



APPLICATION FOR INTERNATIONAL ADMISSION for Foreign Students

FOR OFFICE USE ONLY

Dt. App. Rec. _____

App. Complete _____

Transcr. Rec. _____ Interv. _____

Deposit _____ Amt. _____ Date _____

Applicant's Full Name _____
(Last)
(First)
(Middle)

Preferred First Name _____
Male
Female

Date of Birth _____ Place of Birth _____ Citizenship _____

Passport number _____ Date of Issue _____ Expiration Date _____

Applicant's Home Address _____
(Street)

(City)
(State)
(Zip)
(Province)

(Country)
(Home Phone Number)
(Cellular Phone Number)

How did you hear about Nawa? _____

Application for Admission to: (Please check all that apply)

<input type="checkbox"/> Grade 7	<input type="checkbox"/> Fall of _____	Student Snapshot
<input type="checkbox"/> Grade 8	<input type="checkbox"/> Spring of _____	
<input type="checkbox"/> Grade 9	<input type="checkbox"/> Summer of _____	
<input type="checkbox"/> Grade 10		
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Present Grade Level _____	
<input type="checkbox"/> Grade 12	Academic Reports Included with this application	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Post Graduate	If not, when can we expect to receive them? _____	

Updated: 4-26-11

NAWA ACADEMY

17351 Trinity Mountain Road • French Gulch, California U.S.A. 96033

www.nawaacademy.org • (530) 359-2215 • Fax (530) 359-2229 • e-mail: info@nawa-academy.com

Family Information

Father's Name _____	Mother's Name _____
_____ (Address)	_____ (Address)
_____ (City) _____ (State or Province)	_____ (City) _____ (State or Province)
_____ (Country) _____ (Postal Code)	_____ (Country) _____ (Postal Code)

Work Phone _____	Work Phone _____
Occupation/Title _____	Occupation/Title _____
Name of Business _____	Name of Business _____
Fax Number _____	Fax Number _____
E-Mail Address _____	E-Mail Address _____
Home Phone _____	Home Phone _____
Cellular Phone _____	Cellular Phone _____

Who is the legal guardian?: (check all that apply)

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	Name _____
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	_____ (Address)
<input type="checkbox"/> Other (specify and give address) _____		_____ (City) _____ (State or Province)
		_____ (Country) _____ (Postal Code)
		Phone _____

Name of Parent/Guardian who is financially responsible for applicant: _____
 Note: Must provide proof of financial responsibility.

Who should receive reports and other general notices?

<input type="checkbox"/> Father	Name _____
<input type="checkbox"/> Mother	_____ (Address)
<input type="checkbox"/> Other (specify and give address) _____	_____ (City) _____ (State or Province)
	_____ (Country) _____ (Postal Code)
	Phone _____

Please give names and ages of brothers and sisters _____

Background Questionnaire

Name of Present School _____

Address _____ (City) _____ (State or Province) _____

(Country) _____ (Postal Code) _____ (Telephone) _____

List names and locations of previous schools and summer educational programs attended (above grade 6):

Besides Nawa Academy, to what other schools will the applicant apply? _____

Please list any educational testing or exams the applicant has taken.

Has the applicant's ability to function at school, in sports, or in other activities ever been restricted in any way for social, emotional or physical reasons? If yes, please explain:

Dietary Information

Dietary Preferences: _____

Any food allergies? Yes No

If Yes, please explain: _____

Student Questionnaire

What school subject(s) do you enjoy most? Please explain. _____

What school subjects do you find most difficult? Please explain. _____

If your best friend were to describe you, what would he/she say about you? _____

Do you have an idea of the universities you would like to prepare for? If so, please list. _____

Do you have any idea of a career you would like to prepare for? If so, please list. _____

Please describe your goals while enrolled in the Nawa Academy. _____

Yes No Is English your first language?

Yes No Has English been the primary language of instruction for your most recent three years of schooling?

