



APPLICATION FOR ADMISSION

PLEASE COMPLETE AND RETURN:

By Mail:

Jessica David
SFYI Admissions Department
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By E-mail:

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OR

By Fax:

+1.303.484.9832

ADMISSIONS CONTACT:

Jessica David, Admissions Counselor
Phone: +1.720.524.3758

Or

Katie Jochum, Executive Director—SFYI USA
Phone: +1.208.263.4974

APPLICATION FOR ADMISSION

STUDENT INFORMATION

Name _____ Nickname _____ Grade _____
Address _____ Age _____ Date of Birth _____
City _____ Birthplace _____
State _____ Zip _____ Height _____ Weight _____ Male Female
Contact Phone _____ Adopted? Yes No At What Age? _____
Race/Ethnicity _____ Citizenship _____ SSN _____
Religious Denomination (Optional) _____ Please attach 3 photos or e-mail 1 digital of student

FAMILY INFORMATION

FATHER

Name _____
Social Security Number _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Cell Phone _____
Fax _____
E-mail _____
Employer _____
Occupation/Title _____
Employer's Address _____
City _____ State _____ Zip _____
Work Phone _____
Work Fax _____
Education _____

MOTHER

Name _____
Social Security Number _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Cell Phone _____
Fax _____
E-mail _____
Employer _____
Occupation/Title _____
Employer's Address _____
City _____ State _____ Zip _____
Work Phone _____
Work Fax _____
Education _____

PARENT INFORMATION (Cont.)

STEPFATHER

Name_____

Social Security Number_____

Address_____

City_____

State_____ Zip_____

Home Phone_____

Cell Phone_____

Fax_____

E-mail _____

Employer_____

Occupation/Title_____

Employer's Address_____

City_____ State _____ Zip_____

Work Phone_____

Work Fax_____

Education_____

STEPMOTHER

Name_____

Social Security Number_____

Address_____

City_____

State_____ Zip_____

Home Phone_____

Cell Phone_____

Fax_____

E-mail _____

Employer_____

Occupation/Title_____

Employer's Address_____

City_____ State _____ Zip_____

Work Phone_____

Work Fax_____

Education_____

GUARDIAN

Name_____

Social Security Number_____

Address_____

City_____

State_____ Zip_____

Home Phone_____

Cell Phone_____

Fax_____

E-mail _____

Employer_____

Occupation/Title_____

Employer's Address_____

City_____ State _____ Zip_____

Work Phone_____

Work Fax_____

Education_____

SIBLINGS/STEP-SIBLINGS

Name_____ Name_____

Date of Birth_____ Male Female Date of Birth_____ Male Female

Relationship to Student_____ Relationship to Student_____

Resides_____ Resides_____

Name_____ Name_____

Date of Birth_____ Male Female Date of Birth_____ Male Female

Relationship to Applicant_____ Relationship to Applicant_____

Resides_____ Resides_____

Name_____ Name_____

Date of Birth_____ Male Female Date of Birth_____ Male Female

Relationship to Applicant_____ Relationship to Applicant_____

Resides_____ Resides_____

CUSTODY INFORMATION

In the case of a separation or divorce, all legal documents must be attached to this application.

Legal Custody Mother Father Physical Custody Mother Father

Sole Custody Mother Father Presiding State_____

Visitation Information_____

EMERGENCY INFORMATION

Please list an emergency contact if parents or legal guardians are not accessible to SFYI staff.

Name_____ Relationship_____

Home Phone_____ Office Phone_____

Address_____ City_____ State___ Zip_____

PARENT/LEGAL GUARDIAN INFORMATION

Participation in the Southern France Youth Institute is purely voluntary. The questions below are designed to help the staff at SFYI better understand and meet the needs of your student. It is important that one or both parents/guardians complete this section.

1) Please describe your student and what you would like us to know about him/her, i.e. strengths and attributes.

2) Describe your student’s interests and hobbies.

3) What are your expectations of your student while enrolled in the Southern France Youth Institute? What goals would you like your student to accomplish?

4) What is the most important experience you would like your student to have while at the Southern France Youth Institute?

5) How does your student handle new experiences and environments? How does your student handle frustration?

6) Please describe your student's relationship with you and other members of your family.

7) Please describe your expectations of the Southern France Youth Institute.

8) Please use this space if you have additional comments you would like to share about your student that would be helpful to the Southern France Youth Institute in designing your student's program.

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STUDENT INFORMATION

This part of the application needs to be *completed by the prospective student*. These questions are designed to help the staff at SFYI gain a solid understanding of you. We would like to know your interests, talents and experiences, as well as your expectations while at SFYI.

1) Please describe your reasons for applying to the Southern France Youth Institute. Why is this time abroad/in France important to you?

2) Which academic subjects interest you the most? The least?

3) What do you consider to be your greatest strengths? Weaknesses?

4) How would your favorite teacher describe you and your potential? How might your least favorite teacher describe you?

5) What qualities in a teacher are most important to you?

6) Please tell us the most interesting thing that you have learned in the past year (in school or out) and what impact or value that has had on you.

7) Who are the people you are most comfortable being around? Why?

8) Please tell us about your family and your relationship with your mother, your father, your siblings and any other important member of your family or extended family.

9) Have you done independent studies before, where and for how long?

10) Have you traveled outside your home country, where and for how long?

11) Have you spent time away from your family before, where and for how long?

12) What are your special interests and hobbies?

13) Please tell us your personal and academic goals while you are at the Southern France Youth Institute.

14) Please use this space if you have additional comments you would like to share about yourself.

Student Signature

Date