



**CALVARY**  
BAPTIST SCHOOL

**INTERNATIONAL  
STUDENT  
APPLICATION**

## STUDENT DATA

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Last First Middle

Name That Student Prefers: \_\_\_\_\_ Gender:  Male  Female

Birth Date: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Ethnicity:  Chinese  Vietnamese  Korean  Other \_\_\_\_\_

Last grade successfully completed: \_\_\_\_\_ Grade Applying for \_\_\_\_\_ Start Date \_\_\_\_\_

Last School Attended: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has student been retained? \_\_\_\_\_ If yes, what grade? \_\_\_\_\_

Agent Name/Email Address: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Agent Address \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Email Address: \_\_\_\_\_

## HOST FAMILY INFORMATION

Host Father's Name: \_\_\_\_\_ Host Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Church: \_\_\_\_\_ Attendance:  Regular  Infrequent  No Attendance

**Host Father's Info:** Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

**Host Mother's Info:** Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Preferred Emergency Call #: \_\_\_\_\_ Referred by: \_\_\_\_\_

## EMERGENCY INFORMATION

List any health problems your student may have — i.e. seizures, diabetes, food allergies, asthma, etc.

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List any ongoing medications your student takes:

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Preferred Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Member ID \_\_\_\_\_

In case of an emergency and we cannot reach a parent or guardian, list the names and numbers of three other people whom we may contact:

1st Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2nd Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

3rd Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## ADMISSION CHECKLIST

The following items are necessary for enrollment to Calvary Baptist School and before I-20 is issued

- 1. A completed and signed application
- 2. A personal interview with the administrator including student and parents or guardian
- 3. Transcripts from previous school (must be sent prior to final acceptance - partial transcripts may be used in certain circumstances) (School Only)
- 4. Enrollment fee (\$2,500. Which includes a \$250 registration/I-20 fee and a \$2,250 deposit toward first year tuition)
- 5. Copy of Passport (A copy of the certificate will be made and placed in the student's file)
- 6. An up-to-date immunization record (One in every series to start school)
- 7. Physical
- 8. Dental
- 9. Bank Statement
- 10. Custody documents (if applicable)
- 11. Request for Transportation
- 12. Statement of cooperation
- 13. Student Discipline Record

**\*To complete the application process, the following must be submitted with this application:**

1. Enrollment fee of \$2500 (cash/check made payable to Calvary Baptist School (non-refundable)– credit/debit cards not accepted).
2. Parental Registration Statement: Affirmation of Prior Discipline Record

**\* A copy of the child's passport, visa and immunization record are to be submitted to the school office prior to the first day of school. By law your child cannot attend school until these items are on file.**

**\* The following immunizations are required by the state of Pennsylvania for a child to attend school:**

- 4 properly spaced doses of diphtheria and tetanus
- 3 properly spaced doses of hepatitis B
- 2 properly spaced doses of measles, mumps, rubella
- 2 properly spaced doses of varicella (unless the student had the disease which should be noted on the immunization record)
- Students entering 7th grade must also have dose of meningococcal (MCV) and tetanus diphtheria, and acellular pertussis (Tdap)
- Students entering 12<sup>th</sup> grade must have an additional dose of meningococcal (MCV)

**\*After admission the state of PA requires additional physicals to be done prior to entry of these grades:**

- Kindergarten
- 6<sup>th</sup> grade
- 11<sup>th</sup> grade

**\*After admission the state of PA requires additional dental exams to be done prior to entry of these grades:**

- Kindergarten
- 3<sup>rd</sup> grade
- 7<sup>th</sup> grade
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**\*Forms can be obtained from the school office. Please direct any medical form related questions to the school staff nurse.**

## FINANCIAL INFORMATION

International Student Tuition payment options:

- Yearly (payment due by August 20)
- By Semester (payment due by August 20 & January 1)

■ I am willing to make an extra monthly donation of  \$5.00,  \$10.00,  \$25.00, or  \_\_\_\_\_ to help fund the Calvary Baptist School Tuition Scholarship Program for needy students who would otherwise be unable to attend CBS.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

### For office use only

Received By / Date: \_\_\_\_\_ / \_\_\_\_\_ Check # (Cash) Amount: \_\_\_\_\_ / \_\_\_\_\_

Processed By / Date: \_\_\_\_\_ / \_\_\_\_\_ Trans. Req. Submitted: \_\_\_\_\_ / \_\_\_\_\_

Reg: \_\_\_\_\_ Cur: \_\_\_\_\_ Reo: \_\_\_\_\_ Ref: \_\_\_\_\_ Sch: \_\_\_\_\_ Spr: \_\_\_\_\_ Stat: \_\_\_\_\_ Int.Dep. \_\_\_\_\_

Int.Spr. \_\_\_\_\_