

New International Student Application

APPLICATION DEADLINES:

May 1 for August admission (fall semester) for **2010-2011** school year
Oct. 1 for January admission (spring semester)

Please submit all documents by the above dates; failure to do so will delay the processing of the application. Mail completed application to:

**Phoenix Christian Unified Schools
ATTN: Carol Stines
International Programs
1751 W. Indian School Road
Phoenix, AZ 85015-5235**

Students should arrive 3 to 5 days before the actual start of classes.

Required Application Documents

- Application Fee of \$250.00 (non-refundable), plus \$100 if requesting a host family.
- Birth Certificate** (with English translation) or **Passport Information Page**
- Completed **Application for Admission-International Student** – pages 2-7
- Teacher Recommendation Form** – page 8
- Principal/Counselor Recommendation Form** (Principal, Headmaster, School Counselor) – page 9
- Math Recommendation Form** (Most recent Math teacher) – page 10
- Health History/Physical Examination Forms** – pages 11 - 12
- Immunizations Verification Form** – page 13
- Host Family Information Form** (required) – page 14
- Confidential Statement of Financial Support for International Students**—page 15
- Official English transcripts** of all academic work completed from grade 7 to present
- Grades 8 – 12: a minimum score of 48 on the SLEP exam, Grades 5 – 7: 47 on SLEP test.**
(SLEP = Secondary Level English Proficiency). We also accept the **TOEFL** and the **IELTS**.

Applicants who are selected for admission will be provided with the I-20 immigration document. Phoenix Christian Jr/Sr High School and Phoenix Christian Elementary School are authorized under Federal law to enroll nonimmigrant alien students. When the student arrives, copies of the identification page of the student's passport, the student's copy of the I-20, and the I-94 arrival/departure card will be made.

For Office Use Only

Date Rec'd _____

Fee Paid _____

Ck# /Cash/CC _____

Multi Family _____

PHOENIX CHRISTIAN UNIFIED SCHOOLS

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

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

www.phoenixchristian.org

**INTERNATIONAL Student Enrollment Application
2010-11**

Complete ALL information and include registration fee with your application.
(Please print or type)

Entering Grade: _____

STUDENT INFORMATION

1. **Student's Name** _____
Last First Middle Name

_____ Street Number City State Postal Code Country

Phone: _____ Fax: _____
Include country, state, and city codes plus telephone number

Age _____ Date of Birth _____ Birthplace _____ Term Beginning _____

Sex: Male Female

PARENT (GUARDIAN) INFORMATION

2. **Father** _____
(circle one) Last First Middle Initial

Address (home country) _____

_____ City State ZIP Cell Phone (_____) _____

Phone: 011- _____ Fax: 011- _____
Include country, state, and city codes plus telephone number

Employer _____ Work Phone _____

Occupation _____ Email Address _____

3. **Mother** _____
(circle one) 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

3. _____
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? *(Please check all that apply)*

- Friend Alumni Church Internet/Website Educational Consultant*
 Other _____

*Name and e-mail address of Educational Consultant _____

CHURCH / FAITH INFORMATION

SPIRITUAL ADMISSION CRITERIA

- **Parent/s** desires their child to attend a Christian school.
- **Parent/s** acknowledges that the saving 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.
- **Student** must possess an openness to develop a personal relationship with Jesus Christ.

6. Does **Parent desire their child to attend a Christian school?** Yes No

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

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

9. 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 Unified Schools.
- Demonstrate an understanding and commitment to following Phoenix Christian's policies and procedures.

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

School Name & City

Phone Number

Dates

Grades Complete

School Name & City

Phone Number

Dates

Grades Complete

11. 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 2.0 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.

12. Has **the student** ever failed a grade? Yes No If so, please state grade and date _____
 Reason:

13. Does **the student** have a learning disability? Yes No

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

15.

	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			

16. 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

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 prayerfully consider how to partner with us in bridging the gap to reduce this shortfall (approximately \$500 per student). Please consider giving a tax deductible donation to Phoenix Christian.

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

Yes No

USE OF PICTURES CONSENT

Many pictures are taken at PC during the year of individual students and various groups for use on our website and in various promotional materials. Names will NOT be posted with any picture or group that appears on our website unless specific consent is granted in writing on a case by case basis. Please indicate your permission for Phoenix Christian Unified Schools to use your child's picture.

