



Please complete all pages of this application form and return to:

Admissions Department
 Mount Bell Academy
 1095 Dunford Way, Bldg. E
 Sunnyvale, CA 94087-7915

MOUNT BELL ACADEMY

2017 WINTER CAMP APPLICATION FORM

Student Information

_____	_____	_____	Gender: M F
Last	First	Middle	
_____	____/____/____	_____	_____
Preferred or Nickname	Birthdate: month/day/year	Age	Current Grade Level
_____	_____	_____	
Email	Home Phone Number	Cell Phone Number	
_____	_____	_____	_____
Permanent Street Address	City	State	Zip Code

First Parent's or Guardian's Information Second Parent's or Guardian's Information

Last Name:	Last Name:
First Name:	First Name:
Title: Mr. Dr. Miss Ms. Mrs. Other:	Title: Mr. Dr. Miss Ms. Mrs. Other:
Street Address:	Street Address:
City:	City:
State: Zip Code:	State: Zip Code:
Home Phone: ()	Home Phone: ()
Occupation:	Occupation:
Employer/Firm:	Employer/Firm:
Business Phone: ()	Business Phone: ()
Cell Phone: ()	Cell Phone: ()
Fax:	Fax:
Email:	Email:
Relationship to Student:	Relationship to Student:

Will you be needing Housing? (please check the correct box and answer the questions)

Housing is provided through Global Services International. This is through a Homestay or Host Dorm situation. Global Services will place you with a family that has been thoroughly screened. The accommodations are clean and safe and located in very good neighborhoods. You will likely be sharing a room with one or more other student your age (same gender).

Yes, I Need Housing!

If you need housing, please provide us with some important information so we can match you to housing situation you will feel most comfortable in:

- 1) List any allergies you may have (such as to foods, plants, dust or animals):

- 2) Some homes may have pets. If you are scared of or do not like a certain type of animal please indicate the animal(s) here:

- 3) Describe yourself, your interests, your personality, your habits etc.,

- 4) Describe the type of person (or list the name of a specific person) you would like to share a room with (ie., quiet, funny, nice, neat, someone who likes etc.,)

- 5) Please tell us anything important your host should know (such as sleep walking, bed wetting, nightmares, fears, likes/dislikes, needs, etc.,)

No, I do not need housing because *(please explain why not):*

If you do not need Housing, please provide us with the contact information of the person you plan to stay with. (Please note that we do NOT automatically allow students to stay with other people).

Name of person with whom you wish to be living:	
Your relationship to this person:	
Address:	
Home Phone Number:	Work Phone Number:
Cell Phone Number:	Email:

If you plan to attend the Winter Camp with a friend or family member Please list their name(s) here:

Name	Relationship	Age

Questions

Do you have any medical conditions requiring special treatment or that the school should be aware of?
Yes / No If so, please explain:

Do you have any learning challenges/needs that require additional support? *Yes / No*
 If so, please elaborate:

Circle your level of English Proficiency: *Low-Beginning High-Beginning Intermediate Advanced*
 Number of years you have studied ESL or English: _____
 Number of years you have studied at a school where all subjects were taught in English: _____

Describe your personality:

What are your greatest strengths?

What is your greatest weakness?

What do you hope to gain from your Winter Camp experience?

What are you most looking forward to experiencing?

List any Activities and Interests you have		
Activity or Interest	Years of Involvement	Awards, Honors, Positions, etc.,
1.		
2.		
3.		

Please return this completed application along with the \$500.00 registration fee. Please make checks out to Mount Bell Academy.

Thank you. Please call us at 408-616-9472 or email kkim@mountbellacademy.com with any questions.

 Signature of Parent or Guardian

 Date

 Student Signature

 Date