APPLICATION TIMELINE

Applications for Middle School and High School at Cal Coast Academy will be accepted after October 1, 2024. All applications must be received at the Cal Coast Academy offices by February 1, 2025 in order for the applicant to be considered for priority admissions. Admission decisions will be made by March 1, 2025. Any applications received after February 1, 2025 will be placed in the waiting pool for decisions and will be considered on a space available basis.

APPLICATION SUBMISSION

Paper applications should be mailed to Cal Coast Academy, Admissions Office, 11555 Clews Ranch Road, San Diego, CA 92130. Online applications should be emailed to the Director of Admissions, Ms. Haile Brooke, at HBrooke@calcoastacademy.com.

APPLICATION FEES

A non-refundable application fee of \$100 must be returned to the school along with the student's completed application documents before an assessment interview will be scheduled.

ASSESSMENT INTERVIEW

Before scheduling the assessment interview, Cal Coast Academy will undergo a verification process where schools, administrators and teachers may be contacted to ensure the integrity of the information and documents submitted to the school.

APPLICATION CHECKLIST

Complete applications will include the following required items:

- 1. Application Fee of \$100: Plus an additional 3% processing fee if paying via credit card or an additional \$25 if wiring funds. Please make checks payable to Cal Coast Academy. This fee is non-refundable.
- 2. Application For Admission with a Photograph of the Applicant Attached: Please fill out the 2-page Application for Admission form completely and sign.
- 3. Questionnaires: Please fill out both the Parent and Student Questionnaires completely and sign.
- 4. Recommendations: Must be completed and returned to Cal Coast Academy by the applicant's current school educators.
- 5. Transcript Request: Please fill in the applicant's name before signing and delivering the release request to the student's current school.

TUITION

Tuition for the 2025-2026 school year will be \$27,500 for students in grades 6th through 8th, \$28,250 for 9th and 10th grade students, and \$28,550 for 11th and 12th grade students.

OTHER QUESTIONS

Any other questions or concerns should be addressed to the Director of Admissions, Ms. Haile Brooke, in the Admissions Office at 858.481.0882.



APPLICATION FOR ADMISSION

This form is to be completed by a parent or guardian and will be used for our records. Please print or type.

APPLICANT

APPLYING FOR GRADE	IN FALL 20			
Name	First	Midd	lo Profess	 red Name
			ie rieieii	eu Name
Primary Home Address		City	State	Zip
Telephone		Male 🗆 Female 🗆 Da	ate of Birth (DOB)	
Place of Birth		US (Citizen? Yes/No	
Present School		Grade	Telephone	
AddressStreet		City	State	Zip
Name of principal or guidance	ce counselor	,		
Previous school(s) attended_			Dates	
			Dates	
PLEASE LIST APPLICAN	T'S SIBLINGS			
Name	DOB	School		Grade
Name	DOB	School		Grade
Name	DOB	School		Grade
Name	D∩R	School		Grade

PARENT / GUARDIAN 1

Parent's/Guardian's Name: ☐ Mr.☐ Mrs. ☐ Dr. ☐ Ms.☐ Other] Female
If applicable, Step-Parent's name:			
Primary Home address:			
Street	City	State	Zip
Home Phone:	Cell Phone:		
Business Phone:	Email:		
Occupation:	Name of Compan	y:	
Company Address:			
Street	City	State	Zip
Educational Background:			
PARENT / GUARDIAN 2			
Parent's/Guardian's Name:			
☐ Mr.☐Mrs. ☐ Dr.☐ Ms.☐ Other] Female
If applicable, Step-Parent's name:			
Primary Home address:			
Street	City	State	Zip
Home Phone:	Cell Phone:		
Business Phone:	Email:		
Occupation:	Name of Compan	y:	
Company Address:			
Street	City	State	Zip
Educational Background:			
Please select a primary contact if there are two house Parent 1 Parent 2 Both	seholds:		
From what source did you learn about Cal Coast Aca	demy?		
My signature below indicates that all information on thi	s application is complete an	d factually presente	ed.
Signature of parent/legal guardian		Date	



PARENT QUESTIONNAIRE

It is the mission of Cal Coast Academy to prepare a diverse community of young people for a lifetime of intellectual exploration, academic growth, and social responsibility.

APPLICANT'S NAME	Applying for	Grade in Fall 20
Cal Coast Academy's mission is best served in partners perspective is critical, we ask for your candid response feel free to attach another sheet to this form.		
How would you describe your child's contributions, or	personality, within y	our family?
What are your child's academic strengths?		
What are your hopes for your child in the coming acad	lemic year?	
In what kind of classroom does your son or daughter the	hrive?	

What are your child's main interests outside of school?

