国际证书"