



SAN DIEGO

Jewish Academy

APPLICATION FOR INTERNATIONAL STUDENTS

2020-2021

2020-2021

APPLICATION FOR INTERNATIONAL ADMISSION

Place Student's
Photo Here

ENTERING GRADE: 9 10 11

FOR SCHOOL YEAR: 2020-2021

TEST REQUIREMENT:

- TOEFL iBT 80 Min

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

YES NO

TUITION AND FEES FOR GRADES 9 - 11

PAYMENT SCHEDULE FOR 2020-2021

Tuition and fee schedule correlates to the application checklist

STAGE I:

Application Fee

\$200

- Payable to: IEM
- Due date: Must be received with the application for admission
- Refund: Non-refundable

STAGE II:

Tuition Fee 2020-2021

\$34,875

- Payable to: IEM
- Due date: Must be received with the signed enrollment
- Refund: According to the school's refund policy

IEM International Student Program Fee:

\$30,000

*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

TOTAL FEES

\$65,075

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 listed 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 of \$200 (Payable to IEM)
- Application for Admission- A photograph should be included if possible
- Student Questionnaire
- Administrator Recommendation (Principal/Head of School)
- Current English Teacher's Recommendation
- Current Mathematics Teacher's Recommendation
- Academic Release of Records
- Affidavit of Support
- Designated Guardian in the U.S.
- English Test Scores (TOEFL 80 minimum)
- Immunization Record Form
- Transcripts with official translation must include 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 interview by IEM and the 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)
- 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

APPLICANT INFORMATION

(Please print name exactly as it appears on your passport)

Name _____
Last (family) First Middle (preferred name)

Permanent Address _____
Street No. / Apt.

City Province/State Postal Code Country

Applicant's E-mail Address _____ Male Female

Date of Birth _____ / _____ / _____ Birthplace _____ I-20 Required Yes No
Month Day Year

Native language _____ Primary language spoken at home _____

Applicant's religious affiliations and/or synagogue membership(s):

ACADEMIC INFORMATION Current Grade _____ Applying for Grade _____

Current school _____

Previous school(s) attended _____ Grades _____ Years _____

_____ Grades _____ Years _____

_____ Grades _____ Years _____

Has applicant: Previously applied to SDJA? _____

Skipped a grade? If yes, grade and academic year _____

Repeated a grade? If yes, grade and academic year _____

APPLICATION FOR ADMISSION (p. 2)

FAMILY INFORMATION

Please check all that apply. (Parent or Guardian = PG)

Married	PG 1 remarried
Single	PG 2 remarried
Separated	PG 1 deceased
Divorced	PG 2 deceased
Partnered	

FATHER

Name _____

Home Address _____

City _____

Province, Postal Code _____

Home Telephone _____

Mobile Telephone _____

E-mail Address _____

Occupation _____

Employer _____

Business Telephone _____

With whom is the applicant living? Father Mother Both Other

MOTHER

Name _____

Home Address _____

City _____

Province, Postal Code _____

Home Telephone _____

Mobile Telephone _____

E-mail Address _____

Occupation _____

Employer _____

Business Telephone _____

PLEASE LIST OTHER CHILDREN IN THE FAMILY

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Please share with us why you chose San Diego Jewish Academy

How did you hear about San Diego Jewish Academy?

Who was the primary person who referred you to San Diego Jewish Academy?

Name and relationship of any friends/relatives who attend or have attended San Diego Jewish Academy:

Full Name	Grade	Relationship
Full Name	Grade	Relationship

PARENT QUESTION

What are your child's strengths and weaknesses? (Please comment on social characteristics: e.g., self-reliance, sense of humor, shyness, assertiveness, etc.)

APPLICATION FEE

Please return this application with a \$200 non-refundable application fee.

THIS APPLICATION CAN ONLY BE PROCESSED WITH AN ACCOMPANYING APPLICATION FEE

Do you owe funds at any other private day school? Yes No

If you are separated or divorced, it is requested that both natural parents sign the application.

By signing this application, I hereby acknowledge all the information provided is accurate and complete. Omission of (or inaccurate) information may be grounded for dismissal if student has been accepted.

