



PRE-APPLICATION FORM

SECONDARY & HIGH SCHOOLS

SOLO USO DE OFICINA / OFFICE USE ONLY

| | | |
|------------------|------------------|---------|
| | | DATE |
| AGENCY NAME | | COUNTRY |
| CONTACT NAME | | E-MAIL |
| MAILING ADDRESS | | |
| | | |
| TELEPHONE NUMBER | EMERGENCY NUMBER | |

STUDENT INFORMATION

| | | | |
|----------------|-------------|---------------|---|
| FAMILY NAME(S) | | FIRST NAME(S) | |
| DATE OF BIRTH | CURRENT AGE | SEX | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

PROGRAM INFORMATION

| | | | | | | | | | |
|-------------------------------|-------------------------------------|--|---|--|---|---------------------------------------|--------------------------------|-------------------------------------|-------------------------------|
| REQUESTED START MONTH | | YEAR | | | | | | | |
| LENGTH OF PROGRAM | <input type="checkbox"/> 1 SEMESTER | <input type="checkbox"/> 1 YEAR | <input type="checkbox"/> SHORT TERM | | | | | | |
| TYPE OF SCHOOL | <input type="checkbox"/> PUBLIC | <input type="checkbox"/> PRIVATE DAY | <input type="checkbox"/> PRIVATE BOARDING | <input type="checkbox"/> COMMUNITY COLLEGE | | | | | |
| TYPE OF PROGRAM | <input type="checkbox"/> BASIC | <input type="checkbox"/> BASIC PLUS | <input type="checkbox"/> BASIC VOLUNTEER | <input type="checkbox"/> SELECT | <input type="checkbox"/> ACE HIGH SCHOOL PREP PROGRAM | | | | |
| CURRENT GRADE IN HOME COUNTRY | GRADE ENTERING IN US | ENGLISH TEST SCORE | <input type="checkbox"/> SLEP | <input type="checkbox"/> ELTIS | <input type="checkbox"/> TOEFL | <input type="checkbox"/> TOEFL Junior | <input type="checkbox"/> IELTS | <input type="checkbox"/> ITEP SLATE | <input type="checkbox"/> SSAT |
| <input type="checkbox"/> 7TH | <input type="checkbox"/> 7TH | ARE YOU GOING TO BE GRADUATED BEFORE ENTERING THE USA? | | | | | | | |
| <input type="checkbox"/> 8TH | <input type="checkbox"/> 8TH | HAVE YOU EVER BEEN F1 VISA EXCHANGE STUDENT BEFORE? | | | | | | | |
| <input type="checkbox"/> 9TH | <input type="checkbox"/> 9TH | BUDGET | | | | | | | |
| <input type="checkbox"/> 10TH | <input type="checkbox"/> 10TH | CURRENT GRADE POINT AVERAGE | | | | | | | |
| <input type="checkbox"/> 11TH | <input type="checkbox"/> 11TH | | | | | | | | |
| <input type="checkbox"/> 12TH | <input type="checkbox"/> 12TH | | | | | | | | |

PLEASE LIST THE STUDENT'S REQUESTS. SPECIFIC SCHOOLS/DISTRICTS OR REQUESTS SUCH AS LOCATION, BUDGET, SPORTS, ARTS ETC

DOES THE STUDENT HAVE ANY SPECIFIC MEDICAL PROBLEMS/REQUIREMENTS?