

**ESCONDIDO CHRISTIAN SCHOOL**  
**APPLICATION FOR ADMISSION-INTERNATIONAL STUDENTS**

E-Mail:

Student's Full Legal Name		Gender		M	F
Complete Home Country Address				Phone	
Birth Date	Birth Place	Grade Last Attended	Any Grade Repeated?	Entering Grade	School Year
School(s) attended during previous year: Name Address			How often has the child changed schools? _____		
			What grade levels? _____		
Ever dismissed, suspended, or disciplined at any school?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
Any physical disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Nature:					
What outstanding ability (physical, mental, artistic, musical, social) does the child possess?					
Any unusual factors in the child's life? -- Absence of father or mother, invalidism of either, in-laws or grandparents in home, unusual accidents or serious illness, adoption. COMMENT:					
Father's Name			Mother's Name		
Occupation			Occupation		
Employer		Work #	Employer		Work #
Employer's Address			Employer's Address		
E-Mail			E-Mail		
Cell Phone			Cell Phone		
Host Family Information (School to Provide)					
Guardian's Names _____					
Address _____			Home Phone		
Employer		Work #	Cell Phone		E-Mail

This application does not assure final enrollment but provides information upon which a decision will be based.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother