



School Year Applying: \_\_\_\_\_

Grade Applying To: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### STUDENT APPLICATION

(Application form to be filled out by parent or guardian)

Please fill out the following information and history to the best of your ability. This information is very important in our decision to accept the student for enrollment.

Student's Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address for Parent/Guardian: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### Parent/Guardian Information:

##### **Father** (Include title-Mr., Dr., Rev., etc.)

##### **Mother** (Include title-Mrs., Ms., Miss, Dr., etc.)

Name: \_\_\_\_\_

\_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

\_\_\_\_\_

Has the family been changed by physical or legal separation or divorce? If so, who is the child living with at this time?

\_\_\_\_\_

Please list everyone who lives in the student's home:

Name	Age	Relationship to Student	Occupation / School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Any AOP Related Family Members

Name	Relationship to Student	Years Attended/Yr. Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

*The Academy of the Pacific admits students of any race to all the rights, privileges, programs, and activities generally accorded or made available to students at this school and the school does not discriminate on the basis of race in administration of its education policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

**Education:**

Please list every school the student has attended beginning with the present school and grade.

Year	Grade(s)	School	City and State (if not Hawaii)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are your present goals for this child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want your child to attend the Academy of the Pacific? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is student currently under medical or psychological care? \_\_\_\_\_  
Please provide names, address and phone numbers of the medical doctor (s) or other professional people who regularly see this student now, or who have seen him/her in the past.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any diagnosed or suspected learning differences, disabilities or any other conditions that may affect academic performance? \_\_\_\_\_  
If yes, please provide a brief explanation below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student currently have, or has the student ever had, an IEP, 504 plan, behavioral support plan or any other type of learning support plan? \_\_\_\_\_

If yes, please provide a brief explanation and approximate dates below.

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Has the student ever been suspended, removed, dismissed, expelled or asked to withdraw from any school?

If yes, please provide a brief explanation and approximate dates below.

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Where or from whom did you hear about the Academy of the Pacific? \_\_\_\_\_

Do you feel you understand the program at the Academy of the Pacific? \_\_\_\_\_

If no, would you like to have a conference with the Head of School, Assistant Head of School, or Teacher – Counselor? \_\_\_\_\_

What education alternatives does the student have other than enrollment in the Academy of the Pacific?

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#### STATEMENT OF PERMISSION

Note: Academy of the Pacific requests parental permission to access certain specific psychological and medical information for each child as part of the admissions evaluation and for ongoing concerns if admitted.

I hereby give the Academy of the Pacific my consent to obtain and exchange confidential medical and psychological evaluations and information with qualified medical, psychiatric and education personnel and/or institutions relative to my son/daughter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship (Father, Mother, Guardian)

## ACADEMY OF THE PACIFIC

*The Academy of the Pacific is a non-profit Independent School for boys and girls in grades 6 through 12. Small by design, with 11 teachers for a student body of approximately 100, the Academy is non-sectarian, and admits students without regard to race, color or creed.*

*The curriculum offers preparation for education beyond high school and almost all of our graduates enroll in college. Individual differences and learning styles are considered in class placement and developmental reading and math classes are available. The Academy's emphasis is upon maximum academic and personal growth.*

*Classes from 3 to 16 students include the traditional subject areas of English, Social Studies, Mathematics, Science, Business, Foreign Language, Visual Arts and Physical Education. Each class is adapted to the abilities and interests of its students. Opportunities for Honors work are offered within most classes.*

*The Academy administers a battery of standardized tests, and admission is offered to students whose profiles fit them for the available openings. Every effort is made to furnish needed financial aid, within the limits of funds available.*

*Accreditation: Western Association of School and Colleges (WASC)*