

# Calvin Christian High School

## INTERNATIONAL STUDENT APPLICATION FORM



Documents needed: To be Turned in with the application

- Completed Application
- Academic transcript
- Attendance report
- Discipline report
- Proof of required funds for tuition
- SLEP or English test score
- Letter of recommendation from two teachers

*Please print carefully in black ink only*

### APPLICANT INFORMATION

Application for grade \_\_\_\_\_

Applicant's Full Legal Name \_\_\_\_\_  
First Middle Last

Preferred Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Male Female

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Citizenship Country Residing Country \_\_\_\_\_

Current School Name and Address:

\_\_\_\_\_

With whom does the applicant live? \_\_\_\_\_

Religious Affiliations? \_\_\_\_\_

**FAMILY INFORMATION**

**Mother/Guardian**

Full Name: Ms./Mrs./Dr./Rev. \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Profession Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

High School/College/University Attended and Degrees Earned \_\_\_\_\_

**Father/Guardian**

Full Name: Ms./Mrs./Dr./Rev. \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Profession Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

High School/College/University Attended and Degrees Earned \_\_\_\_\_

**Parents are (check all that apply):**

Married  Separated  Divorced  Single Parent

**Applicant's Siblings**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

## APPLICANT QUESTIONS

What activities, clubs, organizations, hobbies, sports, artistic, reading, writing, or other special interests are most enjoyable for you?

What is the average amount of time per day you spend on homework?

What subjects or classes, if any, do you find more difficult than others?

What subjects do you find to be easier for you?

Why do you desire to study in the United States?

Briefly describe an individual activity that you have participated in or something that you have accomplished as an individual of which you are most proud. Explain why.

What opportunities or challenges do you think you might face by coming to a Christian school such as Calvin Christian?

Why do you think Calvin Christian is a good choice for you?

**From the following list of activities, circle the ones in which you might participate and indicate any prior experience.**

**ATHLETICS – EXPERIENCE**

**Circle Any that apply**

Baseball  
Basketball  
Cheerleading  
Cross country  
Football  
Girls Swimming  
Golf  
Hockey  
Skiing  
Soccer  
Softball  
Tennis  
Track  
Volleyball  
Wrestling

**PERFORMING ARTS**

**Circle any that apply**

Brass (which?) yes no  
Percussion (which?) yes no  
Strings (which?) yes no  
Woodwind (which?) yes no  
Piano yes no  
Drama yes no  
Vocal yes no

**ORGANIZATIONS**

Publications  
Student Council  
Spiritual Life  
Community Service  
World Language  
Debate/Speech

***I certify that the information on this application is correct and complete and understand that any falsification or misrepresentation may disqualify the applicant for admission or may later be grounds for the student's dismissal from Calvin Christian.***

\_\_\_\_\_  
**Applicant's Name Printed**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## **Immunization Requirements for International Students**

All immunizations must be received prior to the first day of class. Written proof from a health care provider is needed to verify that immunizations are complete.

**DtaP/TD, Tdap/Td (Diphtheria, Tetanus, and Pertussis):** Four (4) or more Dtap or DT, or any combination OR Three (3) doses of Td or a combination of Td and Tdap is the minimum acceptable

**Tdap:** One (1) dose required prior to school entry for grades 7-12

**POLIO:** Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required OR if a combination of OPV and IPV was received, four (4) doses of either vaccine are required

**MMR (Measles, Mumps, and Rubella):** Two (2) doses are required

**HEP B (Hepatitis B):** Three (3) doses of hepatitis B are required

**VARICELLA (Chicken Pox):** One (1) dose of varicella vaccine must be administered on or after the first birthday for Freshmen (grade 9) students.

<b>Vaccine</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
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**Dtap/DT or Tdap/Td #**

**Tdap**

**Polio**

**MMR**

**HEP B**

**Varicella**

Immunization records for International students must be translated into English prior to submission to Calvin Christian High School.

## Sponsorship/Responsibility

The parent/sponsor of the applicant must read the following statement and sign where indicated.

*I agree to accept full responsibility for the total expenses of the program applied for by the applicant. I have sufficient funds to meet this obligation, and can and will provide them.*

Name of the responsible person (Please print) \_\_\_\_\_

Signature of the responsible person \_\_\_\_\_ Date \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City Province/State \_\_\_\_\_

Country Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_