ARROYO PACIFIC ACADEMY 325 N Santa Anita Ave • Arcadia, California 91006

2024-2025

Tel 626.294-0661

Website: www.arroyopacific.org

APPLICATION FOR A	DMISSIONS		
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 our knowledge.	by us on this form and on each of th	the required documents are true and correct to the best	of
by the President and his de academic records and test : fully understand that as a my child once he/she is ad	elegates. By signing this application (1 scores to Arroyo Pacific Academy for the parent I have rights under Education (mitted to Arroyo Pacific Academy.	oplication material are confidential and will be used sole (1) authorize my child's school(s) to release the applicanthe purpose of evaluating the application for admission; (Code section 49069 to access any and all pupil records	t′s 2)
Answer all questions fully a Any falsification of informat	nd accurately. ion and/or signatures will result in del	enial of admission or dismissal.	
Signature parent/guardian	Date		
Signature applicant studen	Date		
	Region Pacific A	Attach current photo here.	_

Collaborative Workers, Critical Thinkers, Lifelong Learners and Responsible Citizens

Rev 11/23

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APPLICANT INFORMATIO	N – to be compl	eted by the Pare	nt or Guardian (plea	ase print or type)		
Full Legal Name of Applicant:				Ma	le Female	
Last Name (Family Name)	First Na	ame	Mid	ldle Name	Nick Name	
Applicant's Primary Address	City			State	Zip Code	
Applicant's Home Phone	Applicant's Cell Phone			Date of	Date of Birth (Month/Day/Year)	
Applicant's Place of Birth (City/State	e/Country)	Applicant's Citiz	zenship	Applicant's	Social Security Number	
Applicant's Email Address						
FAMILY SITUATION – Applicant Cu	rrently Lives With	h (check as appro	priate):			
Both Parents	Mother		Parents Sep	parated	Guardian	
_	Father		Parents Div	orced	Single Parent	
_	Stepmoth	ner	Mother Dec	ceased		
-	Stepfathe	er	Father Dec	eased		
Full legal responsibility for this appl (check as appropriate)	icant is with:		Full financial respons		ant is with:	
	Guardian		Both Parer		Guardian	
Mother	Stepmoth	er	Mother		Stepmother	
Father	Stepfathe	r	Father		Stepfather	
FAMILY DATA: If deceased, write d	eceased after nam	e				
Mother or Guardian	Mrs.	Ms.	Dr.	Other		
Full Name		(Mother's Maiden Name)		nme)		
Occupation/Profession		Positio	on			
Employer			Business	Telephone		
Present Mailing Address (If differen	t from above)	City		State	Zip Code	
Home Phone		Cell P	hone			
Email Address						

Father or Guardian	Mr	Dr	Other		
Full Name					
Occupation/Profession		Position			
Employer			Business Te	elephone	
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 Tele	phone	
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 hou	seholds, duplicate cor	respondence fron	n the school shou	ıld be sent to:	
Name					
Address		City		State	Zip Code
APPLICANT ETHNIC BACKGROUND: check all that apply (optional)					
African		His	spanic/Latino		
Asian			tive American		
Caucasian			cific Islander		
Filipino					
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)N		
School Applicant Currently Attends			
Attended From		to	
Current School Address	City	State	Zip Code
Previous School(s) Applicant Has Atten	ded		
How did the Applicant or Family get ref	erred to Arroyo Pacific Academy?		
, , ,	,		
To what other school(s) is the Applican	t applying? (optional)		
List names of any relatives who are cur	rrent students or who have been s	tudents at Arroyo Pacific Aca	demy
List riallies of any relatives who are cui	Tent stadents of who have been s	students at Arroyo Facilic Aca	demy
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 bee	n home schooled? If so, plea	se elaborate.
Please describe any academic or person	nal issue your son or daughter ha	s experienced which has affe	cted past performances or may
affect future performance in school.			
Why would you like to have your son o	r daughter to attend Arroyo Pacifi	c 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 goals? 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 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:__