



**A PRIVATE  
PREPARATORY  
SCHOOL FOR  
GRADES PRE K-12**

Fully Accredited by the  
Accrediting Commission  
For Schools, Western  
Association of Schools  
And Colleges

[www.acswasc.org](http://www.acswasc.org)

## K-6 Trilingual Immersion Program Student Application

### Application Checklist

- Completed Application Form
- Application Fee (\$250)
- Report Card and one Teacher Reference
- Birth Certificate or Government Issued Photo ID
- Portfolio and Sample Works

- Costa Mesa Campus (Prek-6)
- Irvine Campus (K-6)

Please complete the application packet and return to:

- Irvine - 4947 Alton Pkwy, Irvine, CA 92604 or [admissions@pacificacademy.org](mailto:admissions@pacificacademy.org)
- Costa Mesa - 2987 Mesa Verde Dr. E, Costa Mesa, CA 92626 or [CostaMesa@pacificacademy.org](mailto:CostaMesa@pacificacademy.org)

(See Admissions Procedure for more information.)

### Application Fee

Enclosed with this application is a one-time new student application fee of \$250.  
I understand that this fee is non-refundable.

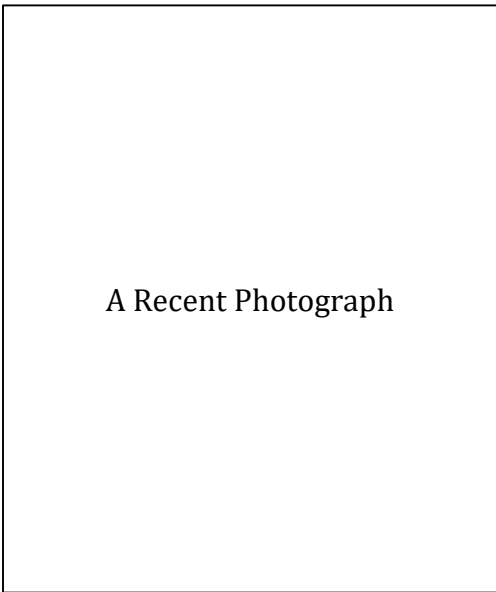
Applying for grade: \_\_\_\_\_ Cashier's check/bank draft (Check# \_\_\_\_\_)  
Academic year: \_\_\_\_\_ Parent's initial: \_\_\_\_\_ Date: \_\_\_\_\_

### 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: \_\_\_\_\_

### Home Address

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_  
 Home phone: (    ) \_\_\_\_\_  
 Cellphone: (    ) \_\_\_\_\_  
 Email address: \_\_\_\_\_



A Recent Photograph

(Recent photo of the student)

Encinitas Campus | O: 760.634.1188  
679 Encinitas Blvd | Encinitas, CA 92024

Irvine Campus | O: 949.398.5288  
4947 Alton Parkway | Irvine, CA 92604

Costa Mesa Campus | O: 714.916.9366  
2987 Mesa Verde Dr E. | Costa Mesa, CA 92626



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**Parent/Guardian Information**

Are both parents living? Yes  No

Student lives with (check all that apply):

Mother  Father  Stepfather  Stepmother  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 \_\_\_\_\_ Last name \_\_\_\_\_ Middle name \_\_\_\_\_

Mother's education \_\_\_\_\_ Cellphone \_\_\_\_\_ Work number \_\_\_\_\_

Mother's employer/position \_\_\_\_\_ Email \_\_\_\_\_

Mother's full home address \_\_\_\_\_

If parents are deceased or separated, or if the student does not live with parents, who is the student's legal guardian? \_\_\_\_\_

**Student's Sibling Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Financial Responsibility**

Financial responsibility for the student's tuition will be assumed by \_\_\_\_\_.

**Health**

Describe the student's general health:

\_\_\_\_\_

Does he/she have any physical disabilities or allergies that would limit his/her participation in the full range of school activities?

\_\_\_\_\_

Has the student ever suffered any serious injury or illness?

\_\_\_\_\_

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Is the student under the care of a physician, psychiatrist, or psychologist?  
If so, please describe briefly:

\_\_\_\_\_  
\_\_\_\_\_

**School**

Student's present school \_\_\_\_\_

Type of present school: Public  Private  Charter  Homeschool  None

Enrolled since: \_\_\_\_\_ Grades attended: \_\_\_\_\_

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

School office phone: \_\_\_\_\_ Teacher or adviser: \_\_\_\_\_

Previous school: \_\_\_\_\_ City/state: \_\_\_\_\_

Grades attended: \_\_\_\_\_ Years attended: \_\_\_\_\_

Previous school: \_\_\_\_\_ City/state: \_\_\_\_\_

Grades attended: \_\_\_\_\_ Years attended: \_\_\_\_\_

Previous school: \_\_\_\_\_ City/state: \_\_\_\_\_

Grades attended: \_\_\_\_\_ Years attended: \_\_\_\_\_

Please answer the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

**Language Background**

Student's first language: \_\_\_\_\_

Primary languages spoken at home: \_\_\_\_\_

Student's Chinese language history:

(Traditional  Simplified ) Years of exposure: \_\_\_\_\_

Has the student taken any classes for this language? If so, please elaborate.

\_\_\_\_\_  
\_\_\_\_\_

Student's English language history:

(Native speaker  Non-native speaker ) Years of exposure: \_\_\_\_\_

Has the student taken any classes for this language? If so, please elaborate.

\_\_\_\_\_  
\_\_\_\_\_

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Student's Spanish language history:

Years of exposure: \_\_\_\_\_

Has the student taken any classes 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: \_\_\_\_\_

Language: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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**Applicant's Information**

Has the applicant had any form of achievement, intelligence or psychological testing done during the last three years? Name of the test:

\_\_\_\_\_

Administered by: \_\_\_\_\_

What is it about PA that appeals to you? Why do you think it would make a good choice for your son or daughter?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you see your son or daughter as a fairly self-motivated and independent learner, or do you sense that he/she needs close supervision to stay on task?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's social style in terms of his/her relationships to others (peers, adults, family) in new settings and familiar situations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Does your child have specific interests or hobbies?

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How would you describe your son or daughter's learning style?

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Has your son or daughter had any previous difficulties in school? If so, what supports have you or his/her school provided?

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Does your child have a 504 Plan, Individualized Education Program (IEP), an Educational Service Plan (ESP), receive educational accommodations, or being diagnosed with the needs for special education accommodations? Please explain.

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What would else you like the Admissions Committee to know about your child?

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How did you hear about PA?

Internet  Postcard  Newspaper  TV  Friends: \_\_\_\_\_

Name and relationship of relatives and/or friends who are attending Pacific Academy:

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*A non-refundable fee of \$250.00 along with a copy of your child's transcripts must accompany this application. Your application is regarded as a formal request for consideration of your son and daughter as a potential student at PA, and as authorization to our office to obtain transcripts and recommendations from previous schools.*

**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Revised 10/16/2023**

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