



Please send completed application:

By mail/in person:

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

By email:

kkim@mountbellacademy.com

MOUNT BELL ACADEMY

APPLICATION FORM

<p style="text-align: center;">Applying for:</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Independent Study</p> <p><input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">Applying for School Year:</p> <p><input type="checkbox"/> 2017-2018</p> <p><input type="checkbox"/> 2018-2019</p> <p><input type="checkbox"/> or Desired Entrance Date: _____</p>
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Student Information

_____	_____	_____	Gender: M F
Last	First	Middle	
_____	_____/_____/_____	_____	_____
English Name (optional)	Birthdate: month/day/year	Age	Current Grade Level
_____	_____	_____	
Email	Home Phone Number	Cell Phone Number	
_____	_____	_____	_____
Permanent Street Address	City	State	Zip Code

First Parent/Guardian Information

Second Parent/Guardian Information

Last Name:	Last Name:
First Name:	First Name:
Relationship to Student:	Relationship to Student:
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:

Questions

- 1) Why do you wish to attend *Mount Bell Academy* and what do you hope to gain from your educational experience at *Mount Bell*?
- 2) What special courses, academic interests or clubs do you hope to pursue at *Mount Bell*?
- 3) How does an education at *Mount Bell* fit in with your life goals and current interests?
- 4) How would you most like to contribute to the *Mount Bell Academy* community?
- 5) Please describe your personality:
- 6) What are your greatest academic strengths?
- 7) What do you need to improve on the most?
- 8) Do you have any medical conditions that the school should be aware of? YES / NO If so, please elaborate:
- 9) Have you ever repeated or skipped a grade? (*circle one*): YES, Repeated / YES, Skipped / NO
If so, please elaborate: Which grade: _____ What School: _____
Why:
- 10) Have you ever been expelled/suspended from school or arrested? YES / NO (if yes, please explain):
- 11) If you are interested in our competitive sports programs, please circle the sport of interest:
Golf Archery Swimming Tennis Other _____
- 12) Is English your first language? _____ if no, which level of English proficiency do you believe you are at? (*circle one*) Fluent Advanced Intermediate Beginning Low-Beginning
- 13) Please provide any additional information about yourself that you'd like us to know:

14) Please list any special interests, achievements or talents you have pursued:

Activity or Talent	Years of Involvement	Awards, Honors, Positions, etc.,

Educational Background

Name of your Current School:	School Address:	For Grades
List the name and address of all your past high school(s) & middle school(s)		
1.		
2.		
3.		
4.		

For International Students: (all other applicants can leave this area blank)

1. Will you be using the housing arranged by Mount Bell Academy’s affiliates? *YES / NO*
2. If not, who or what agency will be providing you with housing? _____
3. If you know where you will be living in the United States, please fill-in the information here:

Name of person you plan to live with:	
Your relationship to this person:	
Address:	
Home Phone Number:	Work Phone Number:
Cell Phone Number:	Email:
Will this person have legal guardianship of you? <i>YES / NO</i>	
If not, please provide the name and contact information of the person in America who will have legal guardianship over you:	

Upon attending our school, maintaining grades and proper behavior inside and outside of school will be one of the conditions for continued enrollment at Mount Bell Academy.

By signing below, you and your parent acknowledge that the information provided in this application is true to the best of your knowledge.

Signature of Parent or Guardian

Date

Student Signature

Date

*Please return this completed application along with a check for the **\$125 non-refundable Application Fee** (for Summer School, this fee is \$50). Please make checks out to Mount Bell Academy. Also, you may choose to include with your application: grades, transcripts and relevant test results (ie., IQ, TOEFL, STARS, PSAT, SAT). We will need official school transcripts sent to us directly from your student's current school before enrollment can be completed.*

School Tours, Financial Aid and Scholarships are Available!

Contact us for more information:

www.mountbellacademy.com
kkim@mountbellacademy.com
(408) 616-9472

We look forward to meeting you!



Mount Bell Academy

Transcript Request Form

To Whom It May Concern:

Please send Mount Bell Academy the official school transcripts for the student named below:

Name of Student: _____

Student's Birthdate: _____

Signature of Parent or Legal Guardian: _____

Name and Relationship to Student: _____

Date of Signature: _____

Please send transcripts to:

**Admissions Department
Mount Bell Academy
1095 Dunford Way, Bldg E
Sunnyvale, CA. 94087
(408) 616-9472**