

Grandview Christian School



12340 Grandview Road, Grandview, MO 64030 * Phone: 816.767.8630 * Fax: 816.763.5029 * Email: gcs@grandviewchristianschool.com

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION (TO BE COMPLETED BY **NATURAL PARENT**)

International Student Information

Date of Application: ____/____/____ Candidate for ____ grade for 2020-21 year.

Student's Legal Name: _____ / _____ / _____ / _____
(Last) (First) (Middle) (American Name Used/Nickname)

Street Address: _____

City: _____

Province/Territory: _____

Postal Code: _____

Country: _____

Home Phone Number: _____ Student Cell Number: _____

Gender: M F Date of Birth: ____/____/____ Current Age: _____ Country of Birth: _____

Country of Citizenship: _____

Reason for Applying to GCS: _____

Student Placement Agency & Contact: _____

Family's Home Church: _____
(Name) (Denomination)

Family Attends Church: Regularly | Frequently | Infrequently | Rarely | Never

Names/Ages of Siblings, if any, in Same Household: _____

Circle appropriate answers below:

1. Has student ever failed a grade?..... YES NO
2. Has student received any other special help or tutoring?.....YES NO
3. Has the student ever been suspended or expelled?.....YES NO
4. Has the student ever been arrested?.....YES NO
5. Has student ever misused or become addicted to drugs?.....YES NO
6. Has student ever attended another U.S School?.....YES NO
7. Does the student regularly require any medication?.....YES NO
8. Does the student have any allergies?.....YES NO
9. Does the student have English proficiency?.....YES NO

Note: If the answer to questions #1-8 is **YES** or the answer to question #9 is **NO**, a letter of explanation must be included, or you may use space on Page 3 to explain.

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Race/Ethnic Background

The following information is required for state recording purposes. Please indicate which Ethnicity and Race you consider to best fit your student:

Ethnicity (*circle only one*):

- a. **Hispanic/Latino/Spanish Origin**
- b. **NON Hispanic/Latino/Spanish Origin**

Race (*circle all that you consider to apply*):

- a. **American Indian or Alaska Native** b. **Asian** c. **Black/African American**
- d. **Caucasian** e. **Native Hawaiian or Other Pacific Islander**
- f. **Other:** _____ (*specify*)

NON-DISCRIMINATION POLICY – GRANDVIEW CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY GENDER, RACE, COLOR, NATIONAL AND ETHNIC ORIGIN TO ALL THE RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS OF THE SCHOOL. WE WELCOME STUDENTS OF ALL RACES AND NATIONALITIES WHO WILLFULLY SUBMIT TO THE STATEMENT OF FAITH.

Parent Information

Father
(PRINT CLEARLY)

Father's Name _____
 Father's Address _____
 Father's City, State, Zip _____
 Father's **Home** Phone _____
 Father's **Cell** Phone _____
 Father's Employer _____
 Type of Work/Industry _____
 Father's **Work** Phone _____
 Father's Email Address _____

Relationship (*if other than Father*): _____

Circle Status:

- Married (*same residence*) Remarried Separated
- Divorced Single (*never married*) Widowed

Mother
(PRINT CLEARLY)

Mother's Name _____
 Mother's Address _____
 Mother's City, State, Zip _____
 Mother's **Home** Phone _____
 Mother's **Cell** Phone _____
 Mother's Employer _____
 Type of Work/Industry _____
 Mother's **Work** Phone _____
 Mother's Email Address _____

Relationship (*if other than Mother*): _____

Circle Status:

- Married (*same residence*) Remarried Separated
- Divorced Single (*never married*) Widowed

Is either parent deceased? **YES** **NO** *If yes, who and how long?* _____

Items Required to Issue an I-20

*(I-20 cannot be issued until this application **AND** all items in this section are provided)*

1. I/We have included a copy of this **student's birth certificate**.....YES **NO**
2. I/We have included a copy of this **student's Passport**.....YES **NO**
3. I/We have provided (*below*) a **breakdown of agreed costs**, which will be listed on the I-20 as the estimated average cost for the 10 month academic term for which we are applying.....YES **NO**
 - a. **10 Month Tuition & Fees:** \$ 11,550 (*total of tuition/fee amounts payable to school*)
 - b. **10 Month Living Expenses:** \$ 8,500.00 (*amount that will be provided to host family for room/board expenses, etc*)
 - c. **Management Fee:** \$ _____ (*amount that will be provided to placement agency*)

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4. I/We have provided a **certified bank letter showing proof of financial ability** to cover ALL school expenses for the school term represented on the application, including Living Expenses & Management Fee, in US Dollars.....YES NO

Note: If the answer to any question (#1-4) is NO, then I-20 canNOT be issued.

Parent Acknowledgement/Agreement

- I/We have read the Parent/Student Handbook and **are in agreement with the Purpose, Philosophy and all rules** of Grandview Christian School.....YES NO
- I/We agree to guarantee payment of all the **student's school expenses** and understand that **all costs are fully earned and NON-refundable**, understanding that no GCS records will be released to anyone until account is fully paid.....YES NO
- I/We understand that all **student's school/homestay expenses** are **due prior to his/her arrival in the U.S.**.....YES NO
- I/We will provide a copy of this student's **most current immunization record** before he/she is accepted as a student at GCS.....YES NO
- I/We will provide a copy of this student's **grade reports for grades 6-11**, as applicable, before he/she is accepted as a student at GCSYES NO
- I/We will provide a copy of this student's **transcript for grades 9-11**, as applicable, before he/she is accepted as a student at GCSYES NO
- I/We will provide a copy of the **Table of Contents from this student's math and/or science textbook**, to show the subjects he/she has studied, before he/she is accepted as a student at GCS, if requested.....YES NO
- I/We **give permission for student's image to be reproduced** in promotional materials for Grandview Christian School (*i.e. school websites, newsletters, newspaper articles, and advertisements*)YES NO

Note: If the answer to any question (#1-7) is NO, a letter of explanation must be included, or use space below to explain.

Signature of Father

Date

Signature of Mother

Date

Note: If student resides with both parents, both signatures are required.

Use This Space to Explain Any Answers on Page 1 or Page 3

(or attach a letter of explanation)

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Student Health Information

The following information will be used in the event of an emergency involving your student. It is important that all information is **completed fully and printed legibly** for use by emergency personal if/when necessary. *Attach additional sheets, if further detail needs to be provided.*

Student Name:	Student's Date of Birth:
Father's Name:	Mother's Name:
Father's Phone #:	Mother's Phone #:
Physical or Medical Conditions <i>(including Previous Operations or Serious Illnesses, as well as Hearing, Vision, or Speech loss or difficulties):</i>	Medications Taken on Regular Basis <i>(include dosage and frequency):</i>
Allergies <i>(to Medications or Foods):</i>	Special Dietary Restrictions:

Emergency Medical Release

In case of accident, illness, or other emergency, I/we give permission for school staff and/or host family to take whatever emergency action is necessary, including calling paramedics and then contacting me as appropriate after my student has been provided the necessary care.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

_____ / _____ _____ / _____
Father's Signature Date Mother's Signature Date

If the student lives with both parents, the release must be signed by both parents/guardians.



STUDENT CHARACTER AND PERSONAL INFORMATION

(Must be completed personally by the international student)

Student's Name: _____ Grade: _____
(print first and last name)

1. Have you ever been expelled from school? YES NO

If yes, please explain: _____

2. Have you ever smoked or tried alcoholic beverages or other drugs? YES NO

If yes, please explain: _____

3. Are you a born-again Christian? YES NO

Please give a brief statement about your current spiritual condition for either answer.

4. Do you personally want to attend Grandview Christian School? YES NO

Please explain either answer: _____

5. Do you agree to abide by all the rules and regulations of GCS? YES NO

Student's Signature

Date