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<b>Registration Form</b>				
Type or print legibly in black ink	. Provide all information fully	and accurately.	New Student	Returning Student
Student's Last Name	First		Middle	
Country of Birth	Social	Security Number (opt	tional)	
Street Address				
City		State		Zip Code
Date of Birth (MM/DD/YY)		Sex (M/F)		Enrollment Grade Level
Student's Home Phone	Student's Cell Phone	Student's	Email Address	
Mother's Name				
Mother's Address (if different fro	om above)			
Mother's Daytime Phone		Mother's Cell Phon	e	
Mother's Evening Phone		Mother's Email Add	dress	
Father's Name				
Father's Address (if different from	m above)			
Father's Daytime Phone		Father's Cell Phone	2	
Father's Evening Phone		Father's Email Add	ress	
Name of Emergency Contact	: Other Than Parent/Gua	rdian		
Emergency Contact Day Phone I	Number	Emergency Contac	t Cell Phone Number	
Name of Previous School:				
Reason for Leaving:				
Signature		Date		

2024 - 2025

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## **TUITION / FEE SCHEDULE**

Type or print legibly in black ink. Provide all information fully and accurately.

#### Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2024 - 2025

#### Parent/Guardian's Name: \_\_\_\_\_

Arroyo Pacific Academy is a private, independent, coeducational, college preparatory elementary, middle and high school.

#### 2024 - 2025 Tuition and Fee Schedule

Non-Refundable Application Fee:	\$150	For <b>new students</b> only.
Non-Refundable Registration Fee:	\$350	For new and returning students.
High School Tuition:	\$20,000	Payment option below.
Middle School Tuition:	\$17,000	Payment option below.
Elementary School Tuition:	\$16,000	Payment option below.
Student Services Fee:	\$1,500	Includes athletics, textbook rental, technology, testing, yearbook, and locker (not including AP Testing)
Graduation Fee:	\$150	Seniors only, due by Feb 28, 2025
Advanced Placement Exam Fee:	\$89	Due on or before November 30, 2024 per exam, fee is non-refundable

These amounts **do not** include supplies.

New Students: Fees are due upon admission to the school **Returning Students:** Registration Forms and Fees are due by April 17, 2024

**Payment Options:** Please check <u>one</u>. These payments only cover the tuition and student services fee. Please contact our business office for payments.

\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ HantePay (Wechat) \_\_\_\_\_ Wire transfer

FACTS - Automatic Tuition Plan - Set up prior to August 15, 2024 Go to the FACTS Management Website - https://online.factsmgt.com/signup/ to set up your payment plan. Tuition is collected over 10 months August - May.

Parent/Guardian Signature

Date

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## **EMERGENCY TREATMENT CONSENT FORM**

Please print:

Student's Name:

Age: Grade Level:

MEDICAL / EMERGENCIES:

Please indicate any allergies, health issues, learning disabilities, psychological issues or chronic/serious medical conditions we need to be aware of.

EMERGENCY TREATMENT CONSENT

The undersigned parent(s)/guardian of the above-named student, a minor, do hereby authorize Arroyo Pacific Academy, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is to rendered to said minor, under the general or specific supervision of any physician or surgeon licensed under the supervision of the Medical Practice Act of the State of California, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given as specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given pursuant to provisions of Section 25.3 of the Civil Code of California, and shall remain effective from AUGUST 2024 through AUGUST 2025 unless sooner revoked in writing delivered to said agent(s).

I understand it is my responsibility to inform Arroyo Pacific Academy, in writing, of any changes pertaining to this form. If I do NOT inform Arroyo Pacific Academy of any changes, in writing, I will hold the school free and harmless from any and all liability as a result of my failure to comply.

SIGNATURE (DO NOT PRINT) of Mother / Hostmother / Guardian:	
Date: Email:	
Home Phone Number:	Work:
SIGNATURE (DO NOT PRINT) of Father / Hostfather / Guardian:	
Date: Email:	
Home Phone Number:	Work:
1 <sup>st</sup> Emergency Contact Name:	Relationship:
Home Phone Number:	Work:
2 <sup>nd</sup> Emergency Contact Name:	_ Relationship:
Home Phone Number:	Work:



