

Calvin Christian School

2000 North Broadway, Escondido, Ca. 92026 USA
Website: WWW.CALVINCHRISTIANESCONDIDO.ORG

Phone: 1-760-489-6430 Fax: 1-760-489-7055
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International Student Application Form

Student Information

Name _____ Grade Application _____
Family Name (last) Given Name (First) American Name (if desired)

Male _____ Female _____ Birthdate _____ Place of Birth _____ Citizenship _____
(Month/Day/Year)

English Language Proficiency Score(s) TOEFL Test _____ SLEP Test _____ (Attach verification of one)

Permanent Mailing Address in Home Country

City _____ Country _____ Postal Code _____

Telephone _____ Fax _____ E-Mail _____

_____ student will be residing in America with a parent(s) or relative(s) _____
(name)

_____ student will require a home-stay (Please complete the Student Home-Stay Information form)

Student's Family Information

Father's Name _____ Occupation _____

Telephone _____ Fax _____ E-Mail _____

Mother's Name _____ Occupation _____

Telephone _____ Fax _____ E-Mail _____

Address (if different from above) _____

Emergency Contact Person in Home Country

Name _____ Relationship to student _____

Telephone _____ Fax _____ E-Mail _____

Relative or Local Contact Person in America (if available)

Name _____ Relationship to student _____

Address _____

Telephone _____ Fax _____ E-Mail _____

Student Answers

Please state briefly your reasons for wanting to study in America. _____

Please state briefly your personal testimony of your faith. _____

Parent Answers

Please state briefly your reasons for wanting your child to study in America. _____

Please state briefly your personal testimony of your faith. _____

Medical Information

Overall physical condition _____

Is your child able to participate in a full Physical Education Program? Yes _____ No _____

*If No please note: A doctor's certificate is required for exemption from PE class as this is a compulsory subject.

Does your child have any of the following:

Diabetes _____ Hearing Problem _____ Heart Condition _____

Asthma _____ Vision Problem _____ Glasses/Contact Lenses _____

Epilepsy _____ Allergies _____ Fainting _____

Other _____

Briefly explain any above condition(s): _____

*** Note: Medical insurance coverage must be purchased for international students.**

Accidental Medical insurance is also suggested.

Dental insurance is not mandatory.

Academic Information

Please identify the student's English language score from either:

the SLEP test _____ or the TOEFL test _____ and attach documentation.

Has the student ever failed a course(s)? _____ If yes, which course(s) _____

Has the student repeated any grades? _____ If yes, which grade _____ what year _____

Schools Attended: List the last two schools, starting with the most recent.

<i>School</i>	<i>Grade</i>	<i>Location</i>	<i>Dates of Attendance</i>
1. _____			
2. _____			

Does the student have any academic problems? If so, please supply details so we can establish whether, and how, we can meet the student's needs. _____

Does the student have, or has he / she experienced any social problems? (Explain) _____

Does the student have, or has he / she experienced any behavioral problems? (Explain) _____

Please list student's interests and hobbies (for example; soccer, piano, stamp collecting etc.)

Is there anything else you wish to convey to the school? _____

How did you hear about the Calvin Christian International Education Program? _____

- A successful experience depends upon the student making his / her best effort in every area of school life. The School reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the school's conduct codes.
- Please notify the school of any change of address or telephone number.

Parent signature _____ Date _____

Parent signature _____ Date _____

DOCUMENT CHECKLIST

Please ensure that all required information is enclosed with your application.

1. Completed **International Student Application Form**
2. Completed **International Pastor's Questionnaire**
3. Completed **Student Home-Stay Information Form**
4. **SLEP** or **TOEFL** test scores (or other verification of English language proficiency)
5. A copy of a **report card** from the most recent school year, **translated** into English if necessary

Please mail your completed application and accompanying documents to:

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