



**INTERNATIONAL STUDENT ADMISSION APPLICATION**

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. For e-mail submission use Adobe Reader or Adobe Acrobat Pro to attach a photo file as a comment.

**Date of Application** \_\_\_/\_\_\_/\_\_\_ **Date of Entry** \_\_\_/\_\_\_  
MONTH/DAY/YEAR MONTH/YEAR

**This application does not assure final enrollment but provides information upon which a decision will be based. The application fee is payable with the application and is a non-refundable fee.**

**1. Student**

Full legal name as it appears on your passport

Family Name/Surname \_\_\_\_\_ Given Name (First) \_\_\_\_\_ Middle Name \_\_\_\_\_

Nickname or English Name \_\_\_\_\_ Gender: Male Female

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

City \_\_\_\_\_ Province \_\_\_\_\_

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

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

Student email \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ City of Birth \_\_\_\_\_  
MONTH/DAY/YEAR

Province of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Citizen of (Country) \_\_\_\_\_ Country Issuing Passport \_\_\_\_\_

Date of Expiration of Passport \_\_\_\_\_ Passport Number \_\_\_\_\_

**2. Parents/Legal Guardians**

**Full Name of Father/Legal Guardian** \_\_\_\_\_

**Full Name of Mother/Legal Guardian** \_\_\_\_\_

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

City \_\_\_\_\_ Province \_\_\_\_\_

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

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

Email \_\_\_\_\_

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 right to make decisions affecting the student. Parent/legal guardian to contact first in the event of an emergency \_\_\_\_\_



## INTERNATIONAL STUDENT ADMISSION APPLICATION

### 3. School

You must attach a transcript of courses you have completed during the last three years. If your original transcript is not in English, it must be translated to English and the American grading system.

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 \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Grade Applying for in USA \_\_\_\_\_ Last Grade of School Completed \_\_\_\_\_

Do you wish to graduate from your host school?  Yes  No  Undecided

### 4. 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 \_\_\_\_

### 5. Desire to Study Abroad

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



## INTERNATIONAL STUDENT ADMISSION APPLICATION

### 7. Personal Information

Do you have any dietary restrictions?  Yes  No If yes, please explain (e.g. vegetarian, food allergies, diabetic, etc.) \_\_\_\_\_

Do you have any physical disabilities or limitations? \_\_\_\_\_ If yes, please list and explain.

Do you have any chronic or permanent medical problems? \_\_\_\_\_ If yes, please list and explain.

Have you undergone psychological counseling for any type of problem? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Are you allergic to any animals?  Yes  No If yes, which animal(s)? \_\_\_\_\_

Are you allergic to any medications?  Yes  No If yes, which medication(s)? \_\_\_\_\_

Are you taking any medications?  Yes  No If yes, which medication(s)? Reason for taking the medication(s): \_\_\_\_\_

Do you smoke?  Yes  No \_\_\_\_\_

Do you drink alcohol?  Yes  No \_\_\_\_\_

Have you ever been involved with illegal drugs?  Yes  No \_\_\_\_\_

Have you ever been arrested or convicted of an offense?  Yes  No \_\_\_\_\_

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

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

Do you play in a band or orchestra?  Yes  No If yes, which instrument(s)?

---

List your hobbies and interests (including sports) in order of importance to you:

---

---

---