



# SOUTHWESTERN ACADEMY

“A Place Where You Belong!”

2800 Monterey Road • San Marino, California 91108

• Phone: 626-799-5010

• E-Mail: [Admissions@SouthwesternAcademy.edu](mailto:Admissions@SouthwesternAcademy.edu)

• Website: [www.SouthwesternAcademy.edu](http://www.SouthwesternAcademy.edu)

## SUMMER 2025

### Registration Information (Please print)

STUDENT #:	LAST NAME:	FIRST NAME:	NICKNAME:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:	COUNTRY OF CITIZENSHIP:	CURRENT GRADE LEVEL:
SUMMER HOUSING: <input type="checkbox"/> Boarding Student <input type="checkbox"/> U.S. Commuting Student			

Please check the program you are interested in:

### San Marino, California Campus

#### For students seeking full academic/ELL credit, or Enrichment classes:

		<u>Boarding Tuition</u>	<u>U.S. Day Tuition</u>
6-week Session- English 1	June 2 – July 11	£ \$10,500	£ \$5,400
6-week Session- ELL &	June 2 – July 11	£ \$10,50\$	£ \$5,400
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- Boarding tuition includes housing, meals, and tutoring as needed.
- U.S day tuition is for U.S. Citizen & Permanent Resident (five days, includes lunch).
- An incidental deposit of \$500.00 for the 6-week session. Any unused funds will be returned to parents 30 days after the end of the session or the funds will rollover for the following school year.

*\*Students will not be placed in courses for which they have not met the prerequisites. Not all levels of every class will be available during the summer but we will do our best to meet the needs of all students.*

By signing this form, the individual agrees to pay **non-refundable tuition**, applicable to Southwestern Academy for summer programs described in this application. The non-refundable tuition amount is due by April 23<sup>rd</sup>. A tuition statement will be sent for billing.

Parent Name \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Student Type:	<input type="checkbox"/> Returning Student
_____ Tuition Payment	_____ ELL Placement Test (if needed)

Information About (check one):

☐ Father ☐ Stepfather

First Name Middle Name Family/Last Name

E-Mail Address

Street Address

City, State/Province, Country

Zip/Postal Code

Home and/or Cell Telephone (inc. area/country code)

Parent Signature:

Do you read English? ☐ Yes ☐ No

Information About (check one):

☐ Mother ☐ Stepmother

First Name Middle Name Family/Last Name

E-Mail Address

Street Address

City, State/Province, Country

Zip/Postal Code

Home and/or Cell Telephone (inc. area/country code)

Parent Signature:

Do you read English? ☐ Yes ☐ No

If parent(s) cannot be reached, please indicate persons authorized to contact in case of an emergency:

1. Name: Relationship:

Address:

Street Address City State/Province Country Zip/Postal Code

Area Code/Phone Number: E-Mail:

1. Name: Relationship:

Address:

Street Address City State/Province Area Country Zip/Postal Code

Code/Phone Number: E-Mail: