



## APPLICATION FOR ADMISSION

### PLEASE COMPLETE AND RETURN:

*By Mail:*

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*By E-mail:*

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OR

*By Fax:*

+1.303.484.9832

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### 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

SESSION:  SUMMER  FALL  SPRING

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 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

### MOTHER

Name _____	Name _____
Social Security Number _____	Social Security Number _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Fax _____	Fax _____
E-mail _____	E-mail _____
Employer _____	Employer _____
Occupation/Title _____	Occupation/Title _____
Employer's Address _____	Employer's Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Work Phone _____	Work Phone _____
Work Fax _____	Work Fax _____
Education _____	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_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth_____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Student_____	Relationship to Student_____
Resides_____	Resides_____

Name_____	Name_____
Date of Birth_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth_____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Applicant_____	Relationship to Applicant_____
Resides_____	Resides_____

Name_____	Name_____
Date of Birth_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth_____ <input type="checkbox"/> Male <input type="checkbox"/> 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\_\_\_\_\_

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**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.

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2) Describe your student's interests and hobbies.

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3) What are your expectations of your student while enrolled in the SFYI International School? What goals would you like your student to accomplish?

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4) What is the most important experience you would like your student to have while at the SFYI International School?

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

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

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7) Please describe your expectations of the SFYI International School.

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

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**Student Signature**

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**Date**

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**Parent/Guardian Signature**

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**Date**

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**Parent/Guardian Signature**

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**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 SFYI International School. Why is this time abroad/in France important to you?

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

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

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

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

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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.

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

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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.

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9) Have you done independent studies before, where and for how long? *(For credit seeking students.)*

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

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

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12) What are your special interests and hobbies?

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13) Please tell us your personal and academic goals while you are at the SFYI International School.

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

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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**