



APPLICATION PROCESS

Once completed, please submit this application via email to admissions@fassv.org.

The French American School of Silicon Valley employs a 5-step application process for the 2025-2026 Academic Year.

1. APPLICATION – deadline February 10, 2025

Please submit the application to the Admissions Office no later than February 10, 2025. Please include with the application:

- a) A non-refundable application fee of \$90 payable by PayPal (accounting@fassv.org)
- b) A recent photo of your child via e-mail
- c) A recent family photo via e-mail
- d) Current teacher evaluation form
- e) Copy of the last 2 years of school report cards (if applicable)
- f) Copy of the child's birth certificate (U.S. citizens)
- g) Copy of *livret de famille* (French citizens)
- h) Copy of the child's passport (non-U.S. citizens only)
- i) Copy of the child's visa (non-US citizen only)
- j) Legal custody document (if applicable)

2. REVIEW

All applications will be reviewed by the Admissions Office. Evaluations will not be scheduled until the completed admission application, the required documents and the \$90 application fee have been submitted to the Admissions Office.

3. EVALUATION – February & March 2025

The Admissions Office will contact prospective parents in February 2025 to schedule an evaluation of the child.

4. ENROLLMENT – End of March 2025

Acceptance notifications and enrollment contracts will be sent out in March 2025.

The enrollment contract must be completed and submitted to the Admissions Office along with the non-refundable \$2,500 enrollment deposit that includes the \$1,500 one-time registration fee and the \$1,000 tuition deposit per child. The enrollment deposit is payable by Paypal (accounting@fassv.org)

5. PAYMENT OPTIONS:

- 1) Pay in full no later than June 6, 2025
- 2) Two installments: First installment June 6, 2025 and the second installment January 6, 2026. A \$490 service fee is due with the first installment.
- 3) Ten installments: First installment June 6, 2024, the remaining 9 installments on the 6th of each month beginning September 2024- May 2026. A \$795 service fee is due with the first installment.



**APPLICATION FOR ADMISSION
2025-2026**

APPLICANT'S PERSONAL DATA

Legal name _____
Last name First name Middle

Preferred name _____ Gender M F DOB ____/____/____
MM DD YY

Current grade _____ Applying for grade _____

Country of birth _____ Country of citizenship (1) _____ (2) _____

Applicant's first language _____ Second _____ Third _____

Language(s) spoken at home _____

Contact Information:

Applicant's primary residence _____

City _____ State _____ Zip _____ Country _____

Home phone _____ Other phone _____

Has applicant applied to other schools? Yes No

If so, please list, indicating preference:

First choice _____

Second choice _____

Third choice _____

How did you hear about the French American School of Silicon Valley? (Please check all that apply)

Applicant is a sibling of a current student of the French American School of Silicon Valley:

Name _____ Age _____ Grade _____

Referred by _____

Niche Bay Area Parent French Morning Website

Facebook Instagram Other _____

APPLICANT'S FAMILY DATA

Parent/Guardian 1

Dr. Mr. Mrs. Ms.

Name _____

Relationship to applicant _____

Address Same as applicant

Address (if different) _____

Home phone _____

Cell phone _____

Email _____

Country of birth _____

Citizenship _____

First language _____

Second _____ Third _____

University attended _____

Degree(s) _____

Occupation _____

Employer _____

Work address _____

Work phone _____

Parent/Guardian 2

Dr. Mr. Mrs. Ms.

Name _____

Relationship to applicant _____

Address Same as applicant

Address (if different) _____

Home phone _____

Cell phone _____

Email _____

Country of birth _____

Citizenship _____

First language _____

Second _____ Third _____

University attended _____

Degree(s) _____

Occupation _____

Employer _____

Work address _____

Work phone _____

Check all that apply:

Parents married	Mother deceased
Parents living together	Father deceased
Parents separated	Mother remarried
Parents divorced	Father remarried

Applicant lives with:

Both parents	Legal guardian
Mother	Stepmother
Father	Stepfather
Joint custody	

- If divorced or separated, who has legal custody of the child? (legal proof of custody required) _____

Siblings

Name _____ DOB ____/____/____ Grade _____

Name _____ DOB ____/____/____ Grade _____

Name _____ DOB ____/____/____ Grade _____

APPLICANT'S EDUCATION HISTORY

Please list schools or daycare facilities applicant previously attended (*with most recent listed first*):

Current school _____ From _____ To _____

Grade level _____

School address _____

School phone _____ Contact email _____

Prior school _____ From _____ To _____

Grade level _____

School address _____

School phone _____ Contact email _____

PARENT / GUARDIAN QUESTIONNAIRE

Please answer the following questions in the space provided.

1. What factors contributed to your decision to apply to the French American School of Silicon Valley?
2. What do you consider to be your child's greatest strengths and/or interests?
3. Does your child receive or need support and/or any form of accommodation?
4. Please describe your child's relationship with his/her family and peers.
5. Please share any additional information which might provide further insight about your child (use additional sheet if necessary)

I understand that withholding or misrepresenting information contained herein may jeopardize admission or enrollment at the French American School of Silicon Valley. My signature below indicated that all the information contained in the Application and questionnaire is accurate, complete, and honestly presented.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

TEACHER EVALUATION - PAGE 1

Dear Prospective Parents: Please sign this document* as indicated below and submit to your child's current school for completion. The school must return this form to the French American School of Silicon Valley.

**note: this form is available in French upon request*

Parent(s) /Print name _____ Signature _____ Date _____

Applicant's name _____
Last name
First name
M I

Applying for grade _____ Grade at current school _____

Dear Teacher: The above-listed student has submitted an application to the French American School of Silicon Valley. We greatly appreciate your assistance in completing the following assessment of this student's abilities. Student information is treated in a confidential manner.

Please return this evaluation directly to:

*Admissions Office
 French American School of Silicon Valley
 1522 Lewiston Drive
 Sunnyvale, CA 94087
 or admissions@fassv.org*

	Beginning	Intermediate	Advanced
ENGLISH LANGUAGE SKILLS	1	2	3
Ability to engage in social communications (e.g. speaking with friends, expressing needs, etc.)			
Ability to understand English spoken by the teacher during class lessons.			
Ability of the child to verbally express academic concepts in English			
Extent of English language vocabulary			
Use of correct English language grammar and sentence structure			
Use of correct English pronunciation			

Does this child speak, or has he/she been exposed to other languages?
 If so, describe:

	Below expectations	Needs work	Average	Above average	Exceptional	N/A
ACADEMIC SKILLS	1	2	3	4	5	
Reading						
Writing						
Mathematics						
Science						
Social Studies						
Physical Education						

SOCIAL/EMOTIONAL ADJUSTMENT						
Attention span						
Ability to complete tasks as directed						
Attitude toward peers						
Attitude toward teachers						
Accepts consequences of own behavior						
Reaction to challenges faced						
Emotional maturity						
Leadership						
Qualities of mind (keenness, imagination, curiosity)						

HEALTH • ATTENDANCE • HOME/SCHOOL COMMUNICATION

Attendance						
General health						
Arrives at school on time						
Parental support of school rules & procedures						

TEACHER EVALUATION - PAGE 2

Please help us by supplying additional comments on the following:

1. Please describe the applicant's emotional and social development as compared with peers in his class of the same age.
2. Please note any specific needs we should be aware of:
3. What do you consider to be the applicant's greatest strengths?
4. What do you feel are the applicant's greatest challenges, and why?
5. Does this applicant have any special hobbies, interests, or talents?
6. Has outside help, tutoring, testing or special needs help been recommended? Yes No
If yes, please describe:
7. If special help has been implemented, have you seen marked improvement during the past year based on strategies you have tried to implement? Have the parents been supportive in this aspect?
8. We would appreciate any additional information you feel would be relevant concerning this child. Please use additional sheet if necessary.

Evaluation completed by:

Name of teacher

Title

School

Address

Telephone (Required)

City

State

Zip

Signature

Date