MEDICAL INFORMATION AND REQU	est For Medicat	TION FORM	
All information on this form is confidential and will only be used in the ca	se of a medical emergency	/ or natural disaster.	
Allergies to medication, food, or environment:			
Current Medications (home and school):			
Chronic/Serious Medical Conditions:			
Insurance Company Name:			
Policy or Group Number:			
In case of a natural disaster, student may be picked up by:			
	Relationship:		
	Relationship:		
Check here if child may walk home unescorted. Signature:		Date:	
To Be Taken During School Hours For Both Prescription and Ove	r-the-Counter		
I request that my child be allowed to take the following medication at sch school policy as stated in the <b>School Handbook</b> . I further understand Pacific Academy personnel, to verify that the medication being taken is th Name(s) of medication:	that is solely the respons ne correct medication and	ibility of my child, and is being taken properl	l not of Arroyo y.
Purpose of medication/diagnosis:			
Prescribed dosage:			
Time schedule at school:			
Length of time medication will be necessary:			
Explain how the medication may have adverse effects:			
Special instructions/comments:			
I give permission for the school to give my child Tylenol when she/he required I give permission for the school to give my child Advil when she/he required I give permission for the school to give my child Benadryl when she/he required	ests ibuprofen/Advil:	YES YES YES	NO NO NO
	· · ·		
Parent / Host Parent / Guardian Signature	Date		
Day Phone Number	Emergency Phone Number		

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## PHOTO & VIDEO RELEASE AGREEMENT

June 2024 – July 2025

Type or print legibly in black ink. Provide all information fully and accurately. Please circle your relationship to the student.

#### Parent/Host Parent / Guardian's Name: \_\_\_\_\_\_

#### As the Legal Parent(s) and/or Guardian(s) of: \_\_\_\_\_

who is enrolled at Arroyo Pacific Academy, permission is granted to Arroyo Pacific Academy and the Arroyo Pacific Foundation to use this student's name and/or photographic likeness, alone or in a group, in any Arroyo Pacific Academy and Arroyo Pacific Foundation publication/video or to release said photographic likeness to any newspapers or magazines for publicity and/or recognition purposes.

Additionally, I extend this permission to use this student's photographic likeness, alone or in a group, on the official web site of Arroyo Pacific Academy. The official web site is owned and maintained by Arroyo Pacific Academy as a service to the parents, students and alumni of Arroyo Pacific Academy and can be accessed and viewed at "www.arroyopacific.org".

I release Arroyo Pacific Academy and Arroyo Pacific Foundation, its Board members and employees, from any and all liabilities or damages that result from the use of this student's name and/or photographic likeness on the official web site of Arroyo Pacific Academy or use in any Arroyo Pacific Academy or Arroyo Pacific Foundation publication/video or release of this student's name and/or photographic likeness to any newspapers or magazines for publicity and/or recognition purposes.

My permission shall remain in effect unless revoked by me and communicated to the Principal of Arroyo Pacific Academy in writing.

Parent / Host Parent / Guardian Signature

Date

2024 - 2025

## PARENT DIRECTORY RELEASE: OPT OUT PREFERENCE

## Please Read Carefully

Please return this form on or before the first day of the new school year.

For parents of transfer students who enroll after the new school year has started, this form is due on the same day as Registration.

It is required that each parent, guardian and homestay guardian have all current information: name, address, email address, day telephone number, evening telephone number, work number etc. on file.

This is the Parent/Guardian Opt Out Form for the publication of your name, address, home telephone number and home email address in the Parent Directory of Arroyo Pacific Academy for the 2024 – 2025 academic year. Contact information is intended for the sole use of Arroyo Pacific Academy administrators, faculty, staff, parents and students to provide direct communication for legitimate interest requests. Directory information is never given to private, profit-making organizations.

If you do not express your preference on this form, you are giving Arroyo Pacific Academy permission to publish contact information in the Parent Directory. If you do not wish to be included in the Parent Directory, please complete and return this form to Opt Out.

\_\_\_\_\_ No, I do not authorize Arroyo Pacific Academy to include my name, address, home telephone number, and e-mail address in a directory to be published and distributed to the parents/guardians of Arroyo Pacific Academy.

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## STUDENT & FAMILY ENROLLMENT COMMITMENT

Please read the following statement carefully and sign below to indicate your agreement to the following:

- I/We agree to complete and return all forms and records necessary to comply with school and state regulations.
- All outstanding balances must be kept current. Delinquent tuition will result in student expulsion or withdrawal from school.
- I/We give permission for our child(ren) to participate in all school activities, including sports and school sponsored trips away from the school campus.
- I/We agree to pay the cost of lost or damaged textbooks, library books and other school resource or damages to school property.
- With or without notice, should I/we withdraw my child(ren) from Arroyo Pacific Academy, I/we forfeit any tuition and all materials that have been paid.
- If a student's enrollment is terminated by the school for reasons of infraction(s) of school policies, rules, procedures, practices or standards, the parent or family of the student remains liable for full payment of all tuition, fees, and family contribution/donation. No fees, pledge payments or contributions already paid and received by Arroyo Pacific Academy are refundable in the case of student withdrawal, transfer or expulsion. Refunds will only be considered if a student is denied a visa by the U.S. government and if proper official documentation is provided to the school.
- I/We understand that the school reserves the right to use disciplinary measures that are deemed necessary, even expulsion, if our child(ren) fails to comply with the school regulations and policies or official requests from the administration and/or whose financial obligation remains unpaid after the deadline for payment.

