



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

SUMMER 2019

Registration Information (Please print)

STUDENT #:	LAST NAME:	FIRST NAME:	NICKNAME:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	COUNTRY OF CITIZENSHIP:	GRADE LEVEL:
SUMMER HOUSING: <input type="checkbox"/> International Boarding Student <input type="checkbox"/> U.S. Boarding Student <input type="checkbox"/> U.S. Commuting Student			

Please check the campus program you are interested in:

Beaver Creek Ranch, Arizona Campus		San Marino, California Campus	
For students seeking academic credit:		For students seeking academic credit:	
	Tuition*		Tuition*
<input type="checkbox"/> Full Summer June 17 – August 9	\$19,500	<input type="checkbox"/> Full Summer June 10 – August 30	\$20,500
For ESL and Enrichment Classes:		<input type="checkbox"/> 6-week Session June 10 – July 19	
<input type="checkbox"/> Full Summer June 17 – August 9	\$19,500	<input type="checkbox"/> 6-week Session July 22 – August 30	\$13,500
Southwestern Adventures Program:		For ESL and Enrichment Classes:	
<input type="checkbox"/> 4-week Session June 17 – July 12	\$ 9,750	<input type="checkbox"/> Full Summer June 10 – August 30	\$20,500
<input type="checkbox"/> 4-week Session July 15 – August 9	\$ 9,750	<input type="checkbox"/> 6-week Session June 10 – July 19	\$13,500
		<input type="checkbox"/> 6-week Session July 22 – August 30	\$13,500

Other periods of attendance available. Contact our Admissions Office for dates and tuition.

* Boarding tuition includes housing, meals, and tutoring as needed

Tuition for U.S. Citizen & Permanent Resident Commuting Students (five days, includes lunch) = \$875/week

Financial aid available for U.S. Citizens as needed

In addition to summer tuition, an incidental deposit of \$1,000.00 for semester length and \$500.00 for any shorter length session is required. Any unused funds will be returned to parents 30 days after the end of the session or the funds will rollover for the following school year.

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Mathematics _____ | <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 Preparation _____ |
| <input type="checkbox"/> Science _____ | <input type="checkbox"/> Music _____ | <input type="checkbox"/> TOEFL Preparation _____ |
| <input type="checkbox"/> Social Studies _____ | <input type="checkbox"/> Spanish _____ | <input type="checkbox"/> Computer Literacy _____ |

Specify course levels where necessary. Students will not be placed in courses for which they have not met the prerequisites.

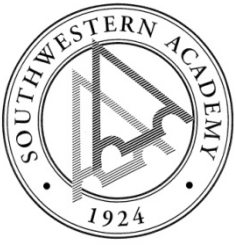
Not all levels of every class will be available during the summer but we will do our best to meet the needs of all students.

By signing this form, the individual agrees to pay a non-refundable tuition, applicable to Southwestern Academy for summer programs described in this application. The non-refundable amount is due by April 15th. A tuition statement will be sent for billing.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Student Type: <input type="checkbox"/> Returning Student <input type="checkbox"/> New Summer & School Year Student <input type="checkbox"/> New Summer Only Student		
____ Student Info	____ Medical Release & Health Info	____ Follow-up Email Sent
____ Student Questionnaire	____ Application Fee	____ Tuition Statement
____ Family Info	____ Welcome Packet Sent	____ Tuition Payment
____ Passport or SS Card Copy	____ Interview	____ Crescendo & Portal Status Changed



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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) Student's E-mail Address

Female Male Age Date of Birth (Month/Day/Year) City and Country of Birth Country of Citizenship

U.S. Citizen U.S. Permanent Resident International Student Student's Passport Number

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 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 - 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, and 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?



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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

Street Address

City, State/Province, Country

Zip/Postal Code

Home and/or Cell Telephone (inc. area/country code)

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

Street Address

City, State/Province, Country

Zip/Postal Code

Home and/or Cell Telephone (inc. area/country code)

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: _____ E-Mail: _____

Names and ages of brothers and sisters: _____

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



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MEDICAL RELEASE AND HEALTH STATEMENT

Student's Last/Family Name _____ Student's First Name _____ Date of Birth (Month/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(s) 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 student ever been advised to have surgery that has not been performed? Yes No If yes, please explain: _____

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

Will the student bring any prescription(s) to the school? Yes No If yes, what prescription(s) and how often are they taken?

What is the purpose of each prescription? _____

Has the student ever consulted a neurologist, psychologist, or any other specialist in nervous or emotional disorders? Yes No
If yes, please explain: _____

Is the student 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: _____

Southwestern Academy - 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-10day, 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 patient and conducted a thorough physical examination. I certify that important information has been noted on this form and that nothing relevant has been omitted.

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

Address: _____ Phone Number: _____

CONSENT TO MEDICAL/DENTAL CARE AND AUTHORIZATION TO RELEASE INFORMATION

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

I hereby authorize Southwestern Academy to arrange for needed health care for my minor child, and I authorize the chosen physician, dentist, and healthcare associates working 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 health care 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 before my student enters Southwestern, and that inaccurate or misleading information is cause for denial of admission or expulsion of the student if enrolled.*

Parent's Signature: _____ Date: _____

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: _____