

# WOODLAND CHRISTIAN SCHOOL

## INTERNATIONAL STUDENT APPLICATION



### PS - 12 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 \_\_\_\_\_

### ENROLLMENT APPLICATION Academic School Year: 2023-2024

**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 \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Can you communicate in English?  Yes  No

##### Mother

Marital Status:  Married  Widowed  Divorced  Single

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

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_

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