

**REGISTRATION FORM**

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 (optional)

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 from above)

Mother's Daytime Phone

Mother's Cell Phone

Mother's Evening Phone

Mother's Email Address

**Father's Name**

Father's Address (if different from above)

Father's Daytime Phone

Father's Cell Phone

Father's Evening Phone

Father's Email Address

**Name of Emergency Contact: Other Than Parent/Guardian**

Emergency Contact Day Phone Number

Emergency Contact Cell Phone Number

Name of Previous School: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

**TUITION / FEE SCHEDULE**

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

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

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

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

**2026 - 2027 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.
8-12th Grade Tuition:	\$24,000	Payment option below.
5-7th Grade Tuition:	\$21,000	Payment option below.
K-4th Grade Tuition:	\$19,000	Payment option below.
Student Services Fee:	\$1,500	Includes athletics, textbook rental, technology, testing, yearbook, and locker (not including AP Testing)
School Apparel:	\$100	1 Blue T-Shirt, 1 Gray T-Shirt and 1 Sweatshirt (new students only)
Graduation Fee:	\$150	Seniors only, due by Feb 28, 2027
Advanced Placement Exam Fee:	\$100	Due on or before November 27, 2026 per exam, fee is non-refundable
If applicable:		
English Language Development Program (ELD)	\$3,000	First academic year
	\$2,000	Second academic year

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, 2026

**Payment Options:** Please check one. 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 7, 2026  
Go to the FACTS Management Website - <https://online.factsmgt.com/signup/>  
to set up your payment plan. Tuition is collected over 9 months August - April.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**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 be 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 2026 through AUGUST 2027 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 REQUEST FOR MEDICATION FORM

All information on this form is confidential and will only be used in the case 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 Over-the-Counter

I request that my child be allowed to take the following medication at school according to the stated instructions and in compliance with school policy as stated in the **School Handbook**. I further understand that it is solely the responsibility of my child, and not of Arroyo Pacific Academy personnel, to verify that the medication being taken is the correct medication and is being taken properly.

Name(s) of medication: \_\_\_\_\_

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 requests Tylenol: \_\_\_\_\_ YES \_\_\_\_\_ NO

I give permission for the school to give my child Advil when she/he requests ibuprofen/Advil: \_\_\_\_\_ YES \_\_\_\_\_ NO

I give permission for the school to give my child Benadryl when she/he requests Benadryl: \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Parent / Host Parent / Guardian Signature Date

\_\_\_\_\_  
Day Phone Number Emergency Phone Number

**PHOTO & VIDEO RELEASE AGREEMENT**

June 2026 – July 2027

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

**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 2025 – 2026 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.

\_\_\_\_\_  
Parent / Host Parent / Guardian Signature

\_\_\_\_\_  
Date

**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.

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Student Name	Grade Level	Date
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Mother / Hostmother / Guardian Signature	Date
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Father / Hostfather / Guardian Signature	Date
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**STATEMENT OF RECEIPT****Elementary School, Middle School and High School Handbook 2026 - 2027**

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 4, 2026****For transfer students who enroll after September this form is due 2 days after registration to Ms. Anton, 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 2026 - 2027 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

## 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:

_____ <b>President's Circle:</b> \$2,500 and above	_____ <b>Blue Circle:</b> \$1,000
_____ <b>Principal's Circle:</b> \$2,000	_____ <b>Eagle Circle:</b> \$500
_____ <b>Silver Circle:</b> \$1,500	_____ <b>Other:</b> _____

**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**

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Grade**

Please complete and return ALL requested information

# Arroyo Pacific Foundation

Credit Card Authorization Form revised 2022

I hereby authorize Arroyo 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 : \_\_\_\_\_