



**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](http://www.acswasc.org)

## INTERNATIONAL STUDENT APPLICATION

### Application Checklist

- ☐ Completed Application Form
- ☐ Application Fee (\$300)
- ☐ iTEP SLATE Plus Test Score
- ☐ Current School Official Transcript
- ☐ Copy 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)

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

(See Admissions Procedure for more information.)

### 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 \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_  
City & country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_ Ethnicity \_\_\_\_\_



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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 \$57,000 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 10/22/2019