



# 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)

## SUMMER 2021

### 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 program you are interested in:

### San Marino, California Campus

#### For students seeking academic credit:

		<b>Tuition*</b>
<input type="checkbox"/> Full Summer	June 14 – September 3	\$19,950
<input type="checkbox"/> 6-week Session	June 14 – July 23	\$11,550
<input type="checkbox"/> 6-week Session	July 26 – September 3	\$11,550

#### For ESL and Enrichment Classes:

		<b>Tuition*</b>
<input type="checkbox"/> Full Summer	June 14 – September 3	\$19,950
<input type="checkbox"/> 6-week Session	June 14 – July 23	\$11,550
<input type="checkbox"/> 6-week Session	July 26 – September 3	\$11,550

#### Special Session (based upon approval and availability):

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Tuition (OFFICE USE ONLY): \$ \_\_\_\_\_

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 subjects you are interested in taking during summer:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mathematics _____    | <input type="checkbox"/> English as a Second Language (ESL) _____ | <input type="checkbox"/> College Preparation _____ |
| <input type="checkbox"/> English _____        | <input type="checkbox"/> Art/Media Design _____                   | <input type="checkbox"/> SAT Preparation _____     |
| <input type="checkbox"/> Science _____        | <input type="checkbox"/> Music _____                              | <input type="checkbox"/> American Experience _____ |
| <input type="checkbox"/> Social Studies _____ | <input type="checkbox"/> Second Language _____                    | <input type="checkbox"/> Other _____               |

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 15<sup>th</sup>. 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



# SOUTHWESTERN ACADEMY

## 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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	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: \_\_\_\_\_