



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

Fully Accredited by the
Accrediting Commission
for Schools, Western
Association of Schools
and Colleges

www.acswasc.org

STUDENT APPLICATION

Application Checklist

- Completed Application Form
- Application Fee (\$250)
- Current School Official Transcript
- Two Teacher Recommendations
- Portfolio (3 pieces of student work)

(See Admissions Procedure for more information.)

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, which will be used to process my child's record. 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 full 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



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Parent/Guardian Information

Are both parents living? Yes No

If deceased, which? _____

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 both your parents are deceased or separated, who is your 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 _____

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 _____

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.

How did you hear about PA?

Internet Postcard Newspaper TV Friends _____

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

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?



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What are your immediate goals for your child?

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?



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

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

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 ____ / ____ / ____