

# ARROYO PACIFIC ACADEMY

325 N Santa Anita Ave • Arcadia, California 91006

Tel 626.294-0661

Website: www.arroyopacific.org

## 2022-2023

### APPLICATION FOR ADMISSIONS

Name of Applicant: Last: \_\_\_\_\_ First: \_\_\_\_\_

Application for Grade: Grade Level: \_\_\_\_\_

Academic Semester: \_\_\_\_\_ Fall Quarter I \_\_\_\_\_ Fall Quarter II

\_\_\_\_\_ Spring Quarter I \_\_\_\_\_ Spring Quarter II

Academic Year: 20\_\_\_\_\_

All the information supplied by us on this form and on each of the required documents are true and correct to the best of our knowledge.

All information gathered confidentially with reference to the application material are confidential and will be used solely by the President and his delegates. By signing this application (1) authorize my child's school(s) to release the applicant's academic records and test scores to Arroyo Pacific Academy for the purpose of evaluating the application for admission; (2) fully understand that as a parent I have rights under Education Code section 49069 to access any and all pupil records of my child once he/she is admitted to Arroyo Pacific Academy.

Answer all questions fully and accurately.

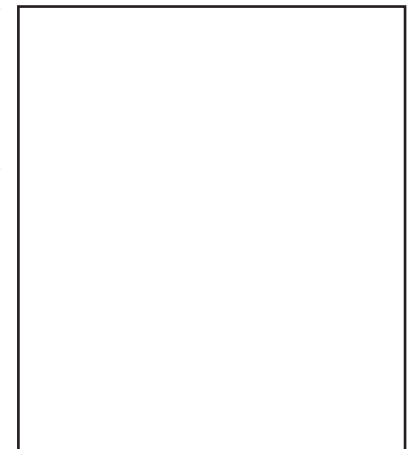
Any falsification of information and/or signatures will result in denial of admission or dismissal.

\_\_\_\_\_  
Signature parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature applicant student

\_\_\_\_\_  
Date



Attach current photo here.



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## APPLICANT INFORMATION – to be completed by the Parent or Guardian (please print or type)

Full Legal Name of Applicant: \_\_\_\_\_ Male \_\_\_\_\_ Female

\_\_\_\_\_  
Last Name (Family Name)                      First Name                      Middle Name                      Nick Name

\_\_\_\_\_  
Applicant's Primary Address                      City                      State                      Zip Code

\_\_\_\_\_  
Applicant's Home Phone                      Applicant's Cell Phone                      Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Applicant's Place of Birth (City/State/Country)                      Applicant's Citizenship                      Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Email Address

## FAMILY SITUATION – Applicant Currently Lives With (check as appropriate):

\_\_\_\_\_ Both Parents                      \_\_\_\_\_ Mother                      \_\_\_\_\_ Parents Separated                      \_\_\_\_\_ Guardian  
\_\_\_\_\_ Father                      \_\_\_\_\_ Parents Divorced                      \_\_\_\_\_ Single Parent  
\_\_\_\_\_ Stepmother                      \_\_\_\_\_ Mother Deceased  
\_\_\_\_\_ Stepfather                      \_\_\_\_\_ Father Deceased

Full legal responsibility for this applicant is with:  
(check as appropriate)

\_\_\_\_\_ Both Parents                      \_\_\_\_\_ Guardian  
\_\_\_\_\_ Mother                      \_\_\_\_\_ Stepmother  
\_\_\_\_\_ Father                      \_\_\_\_\_ Stepfather

Full financial responsibility for this applicant is with:  
(check as appropriate)

\_\_\_\_\_ Both Parents                      \_\_\_\_\_ Guardian  
\_\_\_\_\_ Mother                      \_\_\_\_\_ Stepmother  
\_\_\_\_\_ Father                      \_\_\_\_\_ Stepfather

## FAMILY DATA: If deceased, write deceased after name

**Mother or Guardian**                      \_\_\_\_\_ Mrs.                      \_\_\_\_\_ Ms.                      \_\_\_\_\_ Dr.                      \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Full Name                      (Mother's Maiden Name)

\_\_\_\_\_  
Occupation/Profession                      Position

\_\_\_\_\_  
Employer                      Business Telephone

\_\_\_\_\_  
Present Mailing Address (If different from above)                      City                      State                      Zip Code

\_\_\_\_\_  
Home Phone                      Cell Phone

\_\_\_\_\_  
Email Address

**Father or Guardian** \_\_\_\_\_ Mr. \_\_\_\_\_ Dr. \_\_\_\_\_ Other \_\_\_\_\_

Full Name

Occupation/Profession

Position

Employer

Business Telephone

Present Mailing Address (If different from above)

City

State

Zip Code

Home Phone

Cell Phone

Email Address

**Step-Parent** (If Applicable) \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Dr. \_\_\_\_\_ Other \_\_\_\_\_

Name

Home Telephone

Occupation/Profession

Position

Employer

Business Telephone

Present Mailing Address (If different from above)

City

State

Zip Code

Home Phone

Cell Phone

Email Address

In case of divorced or separated households, duplicate correspondence from the school should be sent to:

Name

Address

City

State

Zip Code

**APPLICANT ETHNIC BACKGROUND: check all that apply (optional)**

\_\_\_\_\_ African

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Asian

\_\_\_\_\_ Native American

\_\_\_\_\_ Caucasian

\_\_\_\_\_ Pacific Islander

\_\_\_\_\_ Filipino

\_\_\_\_\_ Other: \_\_\_\_\_

Arroyo Pacific Academy admits students of any race, gender, color, racial or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, gender, color, racial or ethnic origin in the administration of its educational policies, admission policies, athletic and other school administered programs.

**ADDITIONAL APPLICANT INFORMATION**

School Applicant Currently Attends

Attended From \_\_\_\_\_ to \_\_\_\_\_

Current School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous School(s) Applicant Has Attended

How did the Applicant or Family get referred to Arroyo Pacific Academy?

To what other school(s) is the Applicant applying? (optional)

List names of any relatives who are current students or who have been students at Arroyo Pacific Academy

Name Relationship Class/Year \_\_\_\_\_

Name Relationship Class/Year \_\_\_\_\_

Name Relationship Class/Year \_\_\_\_\_

**To Be Answered By The Parent or Guardian:**

Has your son or daughter ever skipped a grade, repeated a grade or been home schooled? If so, please elaborate.

\_\_\_\_\_  
\_\_\_\_\_

Please describe any academic or personal issue your son or daughter has experienced which has affected past performances or may affect future performance in school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to have your son or daughter to attend Arroyo Pacific Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL APPLICANT INFORMATION (CONTINUED)**

**To Be Answered By The Applicant / Student:**

Why do you want to attend Arroyo Pacific Academy?

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What are some of your short term or long term personal or educational goals?

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Please list your subjects or areas of interest.

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What are some of your strengths or talents?

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What are some of your accomplishments?

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What are some areas you would like to improve?

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To complete the application process, the following items are required:

1. A non-refundable application fee of \$150 must accompany this Application For Admission. Please make checks payable to: Arroyo Pacific Academy and place the applicant's name on the check. Please use care in filling in the information.
2. An Official Transcript of grades earned for 7th-12th grade admissions. Report Cards from current and past elementary schools for K-6th grade admissions.
3. A copy of the student's HSPT, ISEE or SSAT score (for 9th grade applicants). Our school does administer the HSPT for 9th grade applicants who have not yet taken any of these tests.
4. Letters of recommendation from the English and math teacher or Principal.

Verified at Arroyo Pacific Academy by: \_\_\_\_\_ Date: \_\_\_\_\_