I/We understand and agree to fulfill all points of the above agreement. I/We also understand that we may be asked to withdraw our child(ren) from school if we fail to fulfill our responsibilities under this agreement.

Student Name	Grade Level	Date	
Mother / Hostmother / Guardian Signature		Date	
Father / Hostfather / Guardian Signature		Date	

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#### STATEMENT OF RECEIPT

#### Elementary School, Middle School and High School Handbook 2024 - 2025

Type or print legibly in black ink. Provide all information fully and accurately. \_\_\_\_\_ New Student \_\_\_\_\_ Returning Student

Student's Last Name

#### First

**Grade Level** 

# Please read for understanding the online School Handbook, sign and return this form to the 3rd period teacher on or before September 6, 2024

# For transfer students who enroll after September 6th this form is due 2 days after registration to Ms. Millspaugh, Registrar

We have read the entire contents of the School Handbook for the Elementary School, Middle School, and the High School. We agree to cooperate with our son/daughter/international student and the members of the faculty and administration in complying with the Mission Statement, the Statement of Philosophy and the policies, rules, and regulations of the 2024 - 2025 School Handbook. We recognize the right and responsibility of Arroyo Pacific Academy to make rules and enforce them.

This School Handbook constitutes a contract between the parents/guardians/host parents, the students, and Arroyo Pacific Academy. Lack of knowledge of school regulations and expectations are not acceptable reasons for inappropriate behavior or disregard for proper procedures. We understand that the President reserves the right to interpret and amend the contents of the School Handbook when, and if, deemed necessary. Observance of any change is expected of all when the change is made known to the students, parents, and host parents.

An international student's enrollment status is considered "at will," meaning the school reserves the right to withdraw the student from Arroyo Pacific Academy on the basis of academics, on campus school discipline problems, and/or off campus homestay behavior problems.

In summary, the registration of students at Arroyo Pacific Academy is deemed to be an agreement on their part (and parents/guardians if students are minors) to comply fully with all policies, rules, and regulations of the school as outlined in the Elementary School, Middle School, and High School Handbook.

Parent or Host Parent Mother Signature	Date
Parent or Host Parent Father Signature	Date
Student's Signature	Date

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## **PARENT PLEDGE INFORMATION**

## Parent Pledge to the Arroyo Pacific Foundation, a 501 (c)(3) organization.

As you know, the cost of tuition alone does not cover the expenses of enrichment and technology equipment at Arroyo Pacific Academy. To help us continue to offer a personal, college preparatory education in a small, caring, safe and nurturing teaching and learning community, we encourage every family to give to the Parent Pledge Program each year. The Parent Pledge Program funds benefit every student at Arroyo Pacific Academy.

Pledged funds provide direct funding to the school while keeping tuition reasonable.

Contributions are tax-deductible and tuition is not. The decision to increase tuition is influenced by your commitment to the pledge campaign. Participation in this Parent Pledge Program by our families also moves us towards the important goal of grant awards from other foundations. Our students benefit tremendously from this campaign and we ask that every family participate.

The economic status has affected all of us and it is not within our hearts to make matters worse by raising tuition radically. With this in mind, please consider that we **still** must make up the difference to continually update resources and programs for your student. Your participation in the Annual Pledge Program is very important. If the suggested pledge amounts indicated are not within your budget, please help by writing in the amount that is affordable for you... **every contribution helps** and everyone can offer some amount to endorse the entire educational curriculum. We believe that your students deserve the best.

## Suggested Giving Levels:

President's Circle: \$2,500 and above	Blue Circle: \$1,000
Principal's Circle: \$2,000	Eagle Circle: \$500
Silver Circle: \$1,500	Other:

Payment Options: Please check your payment option (Payments may be made by check or credit card.)

One Time Payment due on or before November 1st or one month after Registration for transfer Students

**Monthly Payments** due on or before the 15th of every month from September through June

Parent / Guardian Signature

Date

Grade

Student Name

Please complete and return ALL requested information



# 2024-2025

	Arroyo Pacific Foundation
	Credit Card Authorization Form revised 2022
I hereby authorize Ar	royo Pacific Foundation to charge my credit card for the amount of:
\$	
Name on Credit Card	:
Billing Address:	
Credit Card Number:	
Card Type:	Visa MasterCard Other American Express cannot be accepted
Expiration Date:	
Code on back of card	:
Postal Code:	
Please sign below as	you have signed on the card to be charged
Signature	
Print / Type Name	Date
For Office Use Only	
Date Received:	
Purpose: By:	
Charge Date :	