



**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](http://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 \_\_\_\_\_

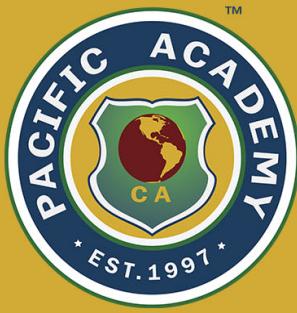
### Student's General Information

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 \_\_\_\_\_





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**Application Information**

Academic strengths: \_\_\_\_\_  
Academic weaknesses: \_\_\_\_\_

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

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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.)

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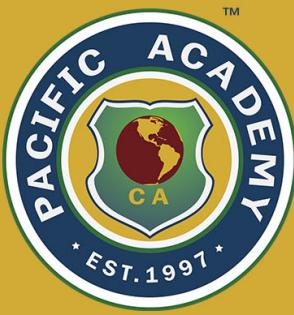
Has the student ever been subject to major disciplinary action in any schools?  
 No  Yes (Please explain) \_\_\_\_\_

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**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**

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