

# CALVIN CHRISTIAN SCHOOL OF ESCONDIDO

## International Student Application Form

Application will not be accepted if it is not filled out completely.

### 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:

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

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

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

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## 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:

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**\*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:

School	Location	Grade	Dates of Attendance
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School	Location	Grade	Dates of Attendance
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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:

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Does the student have, or has he/she experienced any social or behavioral problems? If so, please explain:

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

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Is there anything else you wish to tell us?

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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