Signature of parent/legal guardian 1	Print Name	Date
Signature of parent/legal guardian 2	Print Name	Date

STUDENT QUESTIONNAIRE

STUDENT'S NAME _____ Applying for _____ Grade in fall 20 _____

Dear Student:

Please complete this form and tell us about yourself. We look forward to meeting you in person and discussing your responses to the following questions.

Tell us about your current school:

Describe the qualities of your favorite teacher:

What is your favorite subject and why?

Briefly discuss a book you have read in the past year. Tell us why it was impactful to you.

STUDENT QUESTIONNAIRE (p. 2)

Do you play a musical instrument?

Yes No If yes, which one(s)?

Do you participate in any sports?

Yes No If yes, which one(s)?

Do you participate in any other co-curricular activities?

Yes No If yes, which one(s)?

What three words best describe you?

1. _____ 2. _____ 3. _____

What do you feel you can contribute to San Diego Jewish Academy?

Student's Signature _____ Date _____

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.

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

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.

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 San Diego Jewish Academy.

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.

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

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

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

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

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 San Diego Jewish Academy.

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.

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.)

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

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

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

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 San Diego Jewish Academy.

ACADEMIC RELEASE OF RECORDS

To the Parents

Please complete the top portion of this form and submit it to your child's current school office with a stamped and preaddressed envelope. This form must be submitted to San Diego Jewish Academy by your child's school.

Student's name: _____
First Middle Last

Current Grade: _____ Date of Birth: _____

Name of current school: _____

Please read and sign the statement below:

For the student named above, we authorize the release of school records, including an official transcript of all grades for the current semester and past two academic years, as well as the results of standardized testing from the same time period. We waive our rights to read the confidential teacher recommendations and the school report.

Signature of parent/legal guardian 1 Print Name Date

Signature of parent/legal guardian 2 Print Name Date

To the Student's Current School:

Please send this student's official transcript for the current semester and past two completed academic years. This should include all grades earned for courses taken to date, attendance, scores for aptitude and achievement tests. Please include this form with the transcripts. We thank you for your assistance.

Name of School Official:

Please Print Phone

Signature of School Official Date

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 San Diego Jewish Academy or any home stay (if participating) program, if parents are not in USA residence
3. Must keep in contact with the San Diego Jewish Academy 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 San Diego Jewish Academy 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 San Diego Jewish Academy.

下表为学生入读 San Diego Jewish Academy 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"

IMMUNIZATION RECORD FORM 2020-2021

Student's Name: _____ Date of Birth: _____

All Immunizations must be STAMPED by a Doctor or Clinic

The following list shows the immunizations required **BEFORE** the student may attend classes at San Diego Jewish Academy.

VACCINE	MINIMUM DOSES REQUIRED	ADDITIONAL DOSE REQUIREMENTS FOR SOME STUDENTS	DATE GIVEN Month/Day/Year	
1. Polio	4 doses, but	3 doses meet requirement if at least one was given on or after the 4th birthday	1	[] IPV [] OPV
			2	[] IPV [] OPV
			3	[] IPV [] OPV
			4 (if applicable)	[] IPV [] OPV
2. Diphtheria, Tetanus, Pertussis DTP or any combination of DTP with DT or Td (tetanus and diphtheria)	5 doses, but...	4 doses meet requirement if at least one was given on or after the 4th birthday 3 doses meet requirement if at least one was given on or after the 7th birthday	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	1 dose every 10 years	Recommended	1	
3. Tdap	1 dose (booster)		1	
4. Meningococcal	1 dose recommended		1	
5. MMR (Measles, Mumps, Rubella) May be given separately	2 doses required	Both given on or after 1st birthday	1	
			2	
			3 (if applicable)	
6. Varicella	2 doses, but... A signed letter stating date of illness will be accepted		1	
			2 (if applicable)	
7. Hepatitis B	3 does required		1	
			2	
			3	

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

CLINIC/HOSPITAL NAME		CLINIC/HOSPITAL STAMP
DOCTOR'S SIGNATURE		

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