



SOUTHWESTERN ACADEMY

“A Place Where You Belong!”

2800 Monterey Road • San Marino, California 91108 • Phone: 626-799-5010 • Fax 626-799-0407
E-Mail: Admissions@SouthwesternAcademy.edu • Website: www.SouthwesternAcademy.edu

2010 SUMMER PROGRAM

SUMMER SESSION COSTS FOR 2010

An incidental deposit of \$1,000.00 for the semester length program and \$500.00 for any of the shorter length programs will also be required. Any unused funds will be returned to the parents 30 days after the end of the session or the funds will rollover for the following school year.

Please check the campus and program you are interested in:

Beaver Creek Ranch AZ Campus:

For students seeking academic credit

Full summer June 21 – August 13 \$13,920*

For ESL and Enrichment Classes

Full Summer June 21 – August 13 \$13,920*

Southwestern Adventures Program

4 week Session June 21 – July 15 \$5,500*

4 week Session July 19 – August 13 \$5,500*

Other periods available - call Admissions for dates

San Marino, CA Campus:

For students seeking academic credit

Full Summer June 14 – September 17 \$18,550*

For ESL and Enrichment Classes

Full Summer June 14 – September 17 \$18,550*

4 week Session June 14 – July 9 \$7,950*

4 week Session July 19 – August 13 \$7,950*

Other periods available - call Admissions for dates

For “Day” Students (five days, includes lunch) \$660/week

*includes room, board and tutoring. Financial aid available for US Citizens as needed

Please check specific classes you are interested in taking during the summer session:

- | | | |
|---|---|--|
| <input type="checkbox"/> Math _____ | <input type="checkbox"/> English as a Second Language (ESL) _____ | <input type="checkbox"/> Writing _____ |
| <input type="checkbox"/> English _____ | <input type="checkbox"/> Art _____ | <input type="checkbox"/> SAT Prep _____ |
| <input type="checkbox"/> Science _____ | <input type="checkbox"/> Music _____ | <input type="checkbox"/> TOEFL Prep _____ |
| <input type="checkbox"/> Social Studies _____ | <input type="checkbox"/> Spanish _____ | <input type="checkbox"/> Computer Literacy _____ |

Please specify course levels where necessary. Students will not be placed in courses for which they have not met the prerequisites. Not all levels of every class will be available during the summer but we will do our best to meet the needs of all students.

Registration Information

Please Print

Student Name: _____ Nickname: _____

Home Address: _____

City : _____ State/Province: _____ Postal Code: _____ Country: _____

Home Phone: _____ Fax: _____ Student’s Email: _____

Current School: _____ Current Grade Level: _____ Male: _____ Female: _____

Parent/Guardian Name: _____

Parent’s Cell Phone: _____ Parent’s Email: _____

I will be a Summer Domestic “Boarding” Student: _____

I will be a Summer Domestic “Day” Student: _____

I will be a Summer International “Boarding” Student: _____



SOUTHWESTERN ACADEMY

2800 Monterey Road • San Marino, California 91108 • Phone: 626-799-5010 • Fax 626-799-0407
E-Mail: Admissions@SouthwesternAcademy.edu • Website: www.SouthwesternAcademy.edu

APPLICANT INFORMATION

First Name _____ Middle Name _____ Family/Last Name _____ Preferred Name or Nickname _____

Home Address _____ City _____ State/Province _____ Country _____ Zip/Postal Code _____

Home Telephone (include country, city, and area code) _____ Fax Number (include country, city, and area code) _____

Additional Telephone (include country, city, and area code) _____ E-Mail Address _____

Female Male

Age _____ Date of Birth (Mo/Day/Year) _____ City and Country of Birth _____ Country of Citizenship _____

U.S. Citizen U.S. Permanent Resident International Student _____
Social Security/Greencard/International Student Passport Number _____

Ethnicity (optional): African Asian Caucasian Latino Native American Biracial Other: _____

Educational Information

List the schools you have attended in the past three years (***name, address, phone, contact name & grade levels***) beginning with your current school. If you need additional space, please attach a separate sheet of paper.

