

INTERNATIONAL STUDENT APPLICATION

WOODLAND CHRISTIAN SCHOOL



ELEMENTARY CAMPUS

1616 West Street
Woodland, CA 95695
530-666-6615

MIDDLE & HIGH SCHOOL CAMPUS

1787 Matmor Road ~
Woodland, CA 95776
530-406-8800

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
 Start Date: _____ Last Day: _____
 Financial Guarantee
 Guardianship Authorization
 Immunization Record
 Health Form

2012-2013 ENROLLMENT APPLICATION

Applying for Grade: 1 2 3 4 5 6 7 8 9 10 11 12 **Academic School Year:** 20__ to 20__

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: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single Family Name _____ Given Name _____ Occupation _____ Address _____ _____ Email _____ Can you communicate in English? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mother Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single Family Name _____ Given Name _____ Occupation _____ Address _____ _____ Email _____ Can you communicate in English? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

CALIFORNIA GUARDIAN INFORMATION

| | |
|---|---|
| Male Guardian Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single Full Name _____ California Address _____ City _____ State _____ Zip _____ Occupation _____ Place of Employment _____ Employer's Address _____ City _____ State _____ Zip _____ Work Phone (_____) _____ Cell Phone (_____) _____ Home Phone (_____) _____ | Female Guardian Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single Full Name _____ California Address _____ City _____ State _____ Zip _____ Occupation _____ Place of Employment _____ Employer's Address _____ City _____ State _____ Zip _____ Work Phone (_____) _____ Cell Phone (_____) _____ Home Phone (_____) _____ |
|---|---|

