



# Application Form

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

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## Student Information

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_ Applying School Year \_\_\_\_ ☐ Fall ☐ Spring ☐ Summer

Grade Entering ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> ☐ 8<sup>th</sup> ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup> Social Security # \_\_\_\_\_

Student's Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Student's Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship \_\_\_\_\_

## 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?

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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.

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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.

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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.

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