1. _____
2. _____
3. _____

Is English your first language? Yes No If no, what is your first language? _____

Have you studied English? Yes No If yes, how long? _____

Have you ever repeated a grade? Yes No If yes, which grade and why? _____

Have you ever skipped a grade? Yes No If yes, which grade and why? _____

Have you ever been suspended, dismissed or expelled from any school? Yes No If yes, please explain: _____

International Students

Have you ever lived in the United States? Yes No If yes, for how long? _____ Where? _____

Immigration Status: U.S. Permanent Resident I require an I-20 I require a transfer I-20 I have a _____ visa

A copy of my passport and/or greencard is enclosed (required for I-20 issuance/residence status): Yes No

Have you ever taken an English proficiency test? Yes No If yes, what test and when? _____

Please check the appropriate boxes to indicate your opinion of your English skills:

English Speaking Ability: None Beginning Good Very Good Excellent

English Reading Ability: None Beginning Good Very Good Excellent

English Writing Ability: None Beginning Good Very Good Excellent



SOUTHWESTERN ACADEMY

2800 Monterey Road • San Marino, California 91108 • Phone: 626-799-5010 • Fax 626-799-0407
E-Mail: Admissions@SouthwesternAcademy.edu • Website: www.SouthwesternAcademy.edu

APPLICANT INFORMATION

First Name _____ Middle Name _____ Family/Last Name _____ Preferred Name or Nickname _____

Home Address _____ City _____ State/Province _____ Country _____ Zip/Postal Code _____

Home Telephone (include country, city, and area code) _____ Fax Number (include country, city, and area code) _____

Additional Telephone (include country, city, and area code) _____ E-Mail Address _____

Female Male

Age _____ Date of Birth (Mo/Day/Year) _____ City and Country of Birth _____ Country of Citizenship _____

U.S. Citizen U.S. Permanent Resident International Student _____
Social Security/Greencard/International Student Passport Number _____

Ethnicity (optional): African Asian Caucasian Latino Native American Biracial Other: _____

Educational Information

List the schools you have attended in the past three years (***name, address, phone, contact name & grade levels***) beginning with your current school. If you need additional space, please attach a separate sheet of paper.

1. _____
2. _____
3. _____

Is English your first language? Yes No If no, what is your first language? _____

Have you studied English? Yes No If yes, how long? _____

Have you ever repeated a grade? Yes No If yes, which grade and why? _____

Have you ever skipped a grade? Yes No If yes, which grade and why? _____

Have you ever been suspended, dismissed or expelled from any school? Yes No If yes, please explain: _____

International Students

Have you ever lived in the United States? Yes No If yes, for how long? _____ Where? _____

Immigration Status: U.S. Permanent Resident I require an I-20 I require a transfer I-20 I have a _____ visa

A copy of my passport and/or greencard is enclosed (required for I-20 issuance/residence status): Yes No

Have you ever taken an English proficiency test? Yes No If yes, what test and when? _____

Please check the appropriate boxes to indicate your opinion of your English skills:

English Speaking Ability: None Beginning Good Very Good Excellent

English Reading Ability: None Beginning Good Very Good Excellent

English Writing Ability: None Beginning Good Very Good Excellent

Student Questionnaire

We would like to know more about you, including your interests, talents, and experiences. Please answer the following questions. There are no right or wrong answers.

1. What is your favorite subject? _____ Why? _____
2. What is your least favorite subject? _____ Why? _____
3. Do you like to read? Yes No What are your favorite books? _____
4. What type of music do you like? _____
5. Do you play any musical instruments? Yes No If yes, which one(s) and for how long have you been playing it/them? _____
6. Are you an artist or interested in art? Yes No If yes, what type of art? _____
7. Are you interested in playing sports? Yes No If yes, please list in order of preference: _____

8. Do you enjoy outdoor activities such as hiking, camping, backpacking? Yes No Never tried. If yes, what have you done and when? _____ If you've never tried them, would you like to? Yes No
9. In what other extra-curricular activities or hobbies do you participate? _____

10. Please list any leadership or other positions of responsibility you have held. Also list any awards or honors you have received. _____

11. Please complete the following unfinished sentences to give us a better idea of your interests.
 - a. My greatest strength is _____
 - b. My greatest weakness is _____
 - c. The happiest day of my life was _____
 - d. I would like to be _____
 - e. People think that I am _____
 - f. I am most concerned about _____
 - g. The best three words to describe me are _____
 - h. I would like to improve _____
 - i. I have always wanted to try _____
12. What are your educational goals? _____

