

# INTERNATIONAL STUDENT APPLICATION

Academic Year: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ A completed application form is not a guarantee of admission, but only a request for admission.

## **PART 1 - FAMILY CONTACT INFORMATION**

Student Name:	Preferred Name or Nickname:
Male Female Date of Birth:	Place of Birth:
Country of Citizenship:	E-mail Address:
Home Address:	
Home Telephone (include country, city, and area code):	
Cell Phone (include country, city, and area code):	
****************	****************
Mother's or Legal Guardian's Name:	Relationship:
Address (if different):	
Home Telephone (if different):	Cell Phone:
E-mail Address:	Fax Number:
Occupation:	Employer:
Business Telephone:	
Business Address:	
***********	************
Father's or Legal Guardian's Name:	Relationship:
Address (if different):	
Home Telephone (if different):	Cell Phone:
E-mail Address:	Fax Number:
Occupation:	Employer:
Business Telephone:	
Business Address:	

## **PART 2 - FAMILY HISTORY**

List all siblings below:

Name	Date of Birth	Relationship

Check all that apply to the applicant	<ul> <li>Parents I</li> <li>Mother I</li> <li>Mother F</li> </ul>		<ul> <li>Parents Separated</li> <li>Father Deceased</li> <li>Father Remarried</li> </ul>
If parents are divorced or separated, legal custody belongs to	□ Mother	🗅 Father	□ Both □ Other
The applicant lives with	□ Mother	🗅 Father	Both Other
Send admissions materials to	D Mother	🗅 Father	Both Other
Financial responsibility lies with	□ Mother	🗅 Father	Both Other
Preferred mode of print communication	🗅 E-mail	🗅 Fax	Postal Service Other
Language spoken at home			
Other languages spoken			

# Are any family members Christians? If yes, indicate who, and his/her church affiliation.

Name	Relationship	Church Affiliation	Current Church Membership	
			🗅 Yes	🗅 No
			□ Yes	🗅 No
			🗅 Yes	🗆 No
			🗅 Yes	🗆 No
			□ Yes	🗅 No
			🗅 Yes	🗅 No
			🗅 Yes	🗅 No
			🗅 Yes	🗆 No

## **PART 3 - PARENT COMMENTS**

Understanding that all of us have strengths and weaknesses, please be completely honest in your evaluation of your child as you supply the following information.

What are your child's strengths?

# What do you see as your child's greatest needs in the following areas?

Spiritual	
Behavioral	
Academic	
Social	

#### What is your child's general attitude in the following areas:

	Excellent	Good	Poor	Variable
Relationship to parents				🗅 Explain
Interaction with authority figures				🗅 Explain
Leaving home to attend Covenant Love Community School				🗅 Explain

### Please rate your child in the following areas:

My child :	Yes	Usually	Sometimes	No
Is physically healthy				
Is self-disciplined				
Is respectful to others				
Is courteous				
Is obedient to authority				
Shows self-control				
Follows directions				
Accepts correction				
Completes work in a timely manner				
Is neat and organized				
Has a good work ethic				
Is truthful and honest				
Is mentally healthy				

n in detail
n in detail

### **PART 4 - STUDENT APPLICANT COMMENTS**

Print this portion of the form and write your comments on the following topics **in your own handwriting** in English. You may use additional pages if needed.

1. Describe yourself as a friend or as a close adult would describe you.

2. Describe your family. Include your relationships with your parents and your siblings.

3. What kinds of activities do you enjoy (hobbies and/or extracurricular activities)? What things do you dislike?

4. How much time do you spend on a computer (including electronic games) or watching TV per day?

5. What kinds of books do you enjoy reading? How often do you read?

6. Do you consider yourself a leader or a follower and why?

7. Where did you meet most of your friends (at school, in the neighborhood, at church)? How old are most of your friends?

8. Have you ever been in the United States, and if so where and when?

9. Do you attend church, and if so what do you enjoy most about your church experience?

10. Who do you believe God is?

11. Who do you believe Jesus Christ is?

12. Why do you want to attend Covenant Love Community School? What do you look forward to the most?

13. What careers/jobs interest you? What are your educational goals?

14. Did you receive any help in writing your responses? If so, what sort of help did you get?

## Part 5 - ACADEMIC INFORMATION & ENGLISH TEACHER REFERENCE FORM

Please list the applicant's education history, chronologically to date. Attach the student's most recent report card/grades.