- Yes, you may use my student's picture** **No, please do not use my student's picture**

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, cstines@phoenixchristian.org to access grade and attendance reports online. Semester grades will be mailed to student's local host family.

REFUNDS

Tuition refunds are given only before the first day of the semester. Host family refunds are given with a 30 day notice.

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.

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.
- Sexual immorality is not allowed. Forbidden 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. Students may not change families or schools 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 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.
- Students must regularly attend church worship services.
- Student must not use inappropriate language.

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.

Parent (Guardian) Signature _____

Date _____

Parent (Guardian) Signature _____

Date _____

STUDENT ESSAY

Name of Student _____

Please select ONE of the following subjects, and write a 150-250 word response in English. Attach additional pages as needed. **Must be in student's own handwriting.**

- Describe a person you admire or who has influenced you in a positive way.
- Describe the qualities you like best about yourself.
- Explain the impact of an event or activity that has changed your life or your way of thinking.
- Describe your favorite place, and explain why it is important to you.

Student's Signature

Date

PHOENIX CHRISTIAN UNIFIED SCHOOLS

Attn: Carol Stines

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

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 Address _____

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 and return the form either by mail or fax. 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

NOTE: If you wish this information to remain confidential, please indicate by signing below.

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PRINCIPAL/COUNSELOR RECOMMENDATION

I. TO THE FAMILY:

Please complete this section and submit the form to your principal/counselor to complete and return.

Student / Applicant Name _____

Family Name _____

Family Address _____

Telephone (_____) _____ Email _____

DEAR PRINCIPAL/COUNSELOR:

As part of the application process at Phoenix Christian Unified Schools, we ask our parents to obtain a principal or counselor 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 and return the form either by mail or fax. 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. Has the applicant ever been suspended or dropped from school? yes no If yes, explain:

4. How would you rate this applicant academically? (circle one)

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

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

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

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

yes no with reservations

8. 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

NOTE: If you wish this information to remain confidential, please indicate by signing below.

Phoenix Christian Unified Schools
1751 W. Indian School Road
Phoenix, Arizona 85015-5235 USA
Telephone 602-265-4707 ext. 266 FAX 602-277-7170

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.

Please return this completed form directly to Phoenix Christian by mail or fax.

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

JUNIOR HIGH SCHOOL LEVEL

HIGH SCHOOL LEVEL

_____ Pre-Algebra

_____ Algebra 1

_____ Pre-Calculus

_____ Algebra 1

_____ Geometry

_____ Calculus AB

_____ Geometry

_____ Algebra 2

_____ Calculus BC

_____ Algebra 2/Geometry same year

PLACEMENT GUIDELINES

Student has studied and understands:

Place in this math class:

Arithmetic, integers, number lines

Pre-Algebra

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

Algebra 1

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

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.*

Exponential and logarithmic functions, trigonometry

Pre-Calculus

Limits and beginning derivatives

Calculus AB

Limits, all derivatives, integrals

Calculus BC

Signature _____ **Name (printed)** _____

School _____ **Date** _____

Email _____ **Phone** _____

PCUS HEALTH HISTORY / CONSENT FOR MEDICAL TREATMENT 2010—2011

Student's Last Name _____ First Name _____ Grade _____

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:

Date of last Tetanus Booster: _____

Name of Family Insurance: _____

Did you purchase School Insurance? Yes No

To which medicines/ foods is student allergic? _____

Medications now being taken: _____

YOU MUST INITIAL beside each medication you would like available to your student while at school. [JH/SH Students Only]

_____ Benadryl (or its generic equivalent) : 25 mg tablets recommended dose: 1-2 tablets every 4-6 hrs	_____ mended dose: 1 tablet initially; if pain does not respond, 2 tablets may be used
_____ Advil (or its generic equivalent): 200 mg tablets recom- mended dose: 1-2 tablets every 4-6 hours	_____ Sudafed (or its generic equivalent): 30 mg tablets 2-4 tablets hourly as needed
_____ Midol (or its generic equivalent): 200 mg tablets recom-	_____ Tylenol (or its generic equivalent): 325 mg tablets

The undersigned hereby give permission for the above named student to attend any school-related function for the period from August 1, 2010 to July 31, 2011. In the event there is any emergency involving him/her, permission is hereby granted for Phoenix