

CALVIN CHRISTIAN SCHOOL OF ESCONDIDO
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 _____ TOEFL Jr. _____ Other _____
(SLEP test is not an accepted exam; please attach verification of test score)

PERMANENT MAILING ADDRESS AND CONTACT INFORMATION FOR HOME COUNTRY (Required)

Address _____

City _____ Country _____ Province _____ Postal Code _____

Telephone _____ Cell Phone _____ Email _____

_____ *Student will be residing in America with a parent or relative* _____
(Last, First Name)

_____ *Student will require a home-stay (please complete the Student Home-Stay Information Form)*

STUDENT'S FAMILY INFORMATION

Father's Name _____ Occupation _____

Telephone _____ Cell Phone _____ Email _____

Mother's Name _____ Occupation _____

Telephone _____ Cell Phone _____ Email _____

Address *(if different from above)* _____

EMERGENCY CONTACT – A PERSON WHO RESIDES IN STUDENT'S HOME COUNTRY

Name _____ Relationship to Student _____

Telephone _____ Cell Phone _____ Email _____

RELATIVE OR CONTACT PERSON WHO RESIDES IN AMERICA (if available)

Name _____ Relationship to Student _____

Telephone _____ Cell Phone _____ Email _____

QUESTIONNAIRE

Student, please briefly state your reasons for wanting to study in America:

Student, please briefly state your personal testimony of your faith/religion:

Parent, please briefly state your reasons for wanting your child to stay in America:

Parent, please briefly state your personal testimony of your faith/religion:

MEDICAL INFORMATION

Overall physical condition of student _____

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 Physical Education class as this is a compulsory subject.*

Does your child have any of the following? (Please circle all that apply)

Diabetes	Hearing Problem	Heart Condition
Asthma	Vision Problem	Glasses/Contact Lenses
Epilepsy	Allergies	Fainting

Other: _____

Briefly explain any above conditions:

***Note:** Medical insurance coverage must be purchased for international students. Accidental Medical insurance is also suggested. Dental insurance is not mandatory.

ACADEMIC INFORMATION

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

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

Please list the last 2 schools attended by the student, starting with the most recent:

<i>School</i>	<i>Location</i>	<i>Grade</i>	<i>Dates of Attendance</i>
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<i>School</i>	<i>Location</i>	<i>Grade</i>	<i>Dates of Attendance</i>
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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 or behavioral problems? If so, please explain:

Please list the student's interests and hobbies (for example: soccer, piano, drawing):

Is there anything else you wish to tell us?

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

- I/we understand that a successful experience for our student 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.*
- I/we agree to notify the school of any change of address or telephone number.*

Parent signature	Relationship to Student	Date
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Parent signature	Relationship to Student	Date
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Please mail your completed application and accompanying documents to:
Calvin Christian School
2000 North Broadway
Escondido, CA 92026 USA