



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

Fully Accredited by
the Schools
Commission of the
Western Association
of Schools and
Colleges
www.acswasc.org

INTERNATIONAL STUDENT APPLICATION

Application Checklist

- Completed Application Form
- Application Fee (\$700)
- iTEP Test Score
- Current School Official Transcript
- Copy of Current Passport
- Official Bank Documentation showing available fund for study
- Current I-20 (if transfer from other school)
- Two(2) Teacher Recommendations
- Portfolio(3)

(see Application Steps for Explanation)

**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, #205
Encinitas, CA 92024

Application Fee

Enclosed with this application is a one-time new student application fee of \$700 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

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

United States Address

City _____ State _____ Zip or postal Code _____ Country _____
Home phone (____) _____ Cell phone (____) _____

Native Country Address

City _____ State/Province _____ Zip or postal Code _____ Country _____
Home phone (____) _____ Cell phone (____) _____
City & Country of Birth _____ Country of Citizenship _____ Ethnicity _____

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Encinitas Campus | O: 760.634.1188
679 Encinitas Blvd #205 | Encinitas, CA 92024

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

www.PacificAcademy.org

Your Status

Are you a permanent resident or U.S. citizen? Citizen Permanent Resident 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 Picked up at our office Mailed to my U.S. address
 Mailed to my overseas address

Accommodation

Do you need: Homestay Airport Pick-Up None

How did you hear about Pacific Academy?

Counselor School Friend or Relative Yellow Pages Ad Website Facebook/Yelp

Agent: _____ Other: _____

U.S. Mailing Address

Relationship to applicant: Guardian Father Mother Uncle/Aunt Other: _____

Legal name: First _____ Last _____ Middle _____

Address _____

City _____ State _____ Zip or postal 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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Applicant Information

Academic strengths: _____

Academic weaknesses: _____

Has the applicant ever been evaluated for the following? (If yes, explain on a separate sheet of paper)

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 school?

No Yes (Please explain) _____

Check all activities that the student would be interested in:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Cross Country/Track | <input type="checkbox"/> Speech & Debate | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Drama | <input type="checkbox"/> School Newsletter |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Choir/Show Choir | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Band | <input type="checkbox"/> Dance | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Orchestra | <input type="checkbox"/> Piano | <input type="checkbox"/> Art | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Student Government/ASB | | | |

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Parent/Guardian InformationAre both parents living? No Yes

If deceased, which? _____

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 your parents are deceased or separated, who is your legal guardian? _____

Source of Financial Support Scholarship Parent/Family Member Friend Personal Savings

Sponsor name _____ Home Telephone _____ Work Telephone _____

Address _____

City _____ State _____ Zip or postal 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 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 \$55,000 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 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. I further understand acceptance is based on approval of credit and that I may be subject to a credit check by Pacific Academy (GTA).

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date ____ / ____ / ____

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