What do you think your child might gain community, programs, and traditions?	by being a member of a school on a new	v campus that is building
What part of Cal Coast Academy's missic	on appeals most to you as a parent, and	why?
How would you like to be involved in the	e Cal Coast community?	
Signature	Print Name	Date



STUDENT QUESTIONNAIRE

APPLICANT'S NAME	Applying for	Grade in Fall 20
We'd like to get to know you better. Please answe questions are meant to be fun; please write the firm		
How would your friends describe you? (3 or 4 word	ds)	
What are you really good at in school and out of sc	hool?	
What do you wish you could be better at?		
If you could go anywhere in the world, where wou	ld you go and why?	
Name your favorite book, movie, television show,	and musical group.	

Please take a little bit more time to answer the following questions. If you'd like to use a separate sheet, please feel free to do so and attach it to this form with your name at the top.

If you enroll at Cal Coast Academy, you will be a member of a school on a new campus that is building it community, programs and traditions. What do you think the advantages of that might be? What will you want to create or contribute to our school? (You may want to talk about music, student government, clubs, or community service.)
Tell us about your best experience in school and your best experience out of school. What made each of them the best? You will probably need to attach another sheet.



CURRENT ADMINISTRATOR RECOMMENDATION

	To	the	App	lica	nt:
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Please type or print your name and give this form to your current Head of School, Principal, or Guidanc
Counselor with a stamped and pre-addressed envelope.

Applicant Name:	Applying for Grade	in Fall 20
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To the Administrator:

Administrator recommendations are an integral part of the admissions process. Your help in completing this form in a thorough and timely manner will assist us in our comprehensive review of this applicant. This information will be kept confidential and will not become a part of the applicant's permanent file. We sincerely appreciate your cooperation and candor.

Applicant Information

No Opportunity		<u>Poor</u>	<u>Fair</u>	<u>Average</u>	Good	Excellent	One of the
to Observe							Best Ever
	Academic achievement						
	Conduct						
	Integrity						
	Consideration of others						
	Social adjustment to peers						
	Stability						
	Attendance						

Family Information

No Opportunity		<u>Rarely</u>	Sometimes	<u>Usually</u>	<u>Always</u>
to Observe					
	Communication with school				
	Attendance at school functions				
	Cooperation with school rules				
	Cooperation with faculty/administration				
	Fulfillment of financial responsibilities				
	Participation in school community				
	Participation in child's education				

How long have you known this student and in what capacity?

Has this student ever been subject to any disciplinary action while attending your school? If yes, please explain.

Please share with us your observation a with peers, classroom behavior, attitude				y, work habits,	relationships	
Please comment on this student's contr	ribution to	your school co	mmunity :	and potential f	for leadership.	
Please comment on the parents' expect supports their child and the policies of y			ase explai	n the way in w	hich the family	
Is there any additional information that If necessary, hours and phone number of		•	•	conversation	?	
Administrator's Name:						
School:						
School Address:						
Signature: Date:						
I recommend this student:						
	Not at	<u>With</u>	Mildly	<u>With</u>	Enthusiastically	
And device Ability and S	<u>All</u>	Reservation		<u>Confidence</u>		
Academic Ability and Promise Character and Personal Promise						
Overall						
Overall						

Please make any additional comments on this student's appropriateness:



CURRENT ENGLISH TEACHER RECOMMENDATION

To the App	olicant:
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Please type or print your	name and give	this form to y	our current	English tea	acher with a	stamped and
pre-addressed envelope.						

Applicant Name:	Applying for Grade	in Fall 20
• •		

To the Teacher:

Teacher recommendations are an integral part of the admissions process. Your help in completing this form in a thorough and timely manner will assist us in our comprehensive review of this applicant. This information will be kept confidential and will not become a part of the applicant's permanent file. We sincerely appreciate your cooperation and candor.

Academic Qualities

No Opportunity		<u>Poor</u>	<u>Fair</u>	Average	Good	<u>Excellent</u>	One of the
to Observe							Best Ever
	Reading Comprehension						
	Effectiveness of Writing						
	Development of Ideas						
	Study Habits						
	Attention Span						
	Ability to Work Independently						
	Motivation						
	Intellectual Aptitude						
	Intellectual Curiosity						
	Critical and Abstract Thinking						

Personal Qualities

No Opportunity		<u>Poor</u>	<u>Fair</u>	Average	Good	Excellent	One of the
to Observe							<u>Best Ever</u>
	Creativity						
	Self-Confidence						
	Leadership Potential						
	Reaction to Criticism						
	Reaction to Setbacks						
	Concern for Others						
	Personal Conduct						
	Personal Integrity						
	Ability to Act Independently						
	Ability to Work Cooperatively						
	General Level of Maturity						
	Sense of Humor						

Please compare this student's academic achievement to his/her ability.

