

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student I.D.: \_\_\_\_\_ Application Year: \_\_\_\_\_

# TRIPLE-I ACADEMY

## APPLICATION FOR ADMISSION

### APPLICATION PROCESS

- Complete Application Form
- An application fee of \$150 will be charged using the credit card information provided on file
- Transcripts (must be translated in to English if it is in a foreign language)
- Entrance Exam Composition via online meeting
- Mathematics Teacher Recommendation
- English Teacher Recommendation
- Interview

### OFFICE OF ADMISSIONS

200 Spectrum Center Dr,  
Suite 1460  
Irvine, CA 92618

T (949) 932-0680

[www.tripleiacademy.com](http://www.tripleiacademy.com)

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# TRIPLE-I ACADEMY

## Application for Admission

We are delighted with your interest in Triple-I 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. 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 Triple-I Academy. We look forward to welcoming you to the Triple-I community.

*The suitability of any applicant for enrollment is at the sole discretion of Triple-I Academy, an Independent Private School. 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 \$150.00 which will be used to process my child's records. I understand that this fee is non-refundable. \*Payor to incur all transaction fees.

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.)

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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"/> Coding/Robotics | <input type="checkbox"/> Yearbook                 |
| <input type="checkbox"/> Basketball                      | <input type="checkbox"/> Aviation        | <input type="checkbox"/> School Newspaper         |
| <input type="checkbox"/> Soccer                          | <input type="checkbox"/> Speech & Debate | <input type="checkbox"/> Student Government (ASB) |
| <input type="checkbox"/> Baseball                        | <input type="checkbox"/> Creative Arts   |   |
| <input type="checkbox"/> Golf                            | <input type="checkbox"/> Performing Arts |   |
| <input type="checkbox"/> Cross Country/<br>Track & Field |  |   |

## 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 \_\_\_\_\_



**Triple-I Academy Office of Admissions**

200 Spectrum Center Dr. Suite 1460

info@tripleiacademy.com

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**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 Triple-I Academy 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 Triple-I Academy?**

(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

Whom may we thank? \_\_\_\_\_

**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 acceptances
- \_\_\_ Safe, secure campus
- \_\_\_ Individualized instruction
- \_\_\_ Sports, arts and 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 Triple-I Academy.

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 \_\_\_\_\_



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URGENT - ENROLLMENT PENDING

To be completed by a School Teacher
Please return by Email. (All forms must be turned in before an interview will be scheduled.)
Note: Prospective students should not have an adult friend complete this form.

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

The student, as noted above, has applied to attend our school. We would appreciate your response to the following questions. Please return this form to the appropriate campus listed above as soon as possible.

How long have you been associated with this student? \_\_\_\_\_

Has the student had any disciplinary problems in your class? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Cooperation from parents with school policies and personnel:

- [ ] Active and constructive
[ ] Cooperative when called upon
[ ] Argumentative, critical, but cooperative
[ ] Non-cooperative
[ ] Not known

Does the student have any abnormal health problems? [ ] Yes [ ] No If Yes, please explain: \_\_\_\_\_

Special talents, gifts or abilities that will make this student an asset: \_\_\_\_\_

STUDENT RATING

(Please Circle:)

Table with 5 columns: Category, Excellent, Good, Average, Below Average. Rows include Attendance, Cooperation, General Conduct, Initiative, Leadership, Punctuality, Sense of Responsibility, and Work and Study Habits.

RELATIONSHIP OF STUDENT TO PARENTS

[ ]Excellent [ ]Very few problems [ ]Some problems [ ]Many problems [ ]Serious problems [ ]Not known

HABITS

[ ]Use of tobacco [ ]Use of narcotics/drugs [ ]Drinking [ ]Language [ ]Disruptive behavior [ ]Fighting

Do you recommend this applicant for admission to Triple-I Academy? (Please check)

[ ] Most highly [ ] With confidence [ ] As acceptable [ ] Not recommended

Comments: \_\_\_\_\_

Signature Print Name Title School Date
Note: The information contained in this reference will be held in strict confidence, used and seen only by school authorities for application processing only.