

Application Form

41 W Santa Clara Street Arcadia, CA. 91007 Tel: (626)623-6339 Fax:(626)623--6293

| Stu | dent Information | | | | |
|---|--------------------------|-------------------------|--|--|--|
| Date of application// | _Applying School Year | Grall Gring Summer | | | |
| Grade Entering 17th 18th 19th 11 Student's Name | | al Security # | | | |
| Last Name | First Name | Middle Name | | | |
| Student's Address | | | | | |
| City | State | Zip Code | | | |
| Date of Birth//Gend | der Citizenshi | ip | | | |
| Home Phone | E-mail address | | | | |
| Pa | rent Information | | | | |
| Parent #1 | Parent #2 | | | | |
| Relationship to Student | Relationship to Stud | Relationship to Student | | | |
| Address | | | | | |
| CityState Zip | p City | State Zip | | | |
| Home Phone Number | Home Phone Number | er | | | |
| Occupation | Occupation | | | | |
| Employed by | Employed by | | | | |
| Business Phone Number | Business Phone Nur | mber | | | |
| Email Address | Email Address | | | | |
| If parents are divorced, with which one | is student living? | | | | |
| Would you like duplicate mailing | | | | | |
| List brothers and sisters of applicant: | | | | | |
| Name | Age Present School | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Ethnic Background (Voluntary for repor | rting purposes) | | | | |
| ☐ African American | ☐ Native American | ative American | | | |
| ☐ Hispanic American | ☐ Asian American ☐ Other | | | | |

Student Education Information

| Current School: | | | | |
|--------------------------------------|-------------------------|-------------------|------------------|----------------------|
| School Address: | | | | |
| City Grade Completed: | | | | |
| | | | | JSA |
| Type of School: □Public □Independent | | | | |
| Has the applicant had | • | culty? | ☐ Yes | □ No |
| Disciplinary problem | ıs? | | ☐ Yes | □ No |
| Problems with truance | cy? | | ☐ Yes | ☐ No |
| Absences due to illne | ess? | | ☐ Yes | □ No |
| Difficulty with civil | authorities? | | ☐ Yes | □ No |
| Suspended or expelle | ed from any school? | | ☐ Yes | ☐ No |
| Explain "Yes" answe | ers: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| List all schools the app | licant has attended in | the past five yea | ars: | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Please list the other sch | nools to which you are | applying: | | |
| | <u> </u> | | | |
| | | | | |
| | | | | |
| Have you known or are | you related to an Evo | relsior School et | udent(s)? Please | give the name(s) and |
| relationship(s): | you related to all Exc | cisioi school st | adem(s): Ticase | give the name(s) and |
| Totalloliolip(b). | | | | |
| | | | | |
| | | | | |
| | | | | |
| Through what source d | lid you learn of Excels | sior 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 singuratores or learning needs which may have affected the applicant's |
| 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 The 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 |
| Parent or Legal Guardian |
| Office Use |
| Office Use |
| Date Received: Fees Collected: |

Admissions Checklist



| Step One: Parent/Guardian Application Form |
|---|
| Complete the application. |
| ☐ Include application fee of \$75 (\$150 for international students). |
| Attach color photo, (2x2) for domestic student, passport copy for international student. |
| Step Two: Teacher Recommendations |
| ☐ Choose two current/recent academic teachers to fill out the recommendation forms. |
| ☐ Print teacher and applicant's name on the recommendation. |
| Give forms to applicant's teachers. Teachers then email back completed form to admission@excelsiorschool.com. |
| Step Three: Transcript Release |
| ☐ Email official transcript to admission@excelsiorschool.com. |
| ☐ Include transcripts from the current year and the two previous years. |
| Step Four: English Proficiency Test |
| ☐ Send TOEFL score or IELTS score to admission@excelsiorschool.com. |
| * Students don't have TOEFL or IELTS test score or not meet minimum requirement are required to take intensive ESL classes. |
| Step Five: Immunization Records (Due Upon Acceptance) |
| ☐ Copy of student's immunization records. |
| Step Six: Financial Supporting Documents (International Students Only): |
| ☐ Provide evidence that you have sufficient funds to support yourself or support from your family. |