ARROYO PACIFIC ACADEMY 325 N Santa Anita Ave • Arcadia, California 91006 Tel 626.294-0661

2025-	2026
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Website: www.arroyopacific	.org		
Application For A	DMISSIONS		
Name of Applicant:	l act:	Firct	
	Last:	FIISU	
Application for Grade:	Grade Level:		
Academic Semester:	Fall Quarter I	F	all Quarter II
	Spring Quarter I Spring Quarter II		
Academic Year:	20		
All the information supplied our knowledge.	by us on this form and on each of the	required documents a	ire true and correct to the best of
by the President and his del academic records and test s fully understand that as a p	nfidentially with reference to the applic legates. By signing this application (1) a cores to Arroyo Pacific Academy for the arent I have rights under Education Coo nitted to Arroyo Pacific Academy.	authorize my child's so purpose of evaluating	chool(s) to release the applicant's the application for admission; (2)
Answer all questions fully ar Any falsification of informati	nd accurately. on and/or signatures will result in denia	l of admission or dism	nissal.
Signature parent/guardian	Date		
Signature applicant student	Date		
	NITUD Pacific Acade		Attach current photo here.
Collaborat	ive Workers, Critical Thinkers, Lifelon	g Learners and Respo	onsible Citizens Rev 4/24

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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 Nam	ne	Middle Name	Nick Name		
Applicant's Primary Address	City		State	Zip Code		
Applicant's Home Phone	Applicant's Cell Phone		'hone [Date of Birth (Month/Day/Year)		
Applicant's Place of Birth (City/State/Country) Applicant's Citizenship Applicant's Social Security Number				plicant's Social Security Number		
Applicant's Email Address						
FAMILY SITUATION – Applicant Cu	urrently Lives With	(check as appropr	iate):			
Both Parents	Mother	-	Parents Separated	Guardian		
-	Father	-	Parents Divorced	Single Parent		
	Stepmothe	er _	Mother Deceased			
-	Stepfather		Father Deceased			
Full legal responsibility for this app (check as appropriate)	licant is with:		Full financial responsibility for th (check as appropriate)	is applicant is with:		
	Guardian		Both Parents	Guardian		
	Stepmother	r	Mother	Stepmother		
	Stepfather		Father	Stepfather		
FAMILY DATA: If deceased, write deceased after name						
Mother or Guardian	Mrs.	Ms.	Dr Oth	her		
Full Name			(Mother's Ma	aiden Name)		
Occupation/Profession		Position	I			
Employer			Business Telephone			
Present Mailing Address (If differer	nt from above)	City	Sta	te Zip Code		
Home Phone		Cell Pho	one			
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 c	correspondence from the	school should be sent to:	
Name			
Address	City	State	Zip Code
APPLICANT ETHNIC BACKGROUND: check all that apply	r (optional)		
		c/l atino	
African	Hispanio	c/ Latino	
African Asian	Hispanio		
		American	

tivities 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 apply	ring? (optional)			
List names of any relatives who are current st	tudents or who have beer	n students at Arroyo	Pacific Academ	у
Name Relationship Class/Year				
Name Relationship Class/Year				
Name Relationship Class/Year				
To Be Answered By The Parent or Guard				
Has your son or daughter ever skipped a grad	le, repeated a grade or be	een home schooled	? If so, please el	aborate.
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?	
What are some of your short term or long term personal or educational go	als?
Please list your subjects or areas of interest.	
What are some of your strengths or talents?	
What are some of your accomplishments?	
What are some areas you would like to improve?	
To complete the application process, the following items are require 1. A non-refundable application fee of \$150 must accompany this to: Arroyo Pacific Academy and place the applicant's name on 2. An Official Transcript of grades earned for 7th-12th grade adm schools for K-6th grade admissions.	Application For Admission. Please make checks payable the check. Please use care in filling in the information. issions. Report Cards from current and past elementary
 A copy of the student's HSPT, ISEE or SSAT score (for 9th grade 9th grade applicants who have not yet taken any of these test Letters of recommendation from the English and math teache 	S.
Verified at Arroyo Pacific Academy by:	Date: