



## STUDENT APPLICATION

(Application form to be filled out by parent or guardian)      Date of Application: \_\_\_\_\_

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 Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Res. Ph: \_\_\_\_\_

Applying for grade \_\_\_\_\_, to enroll in (fall/spring) semester of 20\_\_\_\_\_.

Most recent grade level was \_\_\_\_\_ in \_\_\_\_\_ school.

Parent/Guardian Information:

	<b>Father</b>	<b>Mother</b>	(Maiden Name)
Name:	_____	_____	_____
Occupation:	_____	_____	_____
Company:	_____	_____	_____
Address:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell:	_____	_____	_____

Has the family unit 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 or School
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent activities are an important part of our school and they add pleasure to being part of the Academy family. Please **circle** what volunteer activities someone in your family would enjoy.

**make or provide:**      flowers      •      leis      •      hakus      •      baked goods      •      food

**help with:**      May Day set-up      •      class field trips      •      committee work

**Speak To Classes On Topics Of Interest:** \_\_\_\_\_

**Other:** \_\_\_\_\_

List below student's places of residence and schools attended:

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Is student currently under medical or psychological care? \_\_\_\_\_

Give names, addresses and phone numbers of the medical doctors or other professional people who regularly see this student now, or who have seen him/her in the past.

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

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What are your present goals for this child?

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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 answer is no, would you like to have a conference with the Principal, Dean of Students, or Teacher-

Counselor? \_\_\_\_\_

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

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Please return this application form to the Academy of the Pacific at your earliest convenience. Please be assured that all information will be kept confidential.