

APPLICATION TIMELINE

Applications for Middle School and High School at Cal Coast Academy will be accepted after October 1, 2019. All applications must be received at the Cal Coast Academy offices by April 30, 2020 in order for the applicant to be considered for priority admissions. Admission decisions will be made by June 1, 2020. Any applications received after April 30, 2020 will be placed in the waiting pool for decisions and will be considered on a space available basis. Cal Coast Academy accepts student applications year round due to its revolving enrollment policy.

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 2020-2021 school year will be \$24,000 for students in grades 6th through 8th, \$24,750 for 9th and 10th grade students, and \$25,250 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 _____
Last First Middle Preferred Name

Primary Home Address _____
Street City State Zip

Telephone _____ Male Female Date of Birth (DOB) _____

Place of Birth _____ US Citizen? Yes/No _____

Present School _____ Grade _____ Telephone _____

Address _____
Street City State Zip

Name of principal or guidance counselor _____

Previous school(s) attended _____ Dates _____

_____ Dates _____

PLEASE LIST APPLICANT'S SIBLINGS

Name _____ DOB _____ School _____ Grade _____

Name _____ DOB _____ School _____ Grade _____

Name _____ DOB _____ School _____ Grade _____

Name _____ DOB _____ School _____ Grade _____

PARENT / GUARDIAN 1

Parent's/Guardian's Name:

Mr. Mrs. Dr. Ms. Other _____ Male Female

If applicable, Step-Parent's name: _____

Primary Home address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

Occupation: _____ Name of Company: _____

Company Address: _____
Street City State Zip

Educational Background: _____

PARENT / GUARDIAN 2

Parent's/Guardian's Name:

Mr. Mrs. Dr. Ms. Other _____ Male Female

If applicable, Step-Parent's name: _____

Primary Home address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

Occupation: _____ Name of Company: _____

Company Address: _____
Street City State Zip

Educational Background: _____

Please select a primary contact if there are two households:

Parent 1 Parent 2 Both

From what source did you learn about Cal Coast Academy? _____

My signature below indicates that all information on this application is complete and factually presented.

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 partnership with families. Understanding that parents' perspective is critical, we ask for your candid response to help us get to know your child better. Please feel free to attach another sheet to this form.

How would you describe your child's contributions, or personality, within your family?

What are your child's academic strengths?

What are your hopes for your child in the coming academic year?

In what kind of classroom does your son or daughter thrive?



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

What do you think your child might gain by being a member of a school on a new campus that is building community, programs, and traditions?

What part of Cal Coast Academy's mission appeals most to you as a parent, and why?

How would you like to be involved in the 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 answer the following in your own handwriting. The first five questions are meant to be fun; please write the first things that come into your head.

How would your friends describe you? (3 or 4 words)

What are you really good at in school and out of school?

What do you wish you could be better at?

If you could go anywhere in the world, where would you go and why?

Name your favorite book, movie, television show, and musical group.



CURRENT ADMINISTRATOR RECOMMENDATION

To the Applicant:

Please type or print your name and give this form to your current Head of School, Principal, or Guidance Counselor with a stamped and pre-addressed envelope.

Applicant Name: _____ Applying for Grade _____ in Fall 20 _____

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 to Observe		Poor	Fair	Average	Good	Excellent	One of the Best Ever
	Academic achievement						
	Conduct						
	Integrity						
	Consideration of others						
	Social adjustment to peers						
	Stability						
	Attendance						

Family Information

No Opportunity to Observe		Rarely	Sometimes	Usually	Always
	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 about this student’s academic ability, work habits, relationships with peers, classroom behavior, attitude, and emotional maturity.

Please comment on this student’s contribution to your school community and potential for leadership.

Please comment on the parents’ expectations for their child. Please explain the way in which the family supports their child and the policies of your school.

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: _____ School Phone: _____
School Address: _____
Signature: _____ Date: _____

I recommend this student:

	<u>Not at All</u>	<u>With Reservation</u>	<u>Mildly</u>	<u>With Confidence</u>	<u>Enthusiastically</u>
Academic Ability and Promise					
Character and Personal Promise					
Overall					

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



CURRENT ENGLISH TEACHER RECOMMENDATION

To the Applicant:

Please type or print your name and give this form to your current English teacher 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 to Observe		Poor	Fair	Average	Good	Excellent	One of the 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 to Observe		Poor	Fair	Average	Good	Excellent	One of the 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 the subject of English. (Consider reading and writing skills, originality, imagination, creativity, etc.)

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 can be better conveyed in a phone conversation?
If necessary, hours and phone number where you can be reached: _____

Administrator’s Name: _____
School: _____ School Phone: _____
School Address: _____
Signature: _____ Date: _____

I recommend this student:

	<u>Not at All</u>	<u>With Reservation</u>	<u>Mildly</u>	<u>With Confidence</u>	<u>Enthusiastically</u>
Academic Ability and Promise					
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 your current mathematics teacher 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 to Observe		Poor	Fair	Average	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 to Observe		Poor	Fair	Average	Good	Excellent	One of the 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 can be better conveyed in a phone conversation?
 If necessary, hours and phone number where you can be reached: _____

Administrator's Name: _____
 School: _____ School Phone: _____
 School Address: _____
 Signature: _____ Date: _____

I recommend this student:

	<u>Not at All</u>	<u>With Reservation</u>	<u>Mildly</u>	<u>With Confidence</u>	<u>Enthusiastically</u>
Academic Ability and Promise					
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

APPLICANT

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)

Address City Zip Phone

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.