New International Student Application



201 West Main Street Shiremanstown, PA 17011 717.737.3550 (phone) 717.761.3977 (fax) www.westshorechristian.org

STUDENT INFO	ORMATION			
Last Name	Firs	st	Americ	an Name if applicable
Grade Entering	Date of Bir	th		Gender (M/F)
Country of Birth		Country of	Citizenship	
Ethnic Heritage: (for s	tate reporting purposes) 🔲 Blac	k 🗖 Hispanic	☐ Asian ☐ Wh	nite
	ular interests (check all that apply): ☐ Basketball ☐ Choir ☐	•	□ Volleyball	
Reasons for ch	oosing West Shore Chris	stian Acaden	ny	
Applicant response:				
Explain why you are c	hoosing Christian education:			
If yes, explain.	ve any medical conditions or physic			
				ning disability?
Has the applicant ever	repeated a grade? Yes Yes	No If yes, which	grade?	
Has the applicant ever	been suspended or expelled from	school? \square Ye	es 🔲 No If yes, w	/hy?
Are applicant's classe	s currently taught mainly in English	n?	w many years have b	een taught in English?
☐ No What languag	ge was used?			
	nts are required to submit an offici res will determine ESL placement a			heir application (either TOEFL, SLATE, o
Recer	at TOEFL score or	SLATE score	or TOEF	L Jr. score
Applicant is curred Applicant is curred.	•	hool on a J-1 visa. nool on a F-1 visa.	SEVIS number:	isa.
Attach official transcrip	ots from all schools attended begin	ning with grade 9.	The transcripts mus	st be translated into English and include ar
Grade 9: School Nam	e		Date began:	Date completed:
Address:	Street	City	Stat	e Zip Code
		Oity	Otal	p c c c c c c c

Grade 10: School Name	Date began:	Date completed:				
Address:						
Street	City State	Zip Code				
Grade 11: School Name	Date began:	Date completed:				
Address: Street	City State	Zip Code				
Grade 12: School Name	•	·				
	Date began.	Date completed				
Address:Street	City State	Zip Code				
School presently enrolled in or last attended:						
School's Address:						
	·	·				
Country	Phone					
The grade level of any student transferring from	n an international school will be officially determi	ned after reviewing school records.				
Faith Background						
Family religion: If	Christian, church name:					
How long have you attended this church?						
Pastor's name:	:Pastor's telephone:					
Church/Pastor address:Street		State Zip Code				
PARENT INFORMATION	J.,					
Applicant lives with: (check one)	nts	Grandparents Guardian(s)				
		_				
Name						
Address	Address					
						
E-Mail Address	E-Mail Address	_				
Home Phone	Home Phone					
Cell phone	Cell phone					
Occupation						
Billing Please check the tuition payment method you prefe	_	_				
Parental Agreement In making application, we acknowledge that: 1. We have acquainted ourselves fully with the program	ns, handbooks, and policies of the school. (All handboo	oks and policies are available on line.)				
 We will cooperate fully with the Biblical principles and We agree that our child will be held subject to the rul We request the loan of textbooks and instructional m Please note that all materials are approved by West We hereby give permission for any photographs or p 	d administrative, educational, and financial policies of the sand regulations of Christian discipline as practiced baterials in accordance with Pennsylvania Act 195 and baterials with Pennsy	he school. by this school. Act 90 for our child. be used in connection with publicity of WSCA				
	SCA computer network services according to the school					
Father/Male Guardian	Mother/Female Guardian	Date				