Applicant's Signature

Parent or Legal Guardian's Signature

Date

Date

Please send your deposit payable to:
NAWA
17351 Trinity Mountain Road
French Gulch, California U.S.A. 96033

Nawa Academy is approved for attendance by
international students by the
U.S. Bureau of Citizenship and Immigration Services

Medical Questionnaire

(Please include a copy of your immunization records)

General Medical History: _____

Height: _____ Weight: _____

Allergies: Bee Stings Y/N Do you carry a sting kit? Y/N

Other: (drug, asthma, hay fever, etc.) _____

Check if any of the following diseases have occurred in your immediate family:

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> High BP | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Neurological Disease |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Familial or Hereditary Bleeding Tendencies | | |

Comments: _____

Past History (check any of the following illnesses you have had)

- | | | |
|--|---|--|
| <input type="checkbox"/> 3 Day Measles (Rubella) | <input type="checkbox"/> Colitis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hard Measles (Rubeola) | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Peptic Ulcer |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Malaria | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Hepatitis (Jaundice) | _____ |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> T.B. | _____ |

Operations: _____

Other Hospitalizations: _____

Serious accidents or injuries not listed above: _____

Medications currently taken: _____

Preferred times administered: a.m. _____ noon _____ p.m. _____ other _____

Blood Transfusions (date & reason): _____

Date of last Tetanus shot: _____

Comments: _____

Emergency Notification and Data Sheet

Student: _____

(1) Legal Guardian: _____

Address: _____

Address: _____

Telephone Number(s): (Home) _____
(Work) _____ (Cellular) _____

(2) Legal Guardian: _____

Address: _____

Address: _____

Telephone Number(s): (Home) _____
(Work) _____ (Cellular) _____

In An Emergency Notify

(1) Name: _____

Relation to Applicant: _____

Address: _____

Address: _____

Telephone Number(s): (Home) _____
(Work) _____ (Cellular) _____

E-Mail Address: _____ Best Times to Call: _____

(2) Name: _____

Relation to Applicant: _____

Address: _____

Address: _____

Telephone Number(s): (Home) _____
(Work) _____ (Cellular) _____

E-Mail Address: _____ Best Times to Call: _____

Medical Insurance Billing Information

Contact Nawa Academy for information regarding purchasing insurance for the school year.

Company Name: _____

Telephone Number: _____

Policy/I.D. Number: _____

Address: _____



Authorization to Consent to Treatment of Minor
(If under 18 years old)

(I) (WE), the undersigned, parent(s) of _____ a minor, do hereby authorize Nawa Academy as agents for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician, surgeon, and anesthesiologist, licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent: _____ Date Signed: _____

Parent: _____ Date Signed: _____

Legal Guardian: _____ Date Signed: _____

Witness: _____ Date Signed: _____

Contact Nawa Academy for information regarding purchasing insurance for the school year.
Medical Insurance Billing Information

Carrier: _____

I.D./Certification#: _____

Address: _____

NAWA ACADEMY

Admission Agreement - Foreign Students

This is an agreement for admission dated _____ between Nawa Academy, and
(Today's Date)
 _____ referred to in this agreement as Parent. Parent wishes to enroll
(Parent's Full Name)
 _____, age _____ in the _____,
(Student's Full Name)
 effective _____.
(Beginning Date)

