

# STOCKDALE CHRISTIAN SCHOOL

4901 California Avenue

Bakersfield, Ca 93309

Phone: (661)327-3927 Fax: (661)327-9802

[www.stockdalechristianschool.com](http://www.stockdalechristianschool.com)

## 2020-2021 International Application for Admission

### Please Include With Application:

1. \$450 Registration and Administrative Fee
2. Transcripts of Grades (if applying for the first time)
3. Copy of passport and current visa (if applicable)
4. Personal Essay
5. English Letter of Reference

### All Information Must Be Fully Completed

#### Student Information:

Applicant's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female Nickname: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

#### Reason for I-20 (check one):

- Initial Attendance at Stockdale Christian School
- Initial Attendance – change of status requested Current Visa Status: \_\_\_\_\_
- Continued Attendance at Stockdale Christian School
- School Transfer From: \_\_\_\_\_
- Reinstatement Request Reason: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

US Address where student will live: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_ Length of time student plans to attend Stockdale Christian School: \_\_\_\_\_

Applicants's current or most recent school: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Address of school: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Applicant's previous schools: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

English Proficiency Classes and Level \_\_\_\_\_

**Family Information:**

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please indicate below the person to whom you have delegated the responsibility to act in all matters concerning your child and the school. This person must agree to give your child the necessary guidance and supervision to assure satisfactory attention to school-work, attendance and the rules of the school.**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Page: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please indicate below the person(s) with whom your child will live:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Emergency Information:**

Are there any special health problems of which the school should be aware? \_\_\_\_\_

\_\_\_\_\_

Person(s) Authorized\* to pick up student: \_\_\_\_\_

Local Emergency Contacts (other than parents or guardians): Full information required by Stockdale Christian School:

First Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Second Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**Religious Information:**

1. What is your religious faith? \_\_\_\_\_  
\_\_\_\_\_
2. Church attending: \_\_\_\_\_
3. Who does your child attend church with? \_\_\_\_\_  
\_\_\_\_\_
4. Please give a statement regarding your personal experience with Jesus Christ: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. What do you want your child taught about God? \_\_\_\_\_  
\_\_\_\_\_
6. I understand that my child(ren) will be taught the Christian religion as explained in the Bible.  
\_\_\_\_\_  
Parent Signature

**Miscellaneous:**

Is a language other than English spoken at home?  Yes  No If yes, what language? \_\_\_\_\_

How did you hear about Stockdale Christian School? \_\_\_\_\_

1. Upon acceptance of my/our child as a student at Stockdale Christian School, the Application shall become a binding contractual obligation with Stockdale Christian School.
2. Regardless of the circumstances, all tuition and registration fees are not refundable, nor are they transferable to another student.
3. By signing below I/we authorize Stockdale Christian School to contact the applicant's previous school(s) and teacher(s) to obtain previous academic records and any other information Stockdale Christian School deems relevant to process this application.
4. By signing below we also authorize Stockdale Christian School to obtain immediate medical care for our child if any emergency occurs, if we, as parent(s) and guardian(s) of our child, cannot be located.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_