

WOODLAND CHRISTIAN SCHOOL

INTERNATIONAL STUDENT APPLICATION



PS - 12 CAMPUS

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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: 2022-2023

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