

**Palmetto Bay Academy, Inc.  
International Student Information Form**

Name \_\_\_\_\_ Class of \_\_\_\_\_

Date of Birth \_\_\_\_\_

Passport Country \_\_\_\_\_

Passport # \_\_\_\_\_

US Address  
\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Permanent International Address  
\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ email \_\_\_\_\_

**Student Lives with (Fill in all that apply.)**

US Homestay Name \_\_\_\_\_

US Homestay Phone \_\_\_\_\_

Homestay Emergency Contact Phone \_\_\_\_\_

Homestay email \_\_\_\_\_

Name: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

**Parent Information**

Parent Name \_\_\_\_\_

Parent Cell Phone (Include country code) \_\_\_\_\_

Parent email \_\_\_\_\_

Parent Employer \_\_\_\_\_

**If Applicable: Psychologist/Therapist's Name and Phone Number**

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**Palmetto Bay Academy, Inc.  
International Student Health Form**

Name \_\_\_\_\_ Class of \_\_\_\_\_  
(Family Name/Last Name) First Name

Date of Birth \_\_\_\_\_ Gender \_\_\_M \_\_\_F

**REQUIRED BEFORE 1ST DAY OF ATTENDANCE: Negative TB Test Results with Official Seal, Stamp or Letterhead; or attach official results**

1. Official Tuberculosis Test Results (within 6 months), PPD, Mantoux (Tine test not accepted)

Results \_\_\_\_\_ Date \_\_\_\_\_

2. Does the applicant have any condition (physical/mental) which would prevent or restrict participation in a full course of study? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (This will not necessarily bar a student from acceptance but will allow the school to better prepare accommodations.)

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All students of PBA will also need to submit to the school within one week of attendance:

1. School Health Form (From M.D.)
- 2.
3. Florida Immunization (From M.D.)