School Name	City & Country	Grade Levels	Dates of Attendance

#### The remainder of this section is to be completed by the applicant's English Teacher.

The applicant is a candidate for admission to Covenant Love Community School. Students must have a high level of scholastic effort and integrity. According to the law, information you provide about the applicant is kept confidential. Please be honest in your responses. Thank you for taking the time to complete this reference form.

Er	glish Teacher's Name:	School Name:
Sc	hool Address:	
Sc	hool Phone:	School Email:
Те	acher Signature:	Date:
1.	How long have you known the applicant?	
2.	List the student's character and personality strengths:	
3.	List the student's character and personality weaknesses and e	
4.	<ul> <li>How would you rate parental involvement?</li> <li>Parents eagerly seek to involve themselves in their student</li> <li>Parents must be encouraged to involve themselves, but an</li> <li>Parents are defensive and unsupportive.</li> <li>Parents are uninvolved.</li> </ul>	•
5.	Summarize your overall assessment of this applicant's maturi	ty and abilities:

- Outstanding
- □ Excellent
- $\Box$  Good
- 🗆 Fair
- □ Poor

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#### 6. If the student has taken any standardized English assessments (TOEFL, SLEP, etc.), please record all information.

Test Name	Date Given	Score

### 7. In the chart below, please check all that apply and make comments for clarification.

	Rating	Comments
Homework	<ul> <li>Assignments always completed on time and well done</li> <li>Assignments occasionally late and/or disorderly</li> <li>Assignments often not completed or done poorly</li> <li>Assignment seldom done adequately</li> </ul>	
Participation	<ul> <li>Actively participates in class with insight and evident preparation</li> <li>Participates when called upon; displays understanding</li> <li>Participates when called upon; often lacks understanding</li> <li>Refuses to participate in a positive manner</li> </ul>	
Ability	<ul> <li>Excellent student; top 10% of the class</li> <li>Good student; second 10% of the class</li> <li>Average student</li> <li>Poor student</li> </ul>	
Leadership	<ul> <li>Leads classroom peers easily in a positive manner and direction</li> <li>Prefers to follow, but will stand against poor classroom behavior</li> <li>Follows others of questionable judgment</li> <li>Leads others in poor classroom behavior</li> </ul>	
Writing	<ul> <li>Writes clearly with creativity and good grammar</li> <li>Communicates ideas fairly well; average grammar</li> <li>Little clarity or understanding of grammar</li> </ul>	
Reading	<ul> <li>Reads with enthusiasm several grade levels above current grade</li> <li>Reads well at current grade level</li> <li>Struggles to read at current grade level</li> <li>Reading level far below current grade level</li> </ul>	

# 8. Based on your knowledge of this applicant, would you recommend this student for admission to Covenant Love Community School's International Student Program?

- □ Enthusiastically recommend
- □ Recommend
- □ Recommend with reservation

 $\Box$  Would not recommend

Please explain your recommendation: \_\_\_\_\_

#### PART 6 - PHYSICAL & MEDICAL INFORMATION

Does the applicant have any special needs or concerns in the following areas?

	Diagnosis, Needs or Concerns. List any testing/screenings that have been administered.
General Physical Health	
Medical Conditions	
Dietary Needs	
Mental Health	
Allergies	
Medications	

The following immunizations are required for students in grade 6 - 12 in New York State. Please attach all immunization records for the student.

Immunization	Number of Doses
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DtaP/DTP/Tdap)	3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)	1 dose if the student has not previously received a Tdap at 7 years of age or older.
Polio vaccine (IPV/OPV)	3-4 doses
Measles, Mumps and Rubella vaccine (MMR)	2 doses
Hepatitis B vaccine	3 doses
Varicella (Chickenpox) vaccine	2 doses or written and signed verification from a doctor of the student's disease history.

#### PART 7 - FAMILY ALBUM (completed by student)

*Print 3 - 5 photos of you, your family, and your friends taken in the last two years. Next to each photo, write a brief description. Tell who is in the picture, where and when the picture was taken, and what event/activity is being shown.* 

### **PART 8 - LETTER OF INTRODUCTION WRITTEN BY APPLICANT'S PARENT**

On a separate page, compose a letter in English to the applicant's potential host family and/or classroom teacher. Please describe your child's personality and interests. Be frank and honest in this letter, commenting on your child's strengths and weaknesses. Limit the letter to one page.