

soteric academy

SOTERIC ACADEMY APPLICATION FORM

Return this form to:

By email info@sotericacademy.org

By fax +1 949 666 6600

STUDENT INFORMATION - PRINT CLEARLY IN BLOCK LETTERS (UPPER CASE)

First name				
Last Name				
Gender				
Date of Birth	day	month	year	
Grade for which you are applying	7 th grade <input type="checkbox"/>	8 th grade <input type="checkbox"/>	11 th grade <input type="checkbox"/>	12 th grade <input type="checkbox"/>
	9 th grade <input type="checkbox"/>	10 th grade <input type="checkbox"/>		
Passport Number or Social Security No.				
Home address	Address line 1			
	Address line 2			
	City			
	State or Province		Zip / Postal code	
	Country			
Phone number				
Email address				
Current school name				
Current school address				

PARENT 1 / GUARDIAN 1 INFORMATION

First name	
Last Name	
Home address Or Same as student <input type="checkbox"/>	Address line 1
	Address line 2
	City
	State or Province
	Zip / Postal code
	Country
Phone number	
Email address	

PARENT 2 / GUARDIAN 2 INFORMATION

First name	
Last Name	
Home address Or Same as student <input type="checkbox"/>	Address line 1
	Address line 2
	City
	State or Province
	Zip / Postal code
	Country
Phone number	
Email address	

PAYMENT

The non-refundable application fee is \$250.

Credit card number	Name on the Card
<input type="text"/>	<input type="text"/>
Expiration Date	Security Code
<input type="text"/>	<input type="text"/>

OTHER REQUIREMENTS:

In order to process your application, the following documents must accompany your application by email to info@sotericacademy.org :

✚ **Proof of funds:** \$35,000
This can be a bank statement or other statement of liquid funds.

✚ **Student transcript**
Current official transcript of at least two years

Declaration from Financial Sponsor

I, _____ certify that I will assume full financial responsibility (including but not limited to: educational and living expenses, transportation, food, homestay, etc.) for _____ (student name) while he/she is enrolled at Soteric Academy. All United States laws and guidelines will be upheld and followed.

Sponsor name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Printed name of financial sponsor _____

Signature of financial sponsor _____ Date _____

Parent Agreement

I certify that all information given in the application process is complete and accurate. I understand that failure to discuss information about the applicant's medical, educational or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date _____ / _____ / _____

CHECKLIST

- Completed Application form (this form)
- Application fee (non refundable) \$250
- Proof of Funds
- Student Transcript
- Copy of Passport (photo page only)