13. How do you feel Southwestern Academy can help you achieve these goals? _____



SOUTHWESTERN ACADEMY

2800 Monterey Road • San Marino, California 91108 • Phone: 626-799-5010 • Fax 626-799-0407
E-Mail: Admissions@SouthwesternAcademy.edu • Website: www.SouthwesternAcademy.edu

FAMILY INFORMATION

Student Lives With (please check all that apply): Mother Father Stepmother Stepfather

Other (specify): _____

Parents are: Living together Separated Divorced - Who has legal custody? _____

Single Parent Mother Deceased Father Deceased

Information About (check one):

Father Stepfather

First Name Middle Name Family/Last Name

Occupation Title Company Name

Business Address (City, State/Province, Country, Zip/Postal Code)

Business Telephone (inc. area/country code) Fax

E-Mail Address

Home Address (City, State/Province, Country, Zip/Postal Code)

Home Telephone (inc. area/country code) Fax

Do you read English? Yes No

Information About (check one):

Mother Stepmother

First Name Middle Name Family/Last Name

Occupation Title Company Name

Business Address (City, State/Province, Country, Zip/Postal Code)

Business Telephone (inc. area/country code) Fax

E-Mail Address

Home Address (City, State/Province, Country, Zip/Postal Code)

Home Telephone (inc. area/country code) Fax

Do you read English? Yes No

If relevant, please indicate to whom and where an additional copy of all correspondence should be sent:

Name: _____ Relationship: _____

Address: _____
Street Address City State/Province Country Zip/Postal Code

Area Code/Phone Number: _____ Fax: _____ E-Mail: _____

Names and ages of brothers and sisters: _____

Name(s) and address(s) of grandparent(s), if living: _____

Name, address, telephone number and relationship of person(s) with whom the student may leave campus:

Name Address City/State/ZIP Area Code/Phone Relationship

Name Address City/State/ZIP Area Code/Phone Relationship



SOUTHWESTERN ACADEMY

2800 Monterey Road • San Marino, California 91108 • Phone: 626-799-5010 • Fax 626-799-0407
E-Mail: Admissions@SouthwesternAcademy.edu • Website: www.SouthwesternAcademy.edu

EMERGENCY MEDICAL RELEASE AND HEALTH STATEMENT

Student's Last Name _____ Student's First Name _____ Date of Birth (Mo/Day/Year) _____
 Female Male _____
 Social Security/Green Card/International Student Passport Number _____ Religious Preference (if any) _____

REPORT OF PHYSICAL EXAMINATION (to be completed by attending physician within the past 12 months)

Date of Examination: _____

Has the applicant ever had any of the following?					Any disease, impairment or abnormality of:			
YES	NO		YES	NO		YES	NO	
		Allergies to drugs			Parasites (intestinal, other)			Abdominal Organs, Digestive System
		Food Allergies			Vertigo, Dizziness			Bones, Joints, Locomotors System
		Smoke Allergies			Rheumatic Fever			Blood, Endocrine System
		Pet Allergies			Eating Disorders			Tonsils, Nose or Throat
		Asthma			Chicken Pox			Varicose Veins
		Appendicitis			Rubella			Brain, Nervous System
		Cough (persistent, recurring)			Scarlet Fever			Ears or Hearing
		Diabetes Mellitus			Hepatitis			Eyes or Vision
		Enuresis			Hernia			Gentio-Urinary System
		Goiter (struma)			Malaria			Heart or Blood Vessels
		Headache (persistent, recurring)			Seizure Disorder			Lungs, Respiratory System
		Learning or Speech Defect			Sleepwalking			Skin (acne, etc.)

If "yes" is checked for any of the above, physician must provide full details. _____

Has the student ever been hospitalized? Yes No If yes, please explain: _____

Has the applicant ever been advised to have surgery that has not been performed? Yes No If yes, explain: _____

Is the applicant presently taking any medication or injections? Yes No If yes, please explain: _____

Will the student bring any prescriptions to the school? Yes No

If yes, what is the prescription(s) and how often are they taken? _____

What is the purpose of each prescription(s)? _____

Has the applicant ever consulted a neurologist, psychologist or any other specialist in nervous or emotional disorders?

Yes No If yes, please explain: _____

Is the applicant still in the care of this specialist? Yes No If yes, please provide the following:

Name(s) of Specialist(s): _____

Specialty: _____ Phone Number(s): _____

Are there any restrictions of any kind in regard to school sports or other activities? Yes No If yes, please explain: _____

Are there any dietary restrictions for this student? Yes No If yes, please explain: _____

Student's Height: _____ Student's Weight: _____

Immunization Record

California and Arizona laws state that students must be adequately immunized before entering school. Please include all dates.

***REQUIRED for entrance.**

VACCINE	DATE EACH DOSE WAS GIVEN (must include month, day and year)					
	1 st	2 nd	3 rd	4 th	5 th	Booster
*POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	
*DPT/DtaP/DT/Td	/ /	/ /	/ /	/ /	/ /	/ /
*MMR (Measles, mumps, and rubella)**	/ /	/ /	**Or two shots of Measles, one of Mumps, and one of Rubella.			
Measles (Rubeola-10 day, red measles)	/ /	/ /	If no immunization, give date student had Rubeola: / /			
Mumps	/ /	/ /	If no immunization, give date student had Mumps: / /			
Rubella (German measles – 3 day measles)	/ /	/ /	If no immunization, give date student had Rubella: / /			
*Hepatitis B	/ /	/ /	/ /			
*Varicella (Chickenpox)	/ /	/ /	If no immunization, give date student had Chickenpox: / /			
Hepatitis A	/ /	/ /				
BCG	/ /	Please note: the BCG vaccination is not valid in the U.S.				
Other	/ /	/ /	/ /	/ /	/ /	/ /
Other	/ /	/ /	/ /	/ /	/ /	/ /
TB Skin Test <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	Date given: / /	Date Read: / /	mm indur	<input type="checkbox"/> positive <input type="checkbox"/> negative	If the skin test is positive a chest x-ray is needed.	

Your opinion of the student's overall health: excellent good fair poor

I, the undersigned, have reviewed the medical history of the applicant and conducted a thorough physical examination. I certify that all-important medical information has been noted on this form and that nothing relevant has been omitted.

Physician's Signature: _____ Name (print): _____

Address: _____ Phone Number: _____

Health/Medical Insurance information (name of company, policy holder, policy group number, other details):

Is a copy of the student's insurance card attached? Yes No *Note: We will need a copy of the insurance card prior to entrance.*

CONSENT TO EMERGENCY MEDICAL/DENTAL CARE AND AUTHORIZATION TO RELEASE INFORMATION

Parents of students under eighteen years of age must sign the following statement to allow emergency or dental care if necessary while the student is enrolled at Southwestern Academy:

I hereby authorize Southwestern Academy to arrange, with an emergency service agency, any physician or dentist associated with them, to give whatever care in their professional opinion is necessary for my minor child while a student at Southwestern Academy. The School and any emergency service agency and their associated physicians, surgeons, and/or dentists, have my authorization to consult together as necessary. I hereby give my consent to any x-ray examination, anesthetic, medical, psychiatric, or surgical diagnosis or treatment and hospital service, and for the performance of an operation with whatever anesthesia is necessary at the discretion of the surgeon or anesthesiologist, whether such diagnosis or treatment is rendered at the physician's office or at a licensed hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment that may be required and is given to authorize Southwestern Academy, its Headmaster or designee, and physicians to exercise their best judgment as to the requirements of such diagnosis or treatment. It is further understood that this consent authorizes Southwestern Academy to communicate with health care providers regarding diagnosis and treatment, and to have access to the same information regarding diagnosis and treatment accessible to us if we were present. I hereby accept all responsibility for expenses in connection with the above and understand that neither a hospital nor Southwestern Academy is to assume financial responsibility for my minor child. I will honor charges for emergency services as if I had arranged for those services in person. This authorization remains in effect until revoked in writing by me. *I also certify that the information given on both sides of this questionnaire is complete and accurate. I have answered all the questions and disclosed all the details requested. I understand that this form must be signed and dated as part of a complete application, and that inaccurate or misleading information is cause for denial of admission or expulsion of the student if enrolled.*

Parent's Signature: _____ Signed this ____ day of _____, 20 ____

Printed Name: _____ Day Phone: _____ Evening Phone: _____

Mailing Address: _____

Medical Billing Information (if the student receives medical care, to whom and where the medical bill should be sent?):

Name: _____ Telephone: _____

Address: _____