



**A PRIVATE
PREPARATORY
SCHOOL FOR
GRADES PRE K-12**

Fully Accredited by the
Accrediting Commission
For Schools, Western
Association of Schools
And Colleges

www.acswasc.org

DOMESTIC STUDENT APPLICATION

Application Checklist

- Completed Application Form
- Application Fee (\$250)
- School Official Transcripts
- Records Request Form
- Residency Proof (Passport, Green card, etc.)
- Two Teacher Recommendations
- Portfolio (at least 3 pieces of student work)
- iTEP (if English is not the first language)

Complete the application packet and return to the Admissions Office:

- IRVINE Campus**
(4947 Alton Pkwy, Irvine, CA 92604)
- ENCINITAS Campus**
(679 Encinitas Blvd, Encinitas, CA 92024)

Application Fee

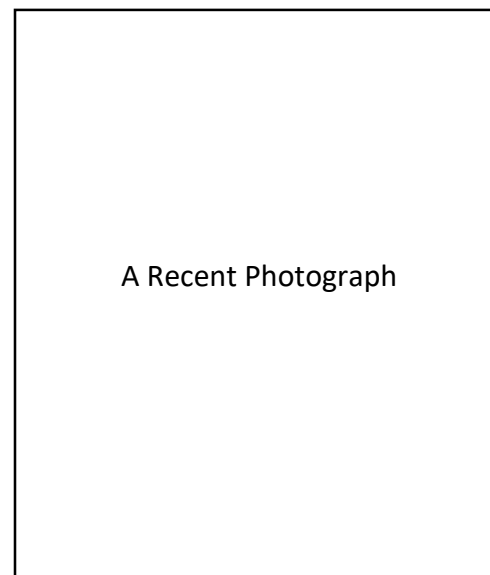
Enclosed with this application is a one-time new student application fee of \$250. I understand that this fee is non-refundable.

Applying for grade: _____ Cashier's check/bank draft (Check# _____)
Academic year: _____ Parent's initial: _____ Date: _____

Student's General Information

Student's First name: _____
Student's Last name: _____
Middle name: _____ Preferred name: _____
Student's date of birth (M/D/Y): _____
Place of birth: _____
Gender: Male Female Student age: _____

Home Address: _____
City: _____ State: _____
Zip code: _____
Home phone: () _____
Cell phone: () _____
Email address: _____



A Recent Photograph

(Recent Photo of the Student)

Encinitas Campus | O: 760.634.1188
679 Encinitas Blvd | Encinitas, CA 92024

Irvine Campus | O: 949.398.5288
4947 Alton Parkway | Irvine, CA 92604

Costa Mesa Campus | O: 714.916.9366
2987 Mesa Verde Dr E. | Costa Mesa, CA 92626



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Parent/Guardian Information

Are both parents living? Yes No

Student lives with (check all that apply):

Mother Father Stepfather Stepmother Other(s): _____

Father's first name _____ Last name _____ Middle name _____

Father's employer and position _____ Father's education _____

Father's full home address _____

Father's work number _____ Cell phone _____ Email _____

Mother's first name _____ Last name _____ Middle name _____

Mother's employer and position _____ Mother's education _____

Mother's full home address _____

Mother's work number _____ Cell phone _____ Email _____

If parents are deceased or separated, or if students do not live with parents, who is the student's legal guardian?

Student's Sibling Information

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Financial Responsibility

Financial responsibility for the student's tuition will be assumed by _____.

Health

Describe the student's general health:

Does he/she have any physical disabilities or allergies that would limit his/her participation in the full range of school activities?

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Has the student ever suffered any serious injury or illness?

Is the student under the care of a physician, psychiatrist or psychologist?

If so, please describe briefly:

School

Student's present school _____

Enrolled since: _____ Grades attended: _____

Address: _____

School office phone: _____ Teacher or adviser: _____

Previous school: _____ City/state: _____

Grades attended: _____ Years attended: _____

Previous school: _____ City/state: _____

Grades attended: _____ Years attended: _____

Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

Has the applicant had any form of achievement, intelligence or psychological testing done during the last three years? Name of the test: _____

Administered by: _____

What is it about PA that appeals to you? Why do you think it would make a good choice for your son or daughter?

What are your immediate goals for your child?

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Do you see your son or daughter as a fairly self-motivated and independent learner, or do you sense that he/she needs close supervision to stay on task?

Describe your child's social style in terms of his/her relationships to others (peers, adults, family) in new settings and familiar situations.

Does your child have specific interests or hobbies?

Language spoken at home: _____

How would you describe your son or daughter's learning style?

Has your son or daughter had any previous difficulties in school? If so, what supports have you or his/her school provided?

Does your child have a 504 Plan, Individualized Education Program (IEP), an Educational Service Plan (ESP), or receive educational accommodations? Please explain.

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What would else you like the Admissions Committee to know about your child?

How did you hear about PA?

Internet Postcard Newspaper TV Friends: _____

Name and relationship of relatives and/or friends who are attending Pacific Academy.

A non-refundable fee of \$250.00 along with a copy of your child's transcripts must accompany this application. Your application is regarded as a formal request for consideration of your son or daughter as a potential student at PA, and as authorization to our office to obtain transcripts and recommendations from previous schools.

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 ____ / ____ / ____

Revised 9/27/2022

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