



Please enclose a deposit of \$500.00 and a non-refundable processing fee of \$50.00 with your application and mail to:

Excelsior School
1539 East Howard St. Pasadena CA 91104

Application Date: _____

Expected Arrival Date: _____

Expected Departure Date: _____

Excelsior School Dormitory Application

Name: _____ Date of Birth _____
Last First Middle Initial

Address: _____
Street City/State (Province) Country Zip Code

If less than five years:
 Previous Address: _____
Street City/State (Province) Country Zip Code

Home Phone: _____ Cell Phone: _____

E-mail: _____

SSN: _____ Driver's License: _____

Applying as a <input type="checkbox"/> Single Male <input type="checkbox"/> Single Female	Would you keep your room <input type="checkbox"/> Neat & Orderly <input type="checkbox"/> A Little Messy	What do you prefer in a roommate? <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
Applying for <input type="checkbox"/> Double Room	Are you a <input type="checkbox"/> Morning Person <input type="checkbox"/> Night Owl	

Do you have any physical challenges that require specific accommodations?
 If yes, how may we better accommodate your stay?

School where you will be studying while residing at dormitory: _____

Current or future supervisor: _____ Supervisor Phone: _____

How where you referred to domitory? _____

Church you are currently attending: _____ Pastor: _____

In an emergency, notify: _____
Name Relationship Phone

School Information

Current school: _____ Phone: _____

Contact: _____ Job Title: _____

Address: _____
Street City/State (Province) Country Zip Code

Attending dates: _____ TO _____

Reason for leaving: _____

How do you plan to pay your dormitory expenses? _____

Personal reference #1

Name Phone

Street City/State (Province) Country Zip Code

Personal reference #2

Name Phone

Street City/State (Province) Country Zip Code

Ethnicity (optional) Caucasian Hispanic Asian African American Native American Other

Have you ever resided at Excelsior School before? Yes No Have you ever been evicted from a place of residence? Yes No

If yes, what dates? _____ TO _____ Reason(s) _____

International Students Only
Country of Origin: _____ Citizenship: _____ Visa Type: _____

You may submit your application via E-mail or through the regular mail sent to the address on the first page of the application. Please make deposit checks payable to: Excelsior School. Dormitory applications require a deposit on file in our office in order to be considered.

I understand that as a resident of the Excelsior School dormitory, I agree to follow and abide by the policies and rules of the dorm as covered in the resident contract and the resident handbook. I certify that the information contained in this application is complete and accurate to the best of my knowledge.

Signature Date

FOR OFFICE USE ONLY

Application Received _____/_____/_____	Credit Checked by _____ on _____/_____/_____
Actual Arrival Date _____/_____/_____	References Checked by _____ on _____/_____/_____
Expected Departure _____/_____/_____	Interviewed by _____ on _____/_____/_____
Deposit Received _____/_____/_____	Resident Assistant _____
Deposit Amount \$ _____	Resident Assistant Notified _____/_____/_____
Check Number _____	Room Assigned _____ Mailbox # _____