



Application Form

1539 East Howard Street
Pasadena CA. 91104
Tel: (626)398-2388
Fax:(626)398-2454

Student Information

Date of application ____/____/____ Applying School Year ____ Fall Spring Summer
mm dd yyyy
Grade Entering 6th 7th 8th 9th 10th 11th 12th Social Security # _____
Student's Name _____ Male ____ Female ____
Last First Middle
Student's Address _____
Home Phone () _____ Date of Birth ____/____/____ Citizenship _____
mm dd yyyy
E-mail address: _____

Parent Information

Parent #1 _____ Parent #2 _____
Partner if not child's mother/father _____ Partner if not child's mother/father _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____
Home Phone Number _____ Home Phone Number _____
Occupation _____ Occupation _____
Employed by _____ Employed by _____
Business Phone Number _____ Business Phone Number _____

If parents are divorced, with which one is student living? _____

Check here if you would like duplicate mailing

List brothers and sisters of applicant:

Name	Age	Present School
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Ethnic Background (Voluntary for reporting purposes)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Asian American | <input type="checkbox"/> Other _____ |

Student Education Information

Current School: _____

School Address: _____

School Telephone: () _____ Grade Completed: _____

Name of Principal: _____

Type of School: Public _____ Independent _____ Outside USA _____

Has the applicant had any scholastic difficulty? Yes No

Disciplinary problems? Yes No

Problems with truancy? Yes No

Absences due to illness? Yes No

Difficulty with civil authorities? Yes No

Suspended or expelled from any school? Yes No

Explain "Yes" answers: _____

List all schools the applicant has attended in the past five years: _____

Please list the other schools to which you are applying: _____

Have you known or are you related to an Excelsior School student(s)? Please give the name(s) and relationship(s): _____

Through what source did you learn of Excelsior School? _____

Parent Statement

Why are you applying to The Excelsior School?

We welcome any additional comments which you might like to make about your child.

A parental perspective helps us to know each applicant more completely.

Describe any special circumstances or learning needs which may have affected the applicant's performance. Include specific testing and/or academic support the applicant has received.

Attach documentation as appropriate.

To apply for application to Excelsior School, a parent or guardian must complete this form and return it to the school with non-refundable application fee of \$75.00 (\$150.00 for international students). Please make checks payable to Excelsior School. By signing this application you are agreeing to abide by the Terms and Conditions of admission and enrollment agreement.

Date _____ Signed _____
Parent or Legal Guardian

Office Use	
Date Received: _____	Fees Collected: _____

International Transfer Students

After acceptance, international students who are in USA must provide copies of the following documents before an I-20 can be issued:

1. Current I-20 issued
2. I-94 form with admissions
3. Visa
4. Passport
5. Immunization record: a current Mantou test (TB) is required
6. Documentation showing proof of financial means of support, i.e. Bank Verification of Funds, required by the INS when sending completed I-20