

# WOODLAND CHRISTIAN SCHOOL

## INTERNATIONAL STUDENT APPLICATION



### ELEMENTARY CAMPUS

1616 West Street • Woodland, CA 95695  
phone 530.666.6615 • fax 530.666.3470

### MIDDLE & HIGH SCHOOL CAMPUS

1787 Matmor Road • Woodland, CA 95776  
phone 530-406-8800 • fax 530.406.0900

[www.woodlandchristian.org](http://www.woodlandchristian.org)

#### OFFICE USE ONLY

Application Materials Received: \_\_\_/\_\_\_/\_\_\_

Fee: \$ \_\_\_\_\_ CASH CK# \_\_\_\_\_

Received By: \_\_\_\_\_

Testing Date: \_\_\_/\_\_\_/\_\_\_

Guardian/Host Interview Date: \_\_\_/\_\_\_/\_\_\_

Student Interview Date: \_\_\_/\_\_\_/\_\_\_

Skype  In person

Financial Guarantee

Guardianship Authorization

Immunization Record

Health Form

Academic Records

Start Date: \_\_\_\_\_ Last Day: \_\_\_\_\_

## ENROLLMENT APPLICATION Academic School Year: 20\_\_\_ to 20\_\_\_

**Applying for Grade:**  Kindergarten  1  2  3  4  5  6  7  8  9  10  11  12

**Applying for:**  New I-20  Transfer I-20

### STUDENT INFORMATION

#### Student's Full Legal Name

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_ English Name (if preferred) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Student Phone: Country Prefix \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Student Country of Birth \_\_\_\_\_ Country Issuing Passport \_\_\_\_\_

Student Passport Number \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_

Native Language \_\_\_\_\_ Other Language(s) Student Speaks \_\_\_\_\_

### PARENT INFORMATION (In home country)

#### Father

Marital Status:  Married  Widowed  Divorced  Single

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Can you communicate in English?  Yes  No

#### Mother

Marital Status:  Married  Widowed  Divorced  Single

Family Name \_\_\_\_\_ Given Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Can you communicate in English?  Yes  No

### CALIFORNIA GUARDIAN INFORMATION

#### Male Guardian

Marital Status:  Married  Widowed  Divorced  Single

Full Name \_\_\_\_\_

California Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

#### Female Guardian

Marital Status:  Married  Widowed  Divorced  Single

Full Name \_\_\_\_\_

California Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

# WCS INTERNATIONAL STUDENT APPLICATION CONTINUED

## EDUCATIONAL BACKGROUND

### SCHOOLS ATTENDED IN THE UNITED STATES (if any)

School \_\_\_\_\_ Grade(s) Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director of International Students \_\_\_\_\_

Email address of International Student Director \_\_\_\_\_

School \_\_\_\_\_ Grade(s) Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director of International Students \_\_\_\_\_

Email address of International Student Director \_\_\_\_\_

### SCHOOLS ATTENDED IN COUNTRY OF CITIZENSHIP

School \_\_\_\_\_ Grade(s) Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

English Teacher \_\_\_\_\_

Email address of English Teacher \_\_\_\_\_

School \_\_\_\_\_ Grade(s) Attended \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

English Teacher \_\_\_\_\_

Email address of English Teacher \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION SUPPLIED IS TRUE AND COMPLETE:**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name Printed

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student Name Printed

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date