



**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

INTERNATIONAL STUDENT APPLICATION

Application Checklist:

- Completed Application Form
- Application Fee (\$300)
- Current School Official Transcript
- Records Request Form
- Photocopy of Current Passport
- Official Bank Documentation showing available funds
- Current I-20 (if transfer from another school)
- Two Teacher Recommendations
- Portfolio (3 pieces of student work)
- iTEP SLATE Plus Test Score

Complete the application packet and return by
mail 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 \$300. I understand that this fee is non-refundable.

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

Student's General Information

Legal name: First _____ Last _____ Middle _____
Student's date of birth (M/D/Y) _____ Gender: Male Female Student Age _____
Student's email _____ Skype/WeChat ID _____

United States Address

City _____ State _____ Zip code _____
Home phone () _____ Cell phone () _____

Native Country Address

City _____ State/province _____ Zip code _____
Country _____
Home phone () _____ Cell phone () _____
City & country of birth _____ Country of citizenship _____ Ethnicity _____

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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Your Status

Are you a permanent resident or U.S. citizen? Citizen Permanent No

Do you need an I-20? Yes No

Are you transferring from another school in the U.S.? Yes No

If Yes: School name _____ Telephone _____ Fax _____

Address _____ City _____ State _____ Postal code _____

Do you hold an I-20 from another school? Yes (If yes, please attach copy of I-20.) No

I-20 and other information to be Pick-Up at our office Mail to my U.S. address

Mail to my overseas address

Accommodation

Do you need? Homestay Airport Pick-Up None

How did you hear about Pacific Academy?

Counselor School friend of relative Facebook/yelp Ad Website

Agent: _____ Other: _____

U.S. Mailing Address

Relationship to applicant: Guardian Father Mother Other: _____

Legal name: First _____ Last _____ Middle _____

Address _____

City _____ State _____ Zip code _____ Country _____

Home phone (____) _____ Cell phone (____) _____ Email _____

Educational History

Current school _____ City/country _____

Date entered _____ Number of years attended _____ Current grade _____

Other schools attended: (please include dates)

_____ Dates attended _____

_____ Dates attended _____

_____ Dates attended _____

Why are you thinking of leaving your present school? _____

Why would you like to come to the U.S. for your education? Please explain.

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Application Information

Academic strengths: _____

Academic weaknesses: _____

Has the applicant ever been evaluated for the followings? (If yes, please explain)

Learning differences	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Behavioral problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Psychiatric/psychosocial problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Visual problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Hearing problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes	IQ	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Does the applicant take any prescribed medication or need special attention? No Yes

(Please explain)

Condition _____ Medication _____

Condition _____ Medication _____

Have there been any situations in the applicant's life that the school should know about in order to meet his/her learning or developmental needs? (i.e.: frequent changes of school, death in the family, divorce, etc.)

Has the student ever been subject to major disciplinary action in any schools?

No Yes (Please explain) _____

Check all activities that the student would be interested in:

<input type="checkbox"/> Orchestra	<input type="checkbox"/> Student Government/ASB	<input type="checkbox"/> Yearbook	<input type="checkbox"/> School Newspaper
<input type="checkbox"/> Basketball	<input type="checkbox"/> Speech & Debate	<input type="checkbox"/> Band	<input type="checkbox"/> Piano
<input type="checkbox"/> Golf	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Art
<input type="checkbox"/> Soccer			

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Parent/Guardian Information

Are both parents living? No Yes

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

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

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 work number _____ Cell Phone _____ Email _____

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

Source of Financial Support

Scholarship Parent/Family Member Friend Personal Savings

Sponsor name _____ Home telephone _____ Work telephone _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Declaration from Financial Sponsor

I, _____, certify that I will assume full financial responsibility (including but not limited to educational and living expenses, transportation, food, homestay, etc.) for _____ (student's name) while he/she is enrolled at Pacific Academy. All United States laws and guidelines will be upheld and followed.

The applicant is my _____.

Printed name of financial sponsor _____

Signature of financial sponsor _____ Date _____

An official bank statement with a minimum \$60,000 of sufficient funds must be submitted with application.

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 schools' admissions decision and that the school reserves the right to reverse an admissions decisions, 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 by 9/27/2022

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