

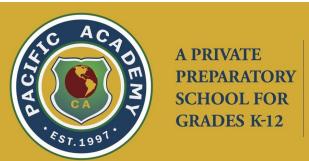
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K-6 CHINESE IMMERSION PROGRAM STUDENT APPLICATION

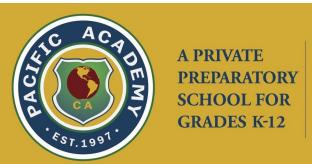
Application Checklist						
Completed Application Form Application Fee (\$250)						
Report Card and one Teacher Reference						
Birth Certificate or Government Issued Photo	n ID					
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Complete the application packet and return to the	ie Admissions Office:					
IRVINE Campus: 4947 Alton Pkwy, Irvine, CA	A 92604					
ENCINITAS Campus: 679 Encinitas Blvd., Enc						
	,					
(See Admissions Procedure for more information	n.)					
Application Fee						
Enclosed with this application is a one-time new stud	ent application fee of \$250. I					
understand that this fee is non-refundable.	1.1.6.601.14					
Applying for grade Cashier's check/bar						
Academic year Parent's initial	Date					
Student's General Information						
Student's full name						
Student's Chinese name						
Student's date of birth (M/D/Y)						
Place of birth						
Gender: Male Female Student age						
	A Recent Photograph					
Home Address						
CityState						
Zip code						
Home phone ()						
Cell phone ()						
Email address						



Parent/Guardi	ian Inform	ation			
Are both parents	living?	_Yes	No		
Student lives wit	h (check all	that app	oly):		
Mother	Father	Stepfa	ather	Stepmother	Other(s):
Father's first nan	ne		Last	name	Middle name
Father's employe	er and positi	on		Father	's education
Father's full hom	e address				
Father's work nu	mber		Cell pho	ne	Email
Mother's first na	me		Last	name	Middle name
Mother's employ	er and posit	ion		Moth	er's education
Mother's full hon	ne address_				
Mother's work no	umber		Cell pho	ne	Email
If parents are dec	ceased or se	parated,	or if the	student does n	ot live with parents, who is th
student's legal gu	ıardian?				
	T C				
Student's Sibli			۸	Calagal	
Name		<i>I</i>	Age	School	
Financial Resp	onsibility				
		ne stude	nt's tuiti	on will be assu	med by
-					•
Health					
Describe the stud	lent's genera	al health	1		
Does he/she have	e any physic	al disab	ilities or	allergies that w	ould limit his/her participati
in the full range of	of school act	ivities?			
Has the student e	ever suffered	d any sei	rious inji	ary or illness?	



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 schoolPublicPrivateCharterHomeschoolNone
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.
Language Background
Student's first language Primary languages spoken at home
Student's Chinese language history:
(TraditionalSimplified)
Years of exposure?
Has the student taken any classes for this language? If so, please elaborate
Student's English language history:
(native speakernon-native speaker)
Years of exposure?



Has the student taken any classes for this language? If so, please elaborate		
Student's Spanish language hi	story:	
Years of exposure?	-	
Has the student taken any c	lasses for this language? If so, please elaborate	
Student's other language histo	 orv:	
	Years of exposure	
	Years of exposure	
Family members who speak a	second language at home?	
-	Relationship to student	
	Relationship to student	
	Relationship to student	
	Relationship to state it	
during the last three years? N. Administered by	m of achievement, intelligence or psychological testing done ame of the test	
	ter as a fairly self-motivated and independent learner, or do close supervision to stay on task?	
Describe your child's social st family) in new settings and fa	yle in terms of his/her relationships to others (peers, adults, miliar situations.	



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?InternetPostcardNewspaperTV 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	/	/

Revised 10/23/2019