

New International Student Application

APPLICATION DEADLINES:

June 15 for August admission (fall semester) for 2017-2018 school
November 1 year for January admission (spring semester)

Please submit all documents by the above dates; failure to do so will delay the processing of the application. Send completed application to: jbirdwell@phoenixchristian.org or

Phoenix Christian Preparatory School

ATTN: Jaya Birdwell

International Programs

1751 W. Indian School Road

Phoenix, AZ 85015-5235 U.S.A.

mmcintire@phoenixchristian.org

Students should arrive in time for International Student Registration.

Required Application Documents

Application for Admission

Host Family Information Form

Scan:

Copy of Passport Information Page

Teacher Recommendation Form

Math Recommendation Form (Most recent Math teacher)

Confidential Statement of Financial Support

Bank Statement

Official English transcripts of all academic work completed from grade 7 to present

English Exam Report: Grades 11-12: a minimum score of 800 on the TOEFL Jr., Grades 9 – 10: 700 on the TOEFL Jr., Grades 6 – 8: 500.

Credit Card Information for \$250 Application Fee

SKYPE address _____

After acceptance scan:

Health History/Physical Examination Form

Immunizations Verification Form

Final Transcripts

Applicants who are selected for admission will be provided with the I-20 immigration document. Phoenix Christian Preparatory School is authorized under Federal law to enroll nonimmigrant alien students. When the student arrives, copies of the identification page of the student's passport and the student's copy of the I-20, will be made. TUITION AND FEES ARE NON-REFUNDABLE UNLESS VISA IS DENIED.

PHOENIX CHRISTIAN PREPARATORY SCHOOL

1751 W. Indian School Road, Phoenix, Arizona 85015-5235

Phone (602) 265-4707 FAX (602) 277-7170

www.phoenixchristian.org

INTERNATIONAL Student Application

2017-2018

Complete ALL information and include registration fee with your application.

(Please print or type)

DATE _____

Entering Grade: _____

STUDENT INFORMATION (Student must graduate by age 20)

1. **Student's Name** _____

Last

First

Middle Name

Address _____

home country Street Number

City

State/Provinces

Country

Postal Code

Phone: _____

Include country and city codes plus telephone number

Age _____ Date of Birth _____ Birth Country _____ Term Beginning _____

Sex: Male Female student's e-mail address _____

Skype Name: _____

PARENT (GUARDIAN) INFORMATION

2. **Father** _____

Last

First

Middle Initial

Address (if different) _____

City

State

ZIP

Cell Phone (____) _____

Phone: 011- _____

Include country and city codes plus telephone number

Fax: 011- _____

Include country and city codes plus telephone number

Employer _____ Work Phone _____

Occupation _____ Email Address _____

3. **Mother** _____

Last

First

Middle Initial

Address (if different from father) _____ Home Phone (____) _____

City

State

ZIP

Cell Phone (____) _____

Employer _____ Work Phone _____

Occupation _____ Email Address _____

Student lives with:

Mother & Father Mother Father Mother & Step-Father Father & Step-Mother

Other _____ Relationship _____

4. If parents are divorced or separated, where does student primarily reside? _____

Who has legal custody? _____

5. Name/age/school of other children in family:

1. _____
Name Age School

2. _____
Name Age School

Are there any other members of the student's family studying abroad? Yes No

If yes, where? _____

How did you hear about Phoenix Christian?

Name of Educational Consultant _____ e-mail _____

CHURCH / RELIGION INFORMATION

SPIRITUAL ADMISSION CRITERIA

Parent/s desires their child to attend a Christian school.

Parent/s acknowledges that the good news of Jesus Christ will be presented to their child.

Student is expected to be regular attendee of a biblically based church while attending Phoenix Christian.

Do Parent(s) desire their child to attend a Christian school? Yes No

What, if any, are parents' current religious beliefs?

What, if any, are student's current religious beliefs?

Is the student open to developing a personal relationship with Jesus Christ? Yes No.

ATTITUDE INFORMATION

ATTITUDINAL ADMISSION CRITERIA

- Demonstrate a strong desire to attend and become part of Phoenix Christian Preparatory School.
- Demonstrate an understanding and commit to following Phoenix Christian's policies and procedures.

