

ARROYO PACIFIC ACADEMY

325 N Santa Anita Ave • Arcadia, California 91006

Tel 626.294-0661

Website: www.arroyopacific.org

2019-2020

APPLICATION FOR HIGH SCHOOL ADMISSION

Name of Applicant: Last: _____ First: _____

Application for Grade: _____ 9th _____ 10th _____ 11th _____ 12th

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.

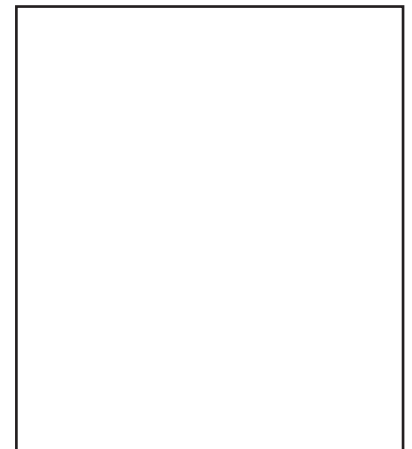
Any falsification of information and/or signatures will result in denial of admission or dismissal.

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)		Full financial responsibility for this applicant is with: (check as appropriate)	
_____ Both Parents	_____ Guardian	_____ Both Parents	_____ Guardian
_____ Mother	_____ Stepmother	_____ Mother	_____ Stepmother
_____ Father	_____ Stepfather	_____ 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

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. Has your child ever skipped, repeated a grade or been home schooled?

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. 9th grade applicants must submit 7th and first semester 8th grade marks at the end of the first semester. 10th, 11th and 12th grade applicants must request full high school transcripts with test scores from your school office. All applicants should give the Transcript Request form to their school records office so that transcripts can be forwarded to us by the deadline if an official transcript is not included with this application.
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. A letter of recommendation from the Principal or faculty member if the student is applying for the Premier Scholar Program.

Verified at Arroyo Pacific Academy by: _____ 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 2019 through AUGUST 2020 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 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 _____