



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 2022-2023 Academic Year.

1. APPLICATION

Please submit the application to the Admissions Office. Please include with the application:

- a) A non-refundable application fee of \$90.00 payable by check or PayPal at accounting@fassv.org
- b) A recent photo of your child via e-mail
- c) A recent family photo via e-mail
- d) 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

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

4. ENROLLMENT

Acceptance notifications and enrollment contracts will be sent out to qualified applicants.

The enrollment contract must be completed and submitted to the Admissions Office along with the non-refundable \$2,200.00 enrollment deposit that includes the \$1,200 one-time registration fee and the \$1,000 tuition deposit per child.

5. PAYMENT OPTIONS:

Pay in one, two, or ten installments. Amounts and schedule to be provided upon offer of admission.



**APPLICATION FOR ADMISSION
2022-2023**

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 _____

School fairs

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 | | | | | | |
| Ability to work with 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