1. Nawa Academy requires a \$2,000.00 deposit for new students to register. This deposit is in addition to the Tuition fee. A refund of \$1,500 of the deposit is provided only in situations where an applicant's student visa is not approved by the U.S. Embassy.
2. The current tuition and fees must be paid within 7 days of receiving the student visa or the I-20 will be cancelled. Payments must be made in U.S. Currency and made via wire transfer to our bank.
3. Tuition refunds are prorated at 12.5% per week for eight weeks. Refer to the Parent Manual for more information.
4. Nawa Academy reserves the right to expel a student for just cause. Cause for expulsion may include, but is not limited to: illegal behavior (including substance abuse), physical danger to self or others, out of control behavior and failure to pay tuition.
5. Nawa Academy provides the following services as a part of the tuition charge: adult care and supervision of students; meals and snacks; educational instruction in academic courses; academic reports; use of facilities at the California Campus; assistance with establishing a bank account, visa and permit requirements and travel arrangements; support and advice from the Office of the International Program Director; qualified instructors and staff, staff management of all prescription medications; transportation to and from events and activities, airport or bus station (upon arrival or departure), and to medical care as needed.
6. Nawa Academy will provide the following services with associated costs billed or charged separately to parents: medical/dental charges, spending money, laundry, clothing, and personal items.
7. Nawa Academy reserves the right to use any photographs or video/digital media of students for publicity purposes and maintains sole proprietorship of all photographs and video/digital media.
8. Parent agrees to provide medical insurance for student, and/or to reimburse all providers for medical costs associated with minor.
9. Parent is responsible for all medical costs associated with injury resulting from accidents and sickness while student is enrolled in an academic program. Parent acknowledges that even though Nawa Academy takes prudent and proper precautions against injury, there are inherent risks. As such, parent agrees to read and sign the Assumption of Risk and Responsibility form prior to student's participation in program.
10. Parent is responsible for the cost of transportation between home and school and holds Nawa Academy harmless when student uses public transportation.
11. Parent is expected to make travel and accommodation arrangements for student during vacation breaks of Fall, Winter, and Spring.

Initial
Here

NAWA ACADEMY

Admission Agreement - Foreign Students (Continued)

- 12. Nawa Academy is not responsible for student belongings and will not reimburse student or parent for lost or stolen clothes, personal items or equipment.
- 13. Nawa Academy does not discriminate regarding race, sex, color, religion, natural origin, or ancestry in its admission policies and services offered to students.
- 14. Tuition information for the above:

Academic Program: _____ Dates: _____ to: _____
(Beginning Date) (Ending Date)

Tuition Fee: \$ _____

Parent

President, Nawa Academy

Date

Date

- and -

- or -

Student (if age 18 or above)

Administrator, Nawa Academy

Date

Date

Please send your payment to:
 Nawa Academy
 17351 Trinity Mountain Road
 French Gulch, CA U.S.A. 96033



ACKNOWLEDGMENT OF RISKS • ASSUMPTION OF RISK AND RESPONSIBILITY • RELEASE OF LIABILITY

WARNING: NAWA takes precautions to provide proper organization, supervision, instruction, equipment and supplies for participation in programs; maintains commercial general liability insurance; and recognizes that there could be cases where we could be liable for an accident or injury. However, there are significant elements of risk - physical, emotional or mental in nature - in any adventure, sport, activity or training associated with the outdoors or wilderness, including development of wilderness skills, safety and rescue techniques, and teamwork; camping, caving, hiking, technical rock climbing, rappelling, swimming, canoeing and/or rafting (referred to herein as “activity”) and the use of any related equipment.

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to: 1) falls; 2) cold weather related injuries including hypothermia; 3) heat related illnesses including heat exhaustion and heat stroke; 4) altitude related sicknesses; 5) an “act of nature” which may include rock fall, crevasse fall, high winds, and change in temperature or water flow; 6) river crossings or travel including travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rock; 8) equipment failure; 9) overturn of watercraft; 10) my physical coordination, and ability to follow directions.

I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that using the “buddy-system” is a basic safety precaution while swimming; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that wearing appropriate clothing and footwear are basic safety precautions; that wearing a U.S. Coast Guard approved personal floatation device is a basic safety precaution while in or upon any water craft; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of accident.

CONVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while I am participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any photographs of me/us, as program participants, become your property and may be used for publicity purposes.

