

APPLICATION FOR ADMISSION

I-20 STUDENT



THE MISSION OF REDEEMER CHRISTIAN SCHOOL IS TO PROVIDE A SECURE, CHRIST-CENTERED ENVIRONMENT OF CLASSICAL ACADEMIC EXCELLENCE TO EQUIP STUDENTS FOR A LIFE OF LEARNING AND SERVICE TO THE GLORY OF GOD.

FOR OFFICE USE ONLY

DATE REC'D _____
APPLICATION FEE _____
REC'D BY _____

Applicant Information

STUDENT INFORMATION

GRADE ENTERING _____

NAME LAST _____ FIRST _____ MIDDLE _____ GENDER _____

DATE OF BIRTH _____ T-SHIRT SIZE CIRCLE ONE XS S M L XL AXS AS AM AL AXL

PARENT INFORMATION

FATHER'S NAME _____ MOTHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

HOME ADDRESS _____

HOME PHONE _____ EMAIL ADDRESS _____

COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

GUARDIAN INFORMATION

GUARDIAN'S NAME _____ CELL NUMBER _____

GUARDIAN'S NAME _____ CELL NUMBER _____

ADDRESS _____

HOME PHONE _____ EMAIL ADDRESS _____

DOES THE GUARDIAN HAVE A LIMITED POWER OF ATTORNEY OR OTHER LEGAL DOCUMENTS EMPOWERING THEM TO AUTHORIZE:

- (1) SCHOOL-RELATED ACTIVITIES, ACADEMIC CHOICES, PARTICIPATION IN FIELD TRIPS, ATHLETICS PARTICIPATION AND OTHER SIMILAR DECISIONS? _____ YES _____ NO
- (2) MEDICAL AND HEALTHCARE DECISIONS? _____ YES _____ NO

HOW CAN REDEEMER CHRISTIAN SCHOOL SERVE YOUR FAMILY IN YOUR STUDENT'S EDUCATION?

CHURCH INFORMATION

HOME CHURCH _____ PASTOR'S NAME _____

ADDRESS _____ HOW LONG HAVE YOU ATTENDED? _____

PHONE NUMBER _____ IS AT LEAST ONE PARENT/GUARDIAN A MEMBER? _____

SCHOOL INFORMATION

NAME AND MAILING ADDRESS OF YOUR CHILD'S MOST RECENT SCHOOL. _____

HAVE YOU EVER HAD DIFFICULTY WITH STUDENTS OR TEACHERS IN A PREVIOUS SCHOOL? _____

IF YES, PLEASE EXPLAIN. _____

HEALTH INFORMATION

HAS THIS STUDENT...

EVER BEEN DIAGNOSED WITH A LEARNING DISABILITY OR PHYSICAL PROBLEM THAT AFFECTS HIS/HER ACADEMIC ACHIEVEMENT?

_____ YES _____ NO (IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE.)

ANY PHYSICAL, EMOTIONAL, OR ATTENTION PROBLEM, WHICH REQUIRES SPECIAL MEDICATION OR LIMITED PARTICIPATION IN CERTAIN ACTIVITIES?

_____ YES _____ NO (IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE.)

ANY ALLERGIES TO MEDICATIONS?

_____ YES _____ NO (IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE.)

HAD ANY OTHER UNUSUAL HEALTH PROBLEM THAT SCHOOL PERSONNEL SHOULD BE AWARE OF?

- I HAVE ATTACHED A BUDGET TO COVER MY STUDENT'S TUITION AND STAY IN THE USA AND TRANSPORTATION TO AND FROM MY COUNTRY.
- I AM INCLUDING A STATEMENT NOTING THAT I HAVE THE FINANCIAL RESOURCES TO MEET THE BUDGET.
- I HAVE ATTACHED ENGLISH TEST SCORES, GRADE REPORT CARDS, AND OTHER STANDARDIZED TEST SCORES.
- I HAVE READ REDEEMER CHRISTIAN SCHOOL'S STATEMENT OF FAITH, AND I AM WILLING FOR MY CHILD TO BE TAUGHT ACCORDINGLY.
- MY GUARDIAN IS COMMITTED TO THE SUCCESS OF MY STUDENT, IN REGULAR ATTENDANCE, ACADEMIC PREPARATION, ARRANGEMENT FOR ESL TUTORING, IF NEEDED, ETC.

NEITHER SUBMITTING NOR RECEIVING AN APPLICATION CONSTITUTES A COMMITMENT BY EITHER REDEEMER CHRISTIAN SCHOOL OR THE UNDERSIGNED.

DATE _____

FATHER _____

MOTHER _____

GUARDIAN _____

APPLICANT _____

PLEASE ENCLOSE THE NON-REFUNDABLE APPLICATION FEE OF \$50.00. (PER FAMILY)

REDEEMER CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, MALE OR FEMALE TO ALL RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE AGAINST ANYONE, MALE OR FEMALE, ON THE BASIS OF RACE, COLOR, OR NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSIONS POLICIES, SCHOLARSHIP PROGRAMS, AND ATHLETIC AND OTHER SCHOOL-ADMINISTERED PROGRAMS.