

Student Application

2009

Partner Schools	
California Grace Brethren School Hillcrest Christian School—Granada Hills Hillcrest Christian School—Thousand Oaks North Kern Christian School Redding Christian School	Christopher Dock High School Conestoga Christian School Dayspring Christian Academy Harrisburg Christian School Hershey Christian School The Kings Academy Lancaster Christian School Lancaster Mennonite School Lititz Christian School
Maryland Kings Christian School	Lancaster Mennonite School Lititz Christian School
Pennsylvania Belleville Mennonite School Berks Christian School Bible Baptist School	Living Word Academy Mount Calvary Christian School New Covenant Christian School



ADMISSION APPLICATION

General Information

Applicant Information

First Name	Middle Name	Family Name	Preferred Name or Nickname
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Home Address	City
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State/Province	Country	Zip/Postal Code
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Male

Female

Age

Date of Birth
(M/D/Y)

Country of Birth

Country of Citizenship

Social Security Number (optional)

E-Mail Address

Home Telephone (include country, city, and area codes)

Fax Number (include country, city, and area codes)

Education Information

Present School

School Name	Dates of Attendance	Current Grade Level
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Address	City
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State/Province	Country	Zip/Postal Code
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Phone (include country, city, and area codes)

Fax Number (include country, city, and area codes)

Other Schools Attended

School Name	City	State/Province	Dates of Attendance
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School Name	City	State/Province	Dates of Attendance
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Desired Study

Desired Location (East Coast or West Coast (California))

Desired Period of Stay

Arrival

Departure

Education Information, Continued

Month / Year of Proposed Entrance	Current Grade	Applying for Grade
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Recent SLEP or TOEFL Score (SLEP or TOEFL: High School Students; TOEFL: College Students)

Have you ever been suspended, expelled or denied admission? Yes No (Please circle one)

If yes, please explain: _____

Family Information:
Parent / Guardian 1

Name	Occupation	Name of Company
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Home Address	City
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State/Province	Country	Zip/Postal Code
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Home Phone (include country, city and area code)	Business Phone (include country, city and area code)
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Fax Number (include country, city and area code)	E-mail Address	Martial Status
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Business Address	City
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State/Province	Country	Zip/Postal Code
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Parent / Guardian 2

Name	Occupation	Name of Company
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Home Address	City
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State/Province	Country	Zip/Postal Code
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Home Phone (Include country, city and area code)	Business Phone (Include country, city and area code)
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Fax Number (include country, city and area code)	E-mail Address	Martial Status
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Business Address	City
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State/Province	Country	Zip/Postal Code
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Family Information, Continued:

Sibling Information

Name	M/F	Date of Birth (M/D/Y)	School
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Name	M/F	Date of Birth (M/D/Y)	School
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Name	M/F	Date of Birth (M/D/Y)	School
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Name	M/F	Date of Birth (M/D/Y)	School
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Medical Information:

Do you smoke? Yes No (Please circle one)

Do you drink alcoholic? Yes No (Please circle one)

Have you ever had an eating disorder? Yes No (Please circle one)

If yes, are you currently under treatment? Yes No (Please circle one)

Have you ever been treated for depression or other mental illness? Yes No (Please circle one)

If yes, please list any current medications you are taking: _____

Have you had an extended absence from school/work for 1 month or longer? Yes No (Please circle one)

Do you have any allergies? Yes No (Please circle one)

If yes, please list: _____

Please list any other health concerns: _____

Health Insurance: _____

Company Name	Policy #	Date of Expiration
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Please note: A school physical and record of all immunizations are required.

Religious Information:

What is your religion? _____ If Christian, please complete the following:

Name of Church Currently Attending	Pastor's Name
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Church Address

Church Denomination	Frequency of Participation Level (Regular, Irregular, etc.)
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Name of Church Parent(s)/Guardian(s) Currently Attending

Activities Involved In

Special Interests:

Please list some of your hobbies: _____

Please list some activities you are involved in: _____

Foods you like: _____

Foods you dislike: _____