RELEASE: In consideration of services or property provided, I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: **NAWA**, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I HAVE READ THE FOREGOING ACKNOWLEDGMENT & ASSUMPTION OF RISK AND RESPONSIBILITY AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Participant’s Name (printed): _____ Participant’s Signature: _____

In an Emergency, Notify: _____ Phone: _____

Date: _____ Age of Participant: _____

If the Participant is under 18, the Parent or Legal Guardian must also sign: _____



ACKNOWLEDGMENT OF RISK FORM FOR PARTICIPATION ON NATIONAL FOREST LAND

WARNING: NAWA takes precautions to provide proper organization, supervision, instruction, equipment and supplies for participation in programs; maintains commercial general liability insurance; and recognizes that there could be cases where we could be liable for an accident or injury. However, there are significant elements of risk - physical, emotional or mental in nature - in any adventure, sport, activity or training associated with the outdoors or wilderness, including development of wilderness skills, safety and rescue techniques, and teamwork; camping, caving, hiking, technical rock climbing, rappelling, swimming, canoeing and/or rafting (referred to herein as “activity”) and the use of any related equipment.

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to: 1) falls; 2) cold weather related injuries including hypothermia; 3) heat related illnesses including heat exhaustion and heat stroke; 4) altitude related sicknesses; 5) an “act of nature” which may include rock fall, crevasse fall, high winds, and change in temperature or water flow; 6) river crossings or travel including travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rock; 8) equipment failure; 9) overturn of watercraft; 10) my physical coordination, and ability to follow directions.

I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that using the “buddy-system” is a basic safety precaution while swimming; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that wearing appropriate clothing and footwear are basic safety precautions; that wearing a U.S. Coast Guard approved personal floatation device is a basic safety precaution while in or upon any water craft; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I (we) certify that I (we) have the necessary skills and ability to participate in the said activity and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses thereof as a result of my (our) negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of NAWA.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of accident.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group ; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while I am participating in the activity. I agree that any photographs of me/us, as program participants, become your property and may be used for publicity purposes.

Agreement: I (we) also agree to abide by the rules or instructions given to (us) either verbally or in writing by NAWA. I (we) further understand that NAWA reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation in the said activity.

I HAVE READ THE FOREGOING ACKNOWLEDGMENT & ASSUMPTION OF RISK. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Participant’s Name (printed): _____ Participant’s Signature: _____

In an emergency, notify: _____ Phone: _____

Date: _____ Age of Participant: _____

If the Participant is under 18, the Parent or Legal Guardian must also sign: _____

NAWA ACADEMY

Academic Report Release Form

NAWA ACADEMY is fully accredited by the Western Association of Schools and Colleges

Parent/Guardian: Please submit to your current school:

School: Please mail this form with the academic reports to the Admissions office at Nawa Academy

Student Name: _____

Applicant's Home Address: _____
(Street)

(City) (State) (Zip) (Province)

(Country) (Phone Number)

Date of Birth: _____

Name of Present School: _____

School Address: _____
(Street)

(City) (State) (Zip) (Province)

(Country) (Phone Number)

To the School:

Please send a current academic report to:

Nawa Academy
Director of Admissions
17351 Trinity Mountain Road
French Gulch, California 96033 U.S.A.

Signed: _____
Parent or Legal Guardian

Date: _____

Random Drug Testing Parent Permission Form

Substance abuse is prevalent in all areas of our society. Studies have demonstrated repeatedly that most students in grades 7-12 have, at least once, tried some form of substance abuse. In a school that does not worry about substance abuse until an overdose, or behavior that sabotages educational performance, testing is viewed as a nuisance and possible infringement upon a teenagers rights.

However, Nawa Academy feels differently. We are concerned with substance abuse because we know the tragic effects it can have on ones education and ones life. Substance abuse simply magnifies these issues and makes them chronic problems. Therefore, Nawa Academy believes strongly in prevention and the best available form of prevention besides staff diligence is random testing. Please help us to help your child make good decisions by signing this Parent Permission Form.

This form must be signed in order for a student to enroll in Nawa Academy.

I (parent or legal guardian name)_____ hereby give my
 permission for Nawa Academy to conduct occasional random drug testing of my child (child's name)
 _____, date of birth_____, to be performed
 on site by a trained and qualified staff member. I understand that data will be taken to a medical clinic
 or laboratory that is chosen by Nawa Academy for evaluation. I am willing to sign any required forms
 requested by the medical clinic or laboratory and pay the costs for the drug testing.

Parent/Legal Guardian Signature:_____ Date:_____

Proof of Financial Responsibility

Nawa Academy is required by United States government regulations to obtain assurance of your family's ability to pay the cost of education at our school before we can issue the Certification of Eligibility for Non-immigrant Student Status (I-20 form), which will allow you to apply for a student visa (F-1).

Please complete this form and return it, with the completed application, and the entrance and orientation fee, to the Admissions Office. It will then be signed by a NAWA official and returned to you with the I-20 form. To expedite visa issuance, please submit this certification with the I-20 form to the U.S. visa official in your country.

Applicant's Name _____ Today's Date _____

Student Resident/Country ID# (if applicable) _____

Date of Birth _____ Country of Citizenship _____

Mailing Address _____

Applicant's email address _____

Name of Parent / Guardian _____

Parent Resident/Country ID# (if applicable) _____

Address (if different from above) _____

Parent/Guardian e-mail address _____

What is the present exchange rate of your currency to the U.S. dollar? _____ equals \$1 U.S.
Does your government currently impose restrictions on exchange and release of funds for study in the United States? Yes / No

If yes, what is the maximum dollar amount permitted for a student? _____

If available, please name a source of emergency funds in the United States. _____

Enter the expected amount of annual support from the sources listed below.

Family Savings _____
Name of Bank _____ Amount in U.S. Dollars _____

Other Sources (include Nawa Academy financial aid if applicable)

Name of Source _____ Amount in U.S. Dollars _____

Name of Source _____ Amount in U.S. Dollars _____

Will this level of financial support be available for the duration of the students time at Nawa Academy? Yes / No If no, when will the financial support stop? _____

This is to certify that I have read the information furnished on this form, that it is an accurate statement, and that the funds are available as indicated.

Signature of Bank Official _____ Name & Title _____

Name & Address of Bank _____ Telephone Number _____ Date _____

Signature of Person Responsible for Other Funds _____ Date _____

Signature of Parent/Guardian _____ Date _____

This is to certify that I have reviewed the information submitted on this form and that I approve issuance of the I-20 form, Certificate of Eligibility for Non-Immigrant Status.

Signature of School Official _____ Date _____

Name & Title _____

Immigration Information

The United States government requires that Nawa Academy keep the following information in our records. Please print clearly.

Applicant's Name _____ Date of birth _____
Day/Month/Year

Country of passport _____

Passport number _____ Passport expiration date _____
Day/Month/Year

Country of residence _____

Note: If you have a green card, please skip to the green card information section near bottom of page

Type of Visa _____ Number _____ Where issued _____
Example F-1, B-2 City

Visa Expiration date _____ Entries: Single / Multiple
Day/Month/Year Circle One



This section to be completed at school after the student arrives in the United States.

I-94 card admission number _____
 (The I-94 card is a small white card usually stapled on the visa page)

I-94 card expiration date _____ or D/S
Day/Month/Year Circle One

Green card number _____

Green card expiration date _____
Day/Month/Year

Date studies begin _____ Expected completion date _____
Day/Month/Year Day/Month/Year

You must bring the following when you arrive at Nawa Academy for registration. Without these documents, you cannot register and you may be violating U.S. Immigration Law. Do not check them in your baggage, you will need them when you enter the U.S. Keep them on your person.

- Valid Passport
- Valid I-20 form
- Valid F-1 Visa (inside passport)
- Green Card (if applicable)
- I-94 card (given to you in the airport by U.S. Immigration)

Confidential English Teacher Recommendation

Applicant's Name _____

The student named above is applying for admission to Nawa Academy. We would appreciate your comments below concerning the applicant's academic and personal qualities. It is particularly helpful when your evaluation and insights include descriptions of specific events and observations. All information is kept in strict confidence and will not become part of the permanent record. The Office of Admissions appreciates your time and effort in completing this evaluation. Please return this form as soon as possible directly to the Office of Admissions at the address indicated below.

In what subjects and during which academic years have you taught the applicant?

