

STOCKDALE CHRISTIAN SCHOOL

4901 California Avenue
Bakersfield, Ca 93309

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

www.stockdalechristianschool.com

2019-2020 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 _____