

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)

Grade to Enroll (9, 10, 11, 12)

Student's Home Phone

Student's Cell Phone

Student'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

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

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 middle and high school.

2020 - 2021 Tuition and Fee Schedule

Non-Refundable Application Fee:	\$150	For new students only.
Non-Refundable Registration Fee:	\$350	For new and returning students.
High School Tuition:	\$17,000	Payment option below.
Middle School Tuition:	\$14,000	Payment option below.
Student Services Fee:	\$1,000	Includes athletics, field trips, technology, testing, yearbook, and locker (not including AP Testing) Due by Aug 7, 2020
Textbook Rental:	\$500	
Graduation Fee:	\$150	Seniors only, due by Feb 26, 2021
Advanced Placement Exam Fee:	\$89	Due on or before November 13, 2020 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 March 6, 2020

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

- _____ FACTS - Automatic Tuition Plan - Set up prior to July 10, 2020
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. Monthly payments will be \$1,550 for grades 6-8 and \$1,850 for grades 9-12.
- _____ One time payment of \$14,800 for grades 6-8 and \$17,650 for grades 9-12 due on or before August 14, 2020 which includes the Student Services Fee and textbook and a 5% discount on the annual tuition. This can be paid by check or bank to bank transfer. Credit card payments are not accepted.

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.

Student Name Grade Level Date

Father / Guardian Signature Date

Mother / Guardian Signature Date

PHOTO & VIDEO RELEASE AGREEMENT /

June 2020 – July 2021

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 2020 – 2021 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

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 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 2020 through AUGUST 2021 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 Father / Guardian: _____

Date: _____ Email: _____

Home Phone Number: _____ Work: _____

SIGNATURE (DO NOT PRINT) of Mother / Guardian: _____

Date: _____ Email: _____

Home Phone Number: _____ Work: _____

1st Emergency Contact Name: _____ Relationship: _____

Home Phone Number: _____ Work: _____

2nd 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 aspirin when she/he requests aspirin: _____ YES _____ NO

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 ibuprofen when she/he requests ibuprofen/Advil: _____ YES _____ NO

Parent/Guardian Signature _____ Date _____

Day Phone Number _____ Emergency Phone Number _____

ARROYO PACIFIC ACADEMY

325 North Santa Anita Avenue • Arcadia, California 91006
Tel 626.294.0661 • www.arroyopacific.org

2020-2021

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

_____ **Principal's Circle:** \$2,000

_____ **Silver Circle:** \$1,500

_____ **Blue Circle:** \$1,000

_____ **Eagle Circle:** \$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

Student Name

Grade

Please complete and return ALL requested information

Arroyo Pacific Foundation

Credit Card Authorization Form revised 2019

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 : _____

PARENT SERVICE HOURS OPPORTUNITIES 2020 - 2021

Parents Supporting Collaborative Workers, Critical Thinkers, Lifelong Learners & Responsible Citizens



Arroyo Pacific Academy believes it is important for all parents to be part of their student's educational experience. Each family upon acceptance is expected to participate in the Parent Service Hours Program by volunteering time and/or resources. Homestay parents are encouraged to participate.

Parent Service Hours provide a platform for social activities among parents, create a sense of investment, and provide necessary assistance with activities and events. Volunteerism supports the school's Mission. We have opportunities for parents to volunteer on campus. While family service hours are required, we know that many families contribute more than the basic requirement. Because of such dedication and support, we are able to provide students with fun and enriching experiences that foster student growth and strengthen the community.

15 hours of service per family are required over the course of the school year, at a value of \$20 per hour. You can choose to participate as a volunteer from the service opportunities below, or contribute \$300 (15 hours x \$20) to the school, or do some combination of service hours and contribute \$20 per remaining hours by May 1, 2021.

If this Service Hours Form is not submitted or filled out completely, the school will assume that parents have opted to buy out and will be billed \$300. Whatever service hours have not been completed or paid for by May 1, 2021, will be billed at the rate of \$25 per hour, incurring a \$5 per hour premium.

Thank you in advance for the time you shall contribute, because without the help of dedicated and generous volunteers, many of our events and programs would not be available for students.

OPPORTUNITIES FOR YOUR SERVICE

- Arroyo Pacific Foundation Event
- Festival of the Arts
- Field Trips and Clubs Transportation and Support
- Graduation Reception

Student Name (First, Last): _____ Grade: _____

Parent Name (First, Last): _____

Career/Areas of Expertise/Special Skills: _____

Telephone: (____) _____ - _____ Email(s): _____

I/we would most like to contribute to the school by doing the following: _____

PLEASE CHECK ONE OF THE FOLLOWING:

___ I/we elect to donate \$300 to Arroyo Pacific Academy to satisfy my/our service hours requirement. Please include your check with this form.

___ I/we elect to participate via 15 service hours

Signature: _____

Date: _____