



# 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](mailto:Admissions@SouthwesternAcademy.edu) • Website: [www.SouthwesternAcademy.edu](http://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](mailto:Admissions@SouthwesternAcademy.edu) • Website: [www.SouthwesternAcademy.edu](http://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](mailto:Admissions@SouthwesternAcademy.edu) • Website: [www.SouthwesternAcademy.edu](http://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](mailto:Admissions@SouthwesternAcademy.edu) • Website: [www.SouthwesternAcademy.edu](http://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		
						Abdominal Organs, Digestive System	
						Bones, Joints, Locomotors System	
						Blood, Endocrine System	
						Tonsils, Nose or Throat	
						Varicose Veins	
						Brain, Nervous System	
						Ears or Hearing	
						Eyes or Vision	
						Gentio-Urinary System	
						Heart or Blood Vessels	
						Lungs, Respiratory System	
						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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	Booster
<b>*POLIO</b> (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	
<b>*DPT/DtaP/DT/Td</b>	/ /	/ /	/ /	/ /	/ /	/ /
<b>*MMR</b> (Measles, mumps, and rubella)**	/ /	/ /	<b>**Or</b> two shots of Measles, one of Mumps, and one of Rubella.			
<b>Measles</b> (Rubeola-10 day, red measles)	/ /	/ /	If no immunization, give date student had Rubeola: / /			
<b>Mumps</b>	/ /	/ /	If no immunization, give date student had Mumps: / /			
<b>Rubella</b> (German measles – 3 day measles)	/ /	/ /	If no immunization, give date student had Rubella: / /			
<b>*Hepatitis B</b>	/ /	/ /	/ /			
<b>*Varicella</b> (Chickenpox)	/ /	/ /	If no immunization, give date student had Chickenpox: / /			
<b>Hepatitis A</b>	/ /	/ /				
<b>BCG</b>	/ /	Please note: the BCG vaccination is not valid in the U.S.				
<b>Other</b>	/ /	/ /	/ /	/ /	/ /	/ /
<b>Other</b>	/ /	/ /	/ /	/ /	/ /	/ /
<b>TB Skin Test</b> <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: \_\_\_\_\_