9. Please list schools student currently attends or has previously attended:

<i>School Name, City, State or Province, Country</i>	<i>Phone Number</i>	<i>Dates</i>	<i>Grades Completed</i>

10. Has the student ever been suspended? Yes No Been expelled or asked to withdraw? Yes No
If yes, please give full details, including the principal's name and address of the school

ACADEMIC INFORMATION

ACADEMIC ADMISSION CRITERIA

- o A 2.3 grade point average on a 4.0 scale (equivalent to Phoenix Christian C average) during the student’s last year of school; standardized test scores may be considered. (7th – 12th grades)
- o Satisfactory academic performance at grade level. (1st – 6th grades)
- o No Failing grades on the student’s most recent school transcripts. * (All grades)

* A one time failing grade may not exclude a student from admission, but circumstances will be evaluated during admission process to determine if admission can proceed.

11. Has the student ever failed a grade? Yes No If so, please state grade and date _____

Reason:

12. Does the student have a learning disability? Yes No

13. Has the student been in a special education program? Yes No If yes, please describe:

14.

	Yes	No	If yes, please explain your current attitude toward and/or use of the substances
Has the student ever used			
Alcohol			
Tobacco (any form)			
Illegal Drugs			

15. Please rate the student’s interest in attending PCUS? (circle one) 0=none 10=very interested 0 1 2 3 4 5 6 7 8 9 10

Financial Commitment

Our family understands and agrees to submit complete and timely tuition payments: Yes No

Supplemental Charitable Commitment

- o Phoenix Christian is committed to providing the best quality Christian education possible while striving to maintain affordable tuition rates.
- o The cost in securing the best educators and a comprehensive education experience (music and fine arts programs, athletic and mission programs, competitive teacher salaries and technological advancements) is a constant budgetary challenge- not fully covered by tuition and fees.
- o We ask your family to partner with us in bridging the gap to reduce this shortfall (approximately \$1000 per student/school year). Will you commit to giving a tax deductible donation to Phoenix Christian?

Our family understands this challenge and will commit to making a charitable donation.

Yes No

USE OF PICTURES CONSENT

Many pictures of students are taken at Phoenix Christian during the year for use on our web site and in various promotional materials. By enrolling in Phoenix Christian you give the school permission to use pictures of your student. If you do not wish to have your student's picture used, you must notify the school office in writing.

DISCIPLINARY ACTION

- Intentional violation of any portion of the Responsible Use Policy will result in total, permanent loss of access to the Phoenix Christian computers and their respective hardware, software, devices and connections.
- First time, unintentional violators of the Responsible Use Policy, withholding damage, will result in temporary loss of all privileged use of the Phoenix Christian computers and their respective hardware, software, devices and connections.
- First time, unintentional violators of the Responsible Use Policy, specifically regarding damage, will result in temporary loss of all privileged use of the Phoenix Christian computers and their respective hardware, software, devices and connections, and will result in full financial restitution being made.
- Repeat violators of any portion of the Responsible Use Policy will result in total, permanent loss of access to the Phoenix Christian computers and their respective hardware, software, devices and connections and will additionally be subject to disciplinary action as stated in the PCUS Student/Parent Handbook.

PHYSICAL EDUCATION PROGRAM WAIVER

The undersigned parent(s) and/or guardian(s) of the student named above, each individually, jointly, and severally, do herewith waive any and all liability or obligation on the part of Phoenix Christian Unified Schools in connection with the participation of the undersigned student in the physical education program of Phoenix Christian Unified Schools.

It is the purpose of this waiver to relieve and hold harmless Phoenix Christian Unified Schools from any and all liability in the event the parent(s) and /or guardian(s) of the undersigned student shall fail to obtain a report of a physical examination of the student prior to his/her participation in the physical education program, where such physical examination would or might have revealed a physical deficiency or condition which might contribute to the injury or harm of the undersigned student while the student is a participant in any physical education program of Phoenix Christian Unified Schools.

SPORTS CONSENT

I, we, and each of us individually, jointly and severally, agree to allow the student named above to participate in organized athletics, realizing that such activity involves the potential for injury that is inherent in all sports. We acknowledge that even with the best coaching and supervision, the use of the most advanced protective equipment and strict observance of all rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

Understanding each of these facts as stated above, we acknowledge that we have read and understand these warnings, and herewith grant our permission for the student named above to participate in organized sports at Phoenix Christian Unified Schools.

GRADE REPORTS

Grade reports are available **online**. Each parent or guardian is given a user I.D. and password in order to access their student's records. Please contact Phoenix Christian, ibirdwell@phoenixchristian.org to access grade and attendance reports online. Semester grades will be mailed to student's local host family.