Please describe this student's ability with regards to the subject of English. (Consider reading and writing skills, originality, imagination, creativity, etc.)									
Please comment on this student's study to organize, etc.)	/ habits. (C	Consider initiat	ive, indust	ry, promptnes	ss, drive, ability				
Please comment on this student as a person. (Consider maturity, integrity, behavior, respect for others, self-discipline, individuality, sense of community service, etc.)									
Other comments and remarks: (Are the of note?)	re any trait	ts, good or bad	, not men	tioned above t	that are worthy				
Is there any additional information that can be better conveyed in a phone conversation? If necessary, hours and phone number where you can be reached:									
Administrator's Name:									
School:			ol Phone:						
School Address:Signature:				Date:					
Jighten C.				Date					
I recommend this student:		T							
	Not at All	With Reservation	<u>Mildly</u>	With Confidence	Enthusiastically				
Academic Ability and Promise	<u>AII</u>	ivesei varioti		connuence					
Character and Personal Promise									
Overall									

Please make any additional comments on this student's appropriateness



CURRENT MATHEMATICS TEACHER RECOMMENDATION

To the Applicant:

Please type or print your name and give this form to you	r current mathematics teacher with a stamped
and pre-addressed envelope.	

Applicant Name:	A	Applying for Grade	in Fall 20
- Ip p			

To the Teacher:

Teacher recommendations are an integral part of the admissions process. Your help in completing this form in a thorough and timely manner will assist us in our comprehensive review of this applicant. This information will be kept confidential and will not become a part of the applicant's permanent file. We sincerely appreciate your cooperation and candor.

Academic Qualities

No Opportunity to Observe		Poor	<u>Fair</u>	<u>Average</u>	Good	Excellent	One of the Best Ever
	Study Habits						
	Attention Span						
	Ability to Work Independently						
	Ability to Organize/Communicate						
	Motivation						
	Intellectual Aptitude						
	Intellectual Curiosity						
	Critical and Abstract Thinking						

Personal Qualities

No Opportunity		<u>Poor</u>	<u>Fair</u>	<u>Average</u>	Good	<u>Excellent</u>	One of the
to Observe							Best Ever
	Creativity						
	Self-Confidence						
	Leadership Potential						
	Reaction to Criticism						
	Reaction to Setbacks						
	Concern for Others						
	Personal Conduct						
	Personal Integrity						
	Ability to Act Independently						
	Ability to Work Cooperatively						
	General Level of Maturity				•		
	Sense of Humor						

Please compare this student's academic achievement to his/her ability.

Please describe this student's ability with regards to Mathematics. (Consider ability to retain mathematical relationships and principles, drawing generalizations, applying basic principles in word problems, and relying on memory versus conceptual processes.)								
Please comment on this student's study habits. (Consider initiative, industry, promptness, drive, ability to organize, etc.)								
Please comment on this student as a person. (Consider maturity, integrity, behavior, respect for others, self-discipline, individuality, sense of community service, etc.)								
Other comments and remarks: (Are there any traits, good or bad, not mentioned above that are worthy of note?)								
Is there any additional information that If necessary, hours and phone number of Administrator's Name:	where you	can be reached	•					
School:			ol Phone:					
School Address:								
Signature:				Date:				
I recommend this student:								
	Not at	With	Mildly	With	Enthusiastically			
Academic Ability and Promise	<u>All</u>	Reservation		Confidence				
Character and Personal Promise Overall This student is enrolled in: Arithmetic Pre-Algebra Algebra Geometry Other: Section level of course: Remedial Regular Advanced Textbook(s): Suggested Math placement for next year:								

Please make any additional comments on this student's appropriateness:



TRANSCRIPT REQUEST

THE FOLLOWING STUDENT HAS APPLIED TO CAL COAST ACADEMY

APPLYING FOR _____ GRADE IN FALL 20 _____ Name _____ Last First MI Preferred Name Date of Birth Parents: Please complete and sign this form. Submit it to your child's Guidance Counselor, Head of School, or Principal with a stamped and pre-addressed envelope to Cal Coast Academy. I hereby give permission to release copies of the above-named student's cumulative records. Parent or Legal Guardian signature Date Parent or Legal Guardian name (Please print)

To the School:

Please send the following information to Cal Coast Academy:

- One copy of the student's transcript with course and grades for the current and prior year(s).
- One copy of this year's semester report card. (If you are on a trimester schedule, please send the first trimester now, and interim second trimester grades as soon as they are available.)
- One copy of any standardized test taken during the last three years. (Please indicate the grade and dates when tests were taken and national and program percentile where available.)

Thank you in advance for your assistance.