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PreK-6 Chinese Immersion Program Student Application

Application Checklist

- □ Completed Application Form
- □ Application Fee (\$250)
- □ Report Card and one Teacher Reference
- □ Birth Certificate or Government Issued Photo ID
- □ Portfolio and Sample Works

Costa Mesa Campus (Prek-6) Irvine Campus (K-6)

Please complete the application packet and return to:

- Irvine 4947 Alton Pkwy, Irvine, CA 92604 or <u>admissions@pacificacademy.org</u>
- Costa Mesa 2987 Mesa Verde Dr. E, Costa Mesa, CA 92626 or CostaMesa@pacificacademy.org

(See Admissions Procedure for more information.)

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	General	mormation

Student's full name:		
Student's Chinese name:		
Student's date of birth (M/D/Y):		
Place of birth:		
Gender: Male 🗆 Female 🗆 Student age:		
Ethnicity:		
Home Address		

Street:	
City:	State:
Zip code:	
Home phone: ()	
Cellphone: ()	
Email address:	

A Recent Photograph

(Recent photo of the student)

Encinitas Campus I O: 760.634.1188 679 Encinitas Blvd I Encinitas, CA 92024 Irvine Campus I O: 949.398.5288 4947 Alton Parkway | Irvine, CA 92604 Costa Mesa Campus I O: 714.916.9366 2987 Mesa Verde Dr E. I Costa Mesa, CA 92626



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Parent/Guardian Information

Are both parents living? Y	′es 🔲 No 🗖	
Student lives with (check a	all that apply):	
Mother 🛛 🛛 Father 🗖 😒	Stepfather 🛛 Stepmother 🗆	Other(s):
Father's first name	Last name	Middle name
Father's education	Cellphone	Work number
Father's employer/positio	n	Email
Father's full home address	5	
Mother's first name	Last name	Middle name
Mother's education	Cellphone	Work number
Mother's employer/positi	on I	Email
Mother's full home addres	SS	
If parents are deceased or	separated, or if the student doe	es 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?

Has the student ever suffered any serious injury or illness?

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Is the student under the care of a physician, psychiatrist, or psychologist? If so, please describe briefly:

School

Student's present school				
Type of present school: Public 🛛				None 🗖
Enrolled since:		(Grades attended: _	
Address:				
	Teacher or adviser:			
Previous school:		C	ity/state:	
Grades attended:	Years at	tended:		
Previous school:		C	ity/state:	
Grades attended:	Years at	tended:		
Previous school:		C	ity/state:	
Grades attended:	Years at	tended:		

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.

Language Background

Student's first language: _____

Primary languages spoken at home: _____

Student's Chinese language history:

(Traditional □ Simplified □) Years of exposure: _____

Has the student taken any classes for this language? If so, please elaborate.

Student's English language history:

(Native speaker □ Non-native speaker □) Years of exposure: ____

Has the student taken any classes for this language? If so, please elaborate.

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Student's Spanish language history:

Years of exposure: _____

Has the student taken any classes for this language? If so, please elaborate.

Student's other language history:

 Language:
 Years of exposure:

 Language:
 Years of exposure:

Family members who speak a second language at home:

Language:	Relationship to student:	
Language:	Relationship to student:	
Language:	Relationship to student:	

Applicant's Information

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?

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.

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Does your child have specific interests or hobbies?

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), receive educational accommodations, or being diagnosed with the needs for special education accommodations? Please explain.

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:

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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 and 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 / /
	2400 / /

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