REFUNDS

Tuition and fees are non-refundable unless visa is denied. No refund of tuition or fees is given if student leaves Phoenix Christian after enrollment for disciplinary or academic reasons.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Date

INTERNATIONAL STUDENT RULES:

- Students must obey the laws of the United States and their home country. They must represent their country in a positive manner.
- Students are not permitted to purchase or drink alcoholic beverages.
- Students are not permitted to purchase or use tobacco products.
- Students are not permitted to use illegal drugs or to abuse drugs of any kind.
- Students may not get tattoos or body piercing while attending PC.
- Sexual immorality is not allowed. Those activities include sexual contact, possessing or using sexually explicit materials (printed materials, videos/cd's, internet sites, etc.), or visiting pornographic shops or adult theaters.
- Students are not permitted to possess dangerous weapons of any type.
- Each student must live with a Host Family (unless other arrangements have been made and approved) students may not change host families at will.
- Students must show respect for their host families by following family rules, voluntarily helping with family chores, and maintaining confidentiality regarding the families' private concerns.
- **Students are expected to attend church services with host family.**
- Students must follow school rules, attend school daily, complete all school assignments, and make satisfactory progress toward graduation.
- Students must cooperate with school policies as outlined in the *PCUS Student/Parent Handbook* and must cooperate with teachers and school authorities. Students must show respect for all faculty and staff and follow their instruction.
- Student must not use inappropriate language.
- Students may not take co-ed overnight trips without an approved adult chaperone.
- Students must agree with and obey the academic integrity policy.

STUDENT STATEMENT

By signing this application, I am indicating that I fully understand the rules of behavior as outlined in the "Student/Parent Handbook" (located online at www.phoenixchristian.org) and that these rules apply for the entire year, on and off the Phoenix Christian campuses. I further understand that the rules and regulations are subject to revision by the school at any time, and that **each student/family is expected to be familiar with current school rules**. I agree to abide by the rules and regulations of the school currently in effect at any given time. I also realize that if I break the rules, my continued enrollment will be subject to immediate review and my visa may be terminated.

Student Signature _____

Date _____

PARENT (GUARDIAN) STATEMENT

I/We understand and agree that Phoenix Christian Unified Schools are private evangelical Christian schools where enrollment is a privilege and not a right. I/We certify by signature below that I/we understand the general rules and regulations that are published in the "Student/Parent Handbook" (located online at www.phoenixchristian.org). I/We further understand that the rules and regulations are subject to revision by the school at any time, and that each student/family is expected to be familiar with current school rules. I/We agree to abide by the rules and regulations of the school currently in effect at any given time. In the role as parent and/or guardian, I/we promise to enforce these rules. I/We understand and agree that violations of any Phoenix Christian rules and regulations will be dealt with by the school Administration and may result in expulsion from Phoenix Christian. In addition, I/We agree to accept full responsibility for all obligations that may result from injury incurred by student as a result of participation in any school-sponsored activity. If I/We cannot be contacted in an emergency, call the physician listed and follow his/her instructions. If the school cannot contact anyone listed, the school is authorized to act in whatever manner is deemed appropriate by school personnel. I/We also agree to comply fully with the financial requirement of the school regarding payment of tuition and understand and agree that the student may be removed from the school if tuition payments become delinquent.

MEDICAL AUTHORIZATION

We, the Parent(s) / Legal Guardian(s), consent and authorize Phoenix Christian or any adult Host Family member to obtain any medical, dental, surgical, psychological, psychiatric or hospital care, deemed necessary by any health care provider, for the health, treatment and care of this international student ("Student") during Student's participation in Phoenix Christian's International Program. We further understand that we are obligated to inform Phoenix Christian of any significant changes to the Student's health conditions that may occur after the signature of this document. The Parent(s) / Legal Guardian(s) authorize the health care provider to release all health care records related to the Student to Phoenix Christian and the student's host parent while the Student is participating in Phoenix Christian's International Program.

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Date

Phoenix Christian Unified Schools admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

STUDENT ESSAY

Name of Student _____

Please write a 100 word response in English to each of these questions. Attach additional pages as needed.
Must be in student's own handwriting.

1. What do you promise to do in order to do well academically at Phoenix Christian?

2. How would you deal with pressure to cheat or help other students cheat?

3. What specifically will you do to become a active be a part of your host family?

Student Signature

Date

PHOENIX CHRISTIAN PREPARATORY SCHOOL

Attn: Jaya Birdwell, jbirdwell@phoenixchristian.org

Telephone 602-265-4707 x 266—FAX 602-277-7170

TEACHER RECOMMENDATION

I. TO THE FAMILY:

Please complete this section and submit the form to your teacher to complete and return.

Student / Applicant Name _____

Family Name _____

Family City and Country _____

Telephone _____ Email _____

DEAR TEACHER:

As part of the application process at Phoenix Christian Unified Schools, we ask our parents to obtain a teacher reference. By answering the following questions, you enable us to give clearer direction to families seeking entrance to Phoenix Christian. Therefore, please complete the following section. Thank you for your assistance.

