

# STOCKDALE CHRISTIAN SCHOOL

4901 California Avenue

Bakersfield, Ca 93309

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

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

## International Student Application

All Information Must Be Fully Completed

### Please Include with Application:

1. Copy of Passport
2. Personal Essay in English
3. Entrance Interview Skype ID ( \_\_\_\_\_ )
4. Copy of Immunization
5. Transcript (if applicable)

### Student Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female English Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

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

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

When did you start learning English? \_\_\_\_\_

Where did you learn English?  School  English Academy  English Camp How long did you go? \_\_\_\_\_

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Name of Academy \_\_\_\_\_ Location \_\_\_\_\_

Name of Camp \_\_\_\_\_ Location \_\_\_\_\_

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

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

Initial Attendance at Stockdale Christian School

Continued Attendance at Stockdale Christian School

School Transfer From: \_\_\_\_\_

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: \_\_\_\_\_

**Family Information:**

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

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

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

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

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

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

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

Cell Phone: \_\_\_\_\_ 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: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

**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: Full information required by Stockdale Christian School:

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell 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? \_\_\_\_\_

I understand that my child(ren) will be taught the Christian religion as explained in the Holy Bible.

**Parent Signature:** \_\_\_\_\_

**Miscellaneous**

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. Tuition is to be paid in full within 3 days of acquiring student visa. 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 agree with the schools Mission Statement and Statement of Faith; 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; 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 \_\_\_\_\_