

FAIRMONT PREPARATORY ACADEMY

APPLICATION FOR ADMISSION

APPLICATION PROCESS

- Completed Application with fee
(Non-refundable)
- Transcripts (Please include grades for the past two years.)
- Standardized Test Scores
- Copy of Birth Certificate and/or Passport
- Copy of Immunization Record
- Mathematics Teacher Recommendation
- English Teacher Recommendation
- Entrance exam results for ISEE or SSAT
- Student interview with admissions committee

OFFICE OF ADMISSIONS

2200 W. Sequoia Avenue
Anaheim, CA 92801

T 714.999.5055 ext. 1430 | F 714.999.5026
www.fairmontschools.com



Last Name: _____

First Name: _____

Student I.D.: _____

Application Year: _____

FAIRMONT PREPARATORY ACADEMY

Application for Admission

We are delighted with your interest in Fairmont Preparatory Academy and look forward to welcoming your family to our community. Consideration is given to students who will pursue academic study with dedication and responsibility as well as contribute to our campus community. Your application will be processed through the Office of Admissions at the Preparatory Academy. Any questions related to the application process may be directed to the Director of Admissions, as I will be happy to assist.

Thank you again for your interest in applying for admission to Fairmont Preparatory Academy. We look forward to welcoming you to the Fairmont community.

The suitability of any applicant for enrollment is at the sole discretion of Fairmont Private Schools, Inc. All such decisions are final. Applicants who are not accepted for enrollment may reapply the following school year.

APPLICATION FEE

Enclosed with this application is a one-time new student application fee of \$100 which will be used to process my child's records. I understand that this fee is non-refundable.

DiscoverCard MasterCard VISA American Express Check (Check # _____)

Card # Security Code Exp. Date ____/____/____

Print Name on Card _____ Total Amount \$ _____

STUDENT INFORMATION ENTERING GRADE _____ FOR ACADEMIC YEAR _____

Student's Full Name _____ Male Female

Date of Birth ____/____/____ Student's Age ____/____/____ Current Grade _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Academic strengths: _____

Academic weaknesses: _____

Has the applicant ever been evaluated for the following? (If yes, explain on a separate sheet of paper and provide professional reports.)

Learning Differences	<input type="checkbox"/> No <input type="checkbox"/> Yes	Behavioral Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
Psychiatric/Psychosocial Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Visual Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
Hearing Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	I.Q.	<input type="checkbox"/> No <input type="checkbox"/> Yes

Does the applicant take any prescribed medication or need any special medical attention? No Yes (If yes, please explain)

Condition _____ Medication _____

Condition _____ Medication _____

Have there been any situations in the student's life that the school should know about in order to meet his/her learning or developmental needs? (i.e.: frequent moves, frequent changes of school, death in the family, divorce, etc.)

Has the student ever been subject to major disciplinary action (suspension or dismissal) in any school? No Yes
If yes, explain on a separate sheet of paper.

What is the primary language spoken at home _____

Check all activities the student would be interested in:

- | | | |
|--|--|---|
| <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Choir/Show Choir |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Volley ball | <input type="checkbox"/> Band |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cheer leading | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Speech & Debate | <input type="checkbox"/> School Newspaper |
| <input type="checkbox"/> Cross Country/Track | <input type="checkbox"/> Drama | <input type="checkbox"/> Student Government (ASB) |

PARENTS / GUARDIANS

Student lives at the address above with:

- Father Mother Stepfather Stepmother Other (note) _____

The applicant's parent(s) are:

- Married Separated Divorced Widowed Single

Father/Guardian Name

- Mr. Mrs. Ms. Dr.

Cell Phone _____

Primary Email **(Required)** _____

- Check if home address is same as student's address

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Father/Guardian Employer

Title _____

Business Address _____

City _____ State _____ Zip _____

Work Phone _____

Work Email _____

Mother/Guardian Name

- Mr. Mrs. Ms. Dr.

Cell Phone _____

Primary Email **(Required)** _____

- Check if home address is same as student's address

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Mother/Guardian Employer

Title _____

Business Address _____

City _____ State _____ Zip _____

Work Phone _____

Work Email _____



Please Return by Mail or Fax:

Preparatory Academy Office of Admissions
2200 W. Sequoia Avenue, Anaheim, CA 92801
Tel 714.999.5055 ext. 1430 Fax 714.999.5026

BILLING INFORMATION

Relationship to applicant: [] Father [] Mother [] Stepfather [] Stepmother [] Other (note) _____

[] Check if billing address is same as student's address

Mr./Mrs./Ms./Dr. _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

EDUCATIONAL HISTORY

Has this student applied for admission at any Fairmont school previously? Campus: _____ Grade: _____ Year: _____

Has this student been enrolled at any Fairmont school previously? Campus: _____ Grade: _____ Year: _____

Current School _____ City, State _____

Date Entered _____ No. of years attended _____ Current Grade _____

Other schools attended _____ Dates Attended _____

Why are you thinking of leaving your present school? _____

PARENT QUESTIONNAIRE

How did you learn about Fairmont Private Schools? (Please check all that apply)

- [] Referred by friend/family [] Magazine ad
[] Newspaper ad
[] Mailing
[] Social Media (Facebook, etc) [] Community event
[] Online search (Google, etc) [] Read article about
[] Online ad [] Campus signage

Please rank the following factors in your school selection process according to importance: (1=most important; 10=least important)

- ___ Convenient location ___ Quality of teachers
___ Character education ___ Non-sectarian program
___ Graduate college ___ Safe, secure campus
___ acceptances ___ Sports, arts and
___ Individualized instruction ___ extracurricular offerings
___ Quality of facilities ___ Strong Academics

PARENT AGREEMENT

I certify that all information given in the application process is complete and accurate. I understand that failure to disclose information about the applicant's medical, educational or emotional history may affect the school's admissions decision and that the school reserves the right to reverse an admissions decision, even after acceptance and enrollment, if such information has been withheld from the school. I further understand acceptance is based on approval of credit and that I may be subject to a credit check by Fairmont Private Schools, Inc.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: ____/____/____

OFFICE USE ONLY:

App. Received Date ____/____/____ Grade ____ Needs Testing (Y)____ (N)____ Date Tested _____

Date of Enrollment ____/____/____ Accepted By _____

Data Entry (Adm.) _____ Copy to B.O. _____ Data Entry (B.O.) _____ Other _____