

STUDENT APPLICATION

I-20 Student



FAITH
CHRISTIAN
SCHOOL

P.O. Box 31300, Mesa AZ 85275
Phone: 480-833-1983 Fax: 480-325-1096
www.faith-christian.org

Desired Start Date _____

Name _____
Family Name First Middle

Date of Birth: _____ Male/Female _____ Grade: _____

Country of birth _____ Country of Citizenship: _____

Foreign Address: _____

City Province/ Territory Postal Code

Local U.S. Address: (host family name, if applicable) _____

Email address: Parent/Host: _____ Student: _____

List academic subjects:

a) of greatest interest to you _____

b) of least interest to you _____

List school activities, other than academic subjects, of special interest to you. _____

Are you an active member in a church? _____ Name of Church _____

Name of Youth Leader or Pastor _____

Describe areas of interest and involvement in church. _____

Please give a complete, written response to the following question. Express yourself as clearly as possible.

Do you consider yourself to be a Christian? _____

If yes, please give your personal testimony (at least 25 words). _____

My reason for applying to Faith Christian School (check one):

1. I want to attend the school and my parents want me to attend.
2. I am anxious to attend the school. My parents would rather I attend some other school but will allow me to attend.
3. I do not really want to attend the school, but my parents think it would be best for me.

If you have answered yes to either number one or two, please explain why you desire to be a student at Faith Christian School. _____

Have you ever had difficulty with students or teachers in a previous school? _____ If yes, please explain.

Have you ever used tobacco, alcoholic beverages or narcotics in any form during the last twelve months? _____

If yes, fully explain. _____

STATEMENT OF AGREEMENT

As a student of Faith Christian School I pledge to uphold our school's high standards and abide by the rules. I furthermore pledge not to possess or consume alcohol, drugs or tobacco on or off campus and I will not bring a weapon of any kind on campus, understanding that if I do, I may be expelled from school.

Student Signature

Date

Please provide a copy of previous I-20 form (if you have one.)

Also needed with this application:

Information if student is proficient in English.

Statement from bank of current balance.

Transcripts in English.

Documentation of health insurance or statement of intent to purchase school accident insurance.

Return this application with non-refundable registration fee.