



# International Student Application

Arrow Montessori School of San Dimas

818 West Gladstone Street  
San Dimas, CA 91773

Grade Applying For.	New 1-20	Transfer 1-20	Date Completed App. Received:
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## PERSONAL INFORMATION

Student's Full Legal Name: First	middle	last	Date of Birth:	Age:	
Student's English "Nick Name":				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Guardian's Address (number & street, city & state, zip):					
Guardian's Home Phone #:			Guardian's E-mail Address:		
Student's Place of Birth (country):			Parent's E-mail Address:		
Student's Passport Number:			Student's Passport Expiration Date:		
Ethnic Identity:	<input type="checkbox"/> African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Japanese
	<input type="checkbox"/> Korean	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other	_____
Language(s) student speaks:					
Student will live with:	<input type="checkbox"/> Guardian	Guardian's Name _____	Cell Phone #:	_____	
<input type="checkbox"/> Needs Homestay	<input type="checkbox"/> Homestay	Homestay's Name _____	Cell Phone #:	_____	

## PREVIOUS SCHOOL INFORMATION

Name of School Last Attended:	Phone #:
School Address (number & street, city & state, zip):	FAX #:
Prior Years in Christian Schools:	Reason for Leaving:
Reasons for selecting Southlands:	

## FOR OFFICE USE ONLY

FreeRec'd:	Check #:	Cash:	Date:	By:	Amt. Due:
Referral:		Final Interview:		FAX #:	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Non-Acceptance	<input type="checkbox"/> Conditional Acceptance	<input type="checkbox"/> LanguageDevelopment	<input type="checkbox"/> Other	
Decision notified:					



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LOCAL CALIFORNIA GUARDIAN INFORMATION - U.S.	
LOCAL CALIFORNIA MALE GUARDIAN	LOCAL CALIFORNIA FEMALE GUARDIAN
Full Name:	Full Name:
Address:	Address:
Home Phone #:	Home Phone #:
Cell #:	Cell #:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Employed by:	Employed by:
Position / Title:	Position / Title:
Employer's Address:	Employer's Address:
Work #:	Work #:
If Self-Employed, type of business:	If Self-Employed, type of business:
Are you a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Available during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Available during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
English speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No	English speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of English speaking person to contact:	If no, name of English speaking person to contact:
Relationship to Student:	Relationship to Student:
Phone #:	Phone #: