



# Stanford | Pre-Collegiate International Institutes

## 2017 STANFORD INTERNATIONAL INSTITUTES APPLICATION FORM

STUDENT INFORMATION		
Name of participant: Last name: _____ First Name: _____	Female <input type="checkbox"/> Male <input type="checkbox"/>  Nationality: _____	Birth Date (DD/MM/YYYY): _____  Birth place: _____
Street Address: _____	City: _____	Postal Code: _____
Email Address: _____	Mobile Telephone: _____	Skype ID (for online interview): _____
Name of School: _____	Current School Grade: _____	Years of attendance: _____
PARENT/GUARDIAN INFORMATION		
Parent/ Guardian (1): Relationship: (father/mother) Last name: _____ First name: _____	Home Telephone: _____	
Email Address: _____	Work or Mobile Telephone: _____	
Parent/ Guardian (2): Relationship: (father/mother) Last name: _____ First name: _____	Home Telephone: _____	
Email Address: _____	Work or Mobile Telephone: _____	
Parent/ Guardian Address (If different than applicant's above): _____		
EMERGENCY CONTACT INFORMATION		
Contact Person: _____	Relationship to Participant: _____	
Home Telephone: _____	Work or Mobile Telephone: _____	
ADDITIONAL INFORMATION		
How did you hear about this program? <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Counsellor <input type="checkbox"/> Other: _____		
Have you attended a summer camp in the US before? <input type="checkbox"/> No <input type="checkbox"/> If yes, which one and when? _____		
Do you intend to study in the US for university? <input type="checkbox"/> Yes <input type="checkbox"/> No; if not the US, then where? _____		
PARENT/GUARDIAN SIGNATURE		
I affirm that the information supplied is true and correct and the answers to the questions are my own. I agree to submit all required documents and applicable fees to Opus Academy. I accept all final decisions or results made by Opus Academy. I understand that any misrepresentation in my application may cause Stanford Pre-Collegiate International Institutes to revoke an offer of acceptance to the program.		
Signature (Parent's) : _____ Date: (DD/MM/YYYY) _____		
FOR OFFICE USE ONLY		
REMARK: _____	APPLICATION FEE: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
STATUS: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Waitlisted	PAYMENT METHOD: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque: (Bank/No.) _____ <input type="checkbox"/> Other: _____	
INTERVIEW DATE: (DD/MM/YYYY) _____ By: _____ Method: _____ Decision: _____		



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### STUDENT QUESTIONNAIRE

Why do you want to attend the Stanford Pre-Collegiate International Institutes? (Word Limit: 150)\*

We are often given advice or come across a quote that has made an impact on our lives. What is the best piece of advice or the most inspirational quote you would like to share and why? (Word Limit: 150)\*

Describe yourself. What is your greatest strength and greatest weakness? (Word Limit: 150)\*

Our community consists of students, teachers, and faculty from all over the world. How do you expect to contribute and interact with students from different cultures? (Word Limit: 150)\*

TO LEARN MORE, VISIT: [internationalinstitutes.stanford.edu](http://internationalinstitutes.stanford.edu)

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