In relation to others whom you have known in the applicant's age group, please rate the candidate in the following areas by placing an "X" in the appropriate box in every line.

Academic Evaluation	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR	N/A
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of writing style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to hand in work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Evaluation	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR	N/A
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following:

The student's ability to move from literal to figurative interpretations. _____

The student's ability to organize and communicate ideas in both composition and speech. _____

The student's ability to learn from his/her mistakes. _____

Does the student require extra help and/or tutoring outside of class? If yes, please explain. _____

I recommend this applicant for admission...

Enthusiastically Strongly Without Reservations With Reservations Not at All

SIGNATURE _____ DATE _____

NAME (PLEASE PRINT) _____ TITLE _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____ PROVINCE _____ COUNTRY _____

TELEPHONE NUMBER(S) _____

EMAIL ADDRESS _____

MAY WE CONTACT YOU IF FURTHER INFORMATION IS NEEDED? _____

Confidential Math Teacher Recommendation

Applicant's Name _____

The student named above is applying for admission to Nawa Academy. We would appreciate your comments below concerning the applicant's academic and personal qualities. It is particularly helpful when your evaluation and insights include descriptions of specific events and observations. All information is kept in strict confidence and will not become part of the permanent record. The Office of Admissions appreciates your time and effort in completing this evaluation. Please return this form as soon as possible directly to the Office of Admissions at the address indicated below.

In what subjects and during which academic years have you taught the applicant?

In relation to others whom you have known in the applicant's age group, please rate the candidate in the following areas by placing an "X" in the appropriate box in every line.

Academic Evaluation	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR	N/A
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination / creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity and organization of written work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to hand in work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arithmetic skills and performance compared to ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test-taking ability and logical reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Evaluation	OUTSTANDING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR	N/A
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What course would you recommend this student take next year if enrolled at Nawa Academy. Please check only one course.

- Algebra I
- Geometry
- Algebra II
- Trigonometry
- Calculus
- Other: _____

Please comment on the following:

The student's work in math, keeping in mind the student's ability to grasp and retain concepts and methods and employ mathematical reasoning. _____

The student's ability to learn from his/her mistakes. _____

Does the student require extra help and/or tutoring outside of class? If yes, please explain. _____

I recommend this applicant for admission...

- Enthusiastically
 Strongly
 Without Reservations
 With Reservations
 Not at All

SIGNATURE _____ DATE _____

NAME (PLEASE PRINT) _____ TITLE _____

MAILING ADDRESS _____ CITY _____

STATE _____ ZIP _____ PROVINCE _____ COUNTRY _____

TELEPHONE NUMBER(S) _____

EMAIL ADDRESS _____

MAY WE CONTACT YOU IF FURTHER INFORMATION IS NEEDED? _____

Admissions Checklist

DIRECTIONS: Use this checklist as you fill out the application. Please include this checklist with the application and necessary paperwork when you return it to Nawa Academy. Upon receipt of this application, Nawa Academy will verify that all of the documents have been completed. If additional paperwork is needed someone from the Office of Admissions will be in contact with you.

For Office Use Only

- Application.....
- Medical Questionnaire.....
- Emergency Notification and Data Sheet.....
- Authorization to Consent to Treatment of Minor.....
- Admission Agreement.....
- Acknowledgment of Risks•Assumption of Risk & Responsibility•Release of Liability.....
- Acknowledgment of Risk for Participation on National Forest Land.....
- Academic Reports.....
- Random Drug Testing Parent Permission Form.....
- Immunization Records.....
- Note: Immunizations must include Polio, Diptheria, Tetanus, Pertussis, Measles, Mumps, and Rubella.
- Varicella (required for non-California residents.).....
- Hepatitis B (required if applying for admission into the 7th grade.).....
- Proof of Medical Insurance (must provide a copy of the medical insurance card.).....
- Proof of Financial Responsibility.....
- Immigration Information.....
- English Teacher Recommendation form.....
- Math Teacher Recommendation form.....
- Personal Essay.....