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## Preschool Trilingual Program – Costa Mesa Campus Student Application

<ul> <li>Application Checklist</li> <li>□ Completed Application Form</li> <li>□ Application Fee (\$250)</li> <li>□ Birth Certificate or Government Issued Photo ID</li> </ul>		
Please complete the application packet and return to:  • Costa Mesa - 2987 Mesa Verde Dr. E, Costa M <u>CostaMesa@pacificacademy.org</u> (See Admissions Procedure for more information.)		
Application Fee Enclosed with this application is a one-time new stude I understand that this fee is non-refundable. Applying for grade: Cashier's check/bank of Academic year: Parent's initial:	draft (Check#)	
Student's General Information  Student's full name:  Student's Chinese name:  Student's date of birth (M/D/Y):  Place of birth:  Gender: Male  Female  Student age:  Ethnicity:	A Recent Photograph	
Home Address  Street: City: State: Zip code: Home phone: Cellphone:		

Encinitas Campus I O: 760.634.1188 679 Encinitas Blvd I Encinitas, CA 92024 Irvine Campus | O: 949.398.5288 4947 Alton Parkway | Irvine, CA 92604 Costa Mesa Campus I O: 833.796.5688 2987 Mesa Verde Dr. E I Costa Mesa, CA 92626



Parent/Guardian Information			
Are both parents living? Yes $\square$	No 🗆		
Student lives with (check all that	apply):		
Mother □ Father □ Step	father $\square$ Stepmo	ther $\square$	
Other(s):	_		
Father's first name	Last name		Middle name
Father's education	Cellphone		Work number
Father's employer/position		Email	
Father's full home address			
Mother's first name			
Mother's education	Cellphone		_ Work number
Mother's employer/position		Email	
Mother's full home address			
If parents are deceased or separa	ited, or if the studen	t does not li	ive with parents, who is the
student's legal guardian?			
<b>Student's Sibling Information</b>			
Name	Age	School	
Name	Age	School	
Name	Age	School	
Financial Responsibility			
Financial responsibility for the st	udent's tuition will b	e assumed b	oy
Health			
Describe the student's general he	ealth:		
Does he/she have any physical di	sabilities or allergies	that would	limit his/her participation in
the full range of school activities	_		, , ,
<b>0</b>			
Has the student ever suffered an	y serious injury or illi	ness?	



Is the student under the care of a	physician, psychiatrist, or psychologist?
If so, please describe briefly:	
School	
Student's present school	
	Private $\square$ Charter $\square$ Homeschool $\square$ None $\square$
Enrolled since:	Grades attended:
School office phone:	Teacher or adviser:
Please answer the following gues	tions to help us get a better sense of your son or daughter as a
	around which you have built your family.
unique maividual and the values a	arodila willen you have built your failing.
Language Background	
Student's first language:	Primary languages at home:
Student's <b>Chinese</b> language histor	
	Years of exposure:
Has the student taken any class	ses for this language? If so, please elaborate.
Student's <b>English</b> language history	
	y. ive speaker □) Years of exposure:
	ses for this language? If so, please elaborate.
The state of the s	os isi tine tangataget ii ee, preuse clase tate.
Student's <b>Spanish</b> language histor	ry:
Years of exposure:	
Has the student taken any class	ses for this language? If so, please elaborate.
Student's other language history:	
Language:	Years of exposure:
Language:	Years of exposure:



Family members who speak a	second language at home:
Language:	Relationship to student:
Language:	Relationship to student:
	Relationship to student:
Applicant's Information	
Has the applicant had any for	m of achievement, intelligence or psychological testing done during
	the test:
What is it about PA that appears on or daughter?	als to you? Why do you think it would make a good choice for your
Do you see your son or daugh sense that he/she needs close	e supervision to stay on task?
Describe your child's social sty in new settings and familiar si	yle in terms of his/her relationships to others (peers, adults, family tuations.
Does your child have specific	interests or hobbies?
How would you describe your	son or daughter's learning style?



Has your son or daughter had any previous difficulties in school? If so, what supports have you or his/her school provided?
Has your child been diagnosed with the needs for special education accommodations? If yes, please explain.
What would else you like the Admissions Committee to know about your child?
How did you hear about PA? Internet □ Postcard □ Newspaper □ TV □ Friends:  Name and relationship of relatives and/or friends who are attending Pacific Academy:
Parent Agreement I certify that all information given in the application process is complete and accurate. I understand that failure to discuss information about the applicant's medical, educational, or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school.
Print parent/guardian's name:
Parent/guardian's signature: Date//