



Applicant's Name _____

international student **admission application**

Affix recent photo of student here.

Student Information

Student—Before you begin filling out your application, read all instructions on the opening page.

Submit a good-quality color photo of your head and shoulders with this application. For hard-copy submission, affix a recent photo of yourself in the box at the right (size 2 x 2½ in. or 5 x 6.5 cm.). For e-mail submission, use Adobe Reader or Adobe Acrobat Pro to attach a photo file as a comment.

Date of Application ____ / ____ / ____ Name of School Applying to _____
MONTH / DAY / YEAR

1. Student

Full Legal Name (as it appears on your passport or birth certificate)

Family Name/Surname _____ Given Name _____ Middle Name _____

Nickname or English Name _____ Gender: Male Female

Home Address—Street/Apt. _____

City _____

State/Province _____ Postal Code _____ Country _____

Postal Address (if different from home) _____

City _____

State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Student's E-mail _____

Date of Birth ____ / ____ / ____ Place of Birth—City _____
MONTH / DAY / YEAR

State/Province _____ Country _____

Citizen of (Country) _____ Passport Number _____

Place of Issue _____ Date of Issue _____ Date of Expiry _____

2. Parents/Legal Guardians

Full Name of Father/Legal Guardian _____

If same as above check here. Address—Street/Apt. _____

City _____

State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____

Occupation _____

Business Phone _____ Fax _____

Full Name of Mother/Legal Guardian _____

If same as above check here. Address—Street/Apt. _____

City _____

State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____

Occupation _____

Business Phone _____ Fax _____

Check here if parents are divorced or separated. Authorizations must be obtained from all parents/legal guardians and others who have legal rights to make decisions affecting the student.

Parent/legal guardian to contact first in the event of an emergency: _____



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Student Information (continued)

3. Siblings

Name	Gender	Age	Occupation	Living at Home?
_____	<input type="radio"/> M <input type="radio"/> F	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> M <input type="radio"/> F	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> M <input type="radio"/> F	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> M <input type="radio"/> F	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
_____	<input type="radio"/> M <input type="radio"/> F	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

4. School

You must attach a transcript of courses you have completed during the last three years and the grades you have received to the Educational Information section of this application. (If your original transcript is not in English, it must be translated to English and the American grading system using the forms provided.)

Name of School You Currently Attend _____

Check one: Elementary School Middle School Secondary School Check one: Public Private

School's Religious Affiliation (if any) _____

Address—Street _____

City _____

State/Province _____ Postal Code _____ Country _____

Phone _____

E-mail _____ Website _____

Your Current Grade Level _____ Year You Will Finish Secondary School _____

What grade do you prefer to enter? (Check one only.) 6 7 8 9 10 11 12

Do you wish to graduate from your host school? Yes No Undecided (Graduation is not guaranteed to any international student.)

5. Languages

Native Language _____

Proficiency—Please indicate Poor, Fair, Good, Very Good, or Excellent					
Non-native Language _____	Years Studied _____	Speaking _____	Reading _____	Writing _____	
Non-native Language _____	Years Studied _____	Speaking _____	Reading _____	Writing _____	
Non-native Language _____	Years Studied _____	Speaking _____	Reading _____	Writing _____	
Non-native Language _____	Years Studied _____	Speaking _____	Reading _____	Writing _____	

6. Desire to Study Abroad

Briefly give your reasons for wanting to study at a school in another country.



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Student Information (continued)

7. Personal Background

- a. Do you have any dietary restrictions? Yes No If yes, please explain (e.g., vegetarian, food allergies, diabetic, etc.) _____
- b. Are you allergic to any animals? Yes No If yes, which animal(s)? _____
- c. Are you allergic to any medications? Yes No If yes, which medication(s)? _____
- d. Are you taking any medications? Yes No If yes, which medication(s)? Reason for taking the medication(s): _____
- e. Do you smoke? Yes No If yes, please explain. _____
- f. Do you drink alcohol? Yes No If yes, please explain. _____
- g. Have you ever been involved with illegal drugs? Yes No If yes, please explain. _____
- h. Have you ever been arrested or convicted of an offense? Yes No If yes, please explain. _____

8. Activities and Interests

Check any activity in which you are interested (check no more than six). Please note: Athletic eligibility or participation is not guaranteed.

- | | | | | |
|---|---|---------------------------------------|---|--|
| <input type="radio"/> American Football | <input type="radio"/> Community Work | <input type="radio"/> Martial Arts | <input type="radio"/> Sailing/Boating | <input type="radio"/> Track and Field |
| <input type="radio"/> Arts and Crafts | <input type="radio"/> Computers | <input type="radio"/> Movies | <input type="radio"/> School Activities | <input type="radio"/> Travel |
| <input type="radio"/> Backpacking | <input type="radio"/> Cooking | <input type="radio"/> Museums | <input type="radio"/> Sewing | <input type="radio"/> Visiting Relatives |
| <input type="radio"/> Baking | <input type="radio"/> Drawing/Painting | <input type="radio"/> Music | <input type="radio"/> Shopping | <input type="radio"/> Volleyball |
| <input type="radio"/> Baseball | <input type="radio"/> Family Activities | <input type="radio"/> Photography | <input type="radio"/> Snow Sports | <input type="radio"/> Walking |
| <input type="radio"/> Basketball | <input type="radio"/> Fishing | <input type="radio"/> Picnics | <input type="radio"/> Soccer | <input type="radio"/> Watching TV |
| <input type="radio"/> Biking | <input type="radio"/> Golf | <input type="radio"/> Raising Animals | <input type="radio"/> Swimming | <input type="radio"/> Woodworking |
| <input type="radio"/> Bowling | <input type="radio"/> Hiking | <input type="radio"/> Racquetball | <input type="radio"/> Table Games | <input type="radio"/> Wrestling |
| <input type="radio"/> Camping | <input type="radio"/> History | <input type="radio"/> Reading | <input type="radio"/> Tennis | <input type="radio"/> Writing |
| <input type="radio"/> Church Activities | <input type="radio"/> Ice Hockey | <input type="radio"/> Riding Horses | <input type="radio"/> Theatre | <input type="radio"/> Other: _____ |

Please list any other specific interests, hobbies, or activities and any awards or commendations.

- Do you play in a band or orchestra? Yes No If yes, which instrument(s)? _____
- Do you participate in any competitive sports? Yes No If yes, which sport(s)? _____
- What is your religious affiliation? _____
- Do you attend church? Yes No If yes, how many times do you attend per week? _____
- Are you active in any church groups? Yes No Would you be willing to attend church with your host family? Yes No
- Do you have any pets? Yes No If yes, what are they? _____
- Would you be willing to live with a host family that has pets living in the home? Yes No
- List the household tasks for which you are responsible at home. _____
- Would you be willing to contribute to the life of your host family by taking part in household tasks? Yes No