1. How long have you known applicant? _____ In what capacity? _____

2. Description of applicant (*circle all that are applicable*)

Behavior well-behaved, needs discipline, respects authority, does not respect authority, ambitious, over aggressive, retiring

Peer Influence very good, good, indifferent, bad, very bad

Attitude emotionally stable, emotionally erratic, optimistic, pessimistic, self-centered, considerate

Characteristics studious, athletic, social, musical, mechanical, artistic

Leadership leader, follower *If a leader, what evidence has been demonstrated*

3. How would rate this applicant academically? (*circle one*)

above average, average, below average, capable of better work

4. Describe student's academic effort including following instructions, attentiveness, etc.

5. Have you known this applicant to use illegal drugs, tobacco, or alcohol? If so, please explain.

6. Would you recommend admitting this student to a Christian school?

yes no with reservations

7. Please use back of form for any additional information which you feel might help us in our evaluation

Printed Name/Signature/Position

Date

School

City, Country

Email

Phone

PHOENIX CHRISTIAN PREPARATORY SCHOOL

1751 W. Indian School Road - Phoenix, Arizona 85015-5235

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mmcintire@phoenixchristian.org

MATH PLACEMENT RECOMMENDATION

TO THE CURRENT / PREVIOUS MATH TEACHER

_____ has applied to Phoenix Christian Unified Schools for the next semester. For appropriate course placement, please indicate your recommendation for the level of math this student is academically prepared to study.

Recommendation for placement: **SELECT ONE ONLY**. See *placement guidelines*.

JUNIOR HIGH SCHOOL LEVEL

_____ Pre-Algebra

_____ Algebra 1

_____ Geometry

HIGH SCHOOL LEVEL

_____ Algebra 1 _____ Pre-Calculus

_____ Geometry _____ Calculus AB

_____ Algebra 2 _____ Calculus BC

_____ Algebra 2/Geometry same year

PLACEMENT GUIDELINES

Student has studied and understands:

Arithmetic, integers, number lines

Solving one-variable equations, graphing lines, area and volume

Solving and graphing systems of equations, quadratic equations, factoring polynomials, laws of exponents and radicals

Exponential and logarithmic functions, trigonometry

Limits and beginning derivatives

Limits, all derivatives, integrals

Place in this math class:

Pre-Algebra

Algebra 1

Geometry or Algebra 2 *note: able students may enroll in these courses in the same year. If this option not taken, student should enroll in Geometry first.*

Pre-Calculus

Calculus AB

Calculus BC

Signature: _____

Name (Printed): _____ **Date:** _____

School: _____ **Phone:** _____

Phoenix Christian Preparatory School

1751 W Indian School Road, Phoenix, AZ 85015 Phone: (602) 265-4707

Health History / Physical Examination 2017-2018



IMMUNIZATION VERIFICATION FORM

Student's Name:

Last _____ First _____ Middle _____
 Birth date _____ Sex _____ Grade _____

The required immunizations and number of doses are listed below. Please record the date of each required dose.

IMMUNIZATIONS	Dose #1 Month/day/year	Dose #2 Month/day/year	Dose #3 Month/day/year	Dose #4 Month/day/year	Dose #5 Month/day/year	Dose #6 Month/day/year
Diphtheria, Tetanus, & Pertussis (DtaP/DTP)	Required	Required	Required	Required	Required	Required
Polio Vaccine (IPV/OPV)	Required	Required	Required	Required		
H	Required	Required				
Hepatitis B (Hep B) Not required for 12 th grade	Required	Required	Required			
Tetanus	Within 10 years					
Varicella (Chickenpox) Check box if history of disease <input type="checkbox"/>	Required					
Meningococcal	Required					

I verify that this immunization record is accurate.

Physician's Signature: _____

Printed Name of Physician: _____ DO MD

Physician's City and country: _____

Telephone: () _____ Date _____

Email Address: _____

**PHYSICAL EXAM REQUIRED OF ALL 6th—12th GRADE STUDENTS
TO BE COMPLETED BY THE PHYSICIAN AFTER MARCH 1ST FOR THE FOLLOWING SCHOOL YEAR**

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Student's Last Name _____ First Name _____ Grade _____

List all expected sports participation: _____

Y	N	Has this student ever had...	Y	N	Has this student ever had...	Y	N	Has this student ever had...	Y	N	Has this student ever had...
		01. Allergies			11. Epilepsy (Seizures)			21. Elbow Injury			31. Migraine Headaches
		02. Anemia			12. Fainting			22. Knee Injury/Surgery			32. Mononucleosis
		03. Arthritis			13. Operations			23. Neck Injury			33. Rheumatic Fever
		04. Asthma			14. Hearing Trouble			24. Spine Injury			34. Scoliosis
		05. Back Pain			15. Heart Murmur			25. Wrist Injury			35. Sinus Trouble
		06. Concussion			16. Hepatitis			26. Fractures			36. Sore Throats (Chronic)
		07. Loss of Consciousness			17. Hernia (Rupture)			27. Joint Pain			37. Tuberculosis
		08. Diabetes			18. Hives			28. Kidney Trouble			38. Valley Fever
		09. Eczema			19. Dislocations/Sprains			29. Knocked Out			39. Other
		10. Emotional Problems			20. Ankle Injury			30. Menstrual Cramps			

PLEASE EXPLAIN COMPLETELY EVERY "YES" ANSWER ABOVE:

Medical / Behavioral issues to be aware of: _____

Height _____ Eyes _____ R _____ L (without correction) Hearing Screening _____
 Weight _____ Eyes _____ R _____ L (with corrective lens) R _____ L _____
 Heart _____ Lungs _____ Blood Pressure (right arm, sitting) _____
 Abdomen _____ Hernia _____ Pulse/Resting _____ 2 Min _____
 Spine/Neck _____ Hip/Knee _____ Ankle/Feet _____ Shoulder _____
 Elbow/Hands _____ Genitalia _____ Lymphatics _____
 Other _____

NOTE: If an immunization is administered during this exam, please attach a copy of the Patient Vaccination Record.

I certify that I have, on this date, personally examined the above student and that I have found no medical reason why this student should be disqualified from participating in all supervised athletics and physical education classes and activities except as specifically noted below:

Physician's Signature: _____ Date: _____

HOST FAMILY INFORMATION

Please complete this form, even if you do not plan to have a school-appointed host family.

Student's Name: _____

Father's Name: _____

**Attach picture
of student here**

Mother's Name: _____

City & Country _____

Date of Birth: _____ Nationality: _____

What are your favorite hobbies/sports/activities? _____

Please list any foods to which you are allergic: _____

Choose five words to describe your personality: _____

What type of host family would you prefer?

- American _____ No Preference Already have a host family (friends or relatives)

If you already have a host family (including relatives) with whom you wish to live, please provide the following information:

Host Family Name: _____

Host Family Address: _____

Host Family Telephone: _____

Email Address: _____ Cell Phone: _____

Name/address of church regularly attended _____

CONFIDENTIAL STATEMENT OF FINANCIAL SUPPORT FOR INTERNATIONAL STUDENTS

Student Name: _____

International students must present satisfactory evidence of adequate funds available to meet financial obligations at Phoenix Christian Preparatory School (PC). Your papers for obtaining a student visa will not be issued until this form and all application materials are received. Estimated minimum costs of attending PC for one academic year (10 months) **2017-2018** are:

H.S. Tuition *	\$20,800 (academic scholarships may be available)	Room and Board	\$9800
Application Fee	\$250	Host Family Placement Fee	\$100
		ESL Fees	\$350
		ESL Class (if required)	\$1000
<i>TOTAL = US \$ \$32,300 with ESL Class)</i>			

*Tuition and fees are subject to change by the School Board without prior notice. Room and board for additional months is prorated.

Applicant Information

Full Name _____
City, Country _____

Telephone _____ Country of Citizenship _____
Date of Birth _____

Source of Financial Support to meet **US \$32,300** requirement:

Funds from Family	US\$ _____
Funds from Private Sponsor (name: _____)	US\$ _____
Other: (specify: _____)	US\$ _____
Total (must be US \$32,300 or more)	US\$ _____

Official Certification of Sources of Funding

I certify that I have read the information provided by the applicant on this form; that it is a true and accurate statement, and that the funds described above are available.

I certify that I have read the information provided by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

Bank Official's Signature _____

Official stamp

Name of Bank _____

or seal of bank

Address of Bank _____

or agency

Parent's or Sponsor's Signature _____

Relationship to Applicant _____

Date* _____

Date* _____

Date must be no more than 6 months prior to the student's first semester.

Applicant's Signature

I certify that the statements given by me in this form are complete and accurate.

Student's signature

Furthermore, I take all financial responsibilities should

my source(s) of funding, as specified above, be interrupted or stopped I understand that providing false or misleading information can result in the denial of my application; or, if admitted, in my dismissal from Phoenix Christian Unified Schools and/or deportation from the United States.

Date _____