



Cultivating a Curiosity for Education

In a Small School Environment

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Colleges

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STUDENT APPLICATION (K-12)

Application Checklist

- ☐ Completed Application Form
- ☐ Application Fee (\$250)
- ☐ Current School Official Transcript / Report Cards
- ☐ Two (2) Teacher Recommendations
- ☐ Residency Proof

**Complete the application
packet and return by mail to**

Pacific Academy Encinitas
Admissions Office

679 Encinitas Blvd,
Encinitas, CA 92024
paeoffice@pacificacademy.org

Application Fee

Enclosed with this application is a new student application fee of \$250 . I understand that this fee is non-refundable.

Applying for Grade _____ Payment Method _____

Academic Year _____ Parent's Initial _____ Date _____

Student's General Information

Student's Full Name _____

Student's Preferred Name _____

Student's date of birth (M/D/Y) _____

Place of birth _____

Gender: ☐ Male ☐ Female Student Age _____

Student's Social Security Number _____

Home Address: _____

City _____ State _____

Zip or postal Code _____ Country _____

Home phone (____) _____

Cell phone (____) _____

Email Address: _____

A Recent Photograph

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Parent/Guardian InformationAre 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 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 Address _____

Mother's Work Number (____) _____ Cell phone (____) _____ Email: _____

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

Student's Siblings 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? _____

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 _____ Years Attended _____ Grades Attended _____

Previous School _____ Years Attended _____ Grades Attended _____

Previous School _____ Years Attended _____ Grades Attended _____

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Our primary goal in the admission process is to try to find the right fit between school, student and family. 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.

Has the applicant had any form of achievement, intelligence or psychological testing done during the last 3 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 child?

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?

What responsibilities does your son/daughter have at this stage in his/her life around your home ?

Describe your child's social style in terms of relationships to others (peers, adults, family) in new settings and familiar situations.

Does your child have specific interest 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 Educational 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?

How did you hear about PA? ☐ Internet ☐ Postcard ☐ Newspaper ☐ Friends, by

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

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. 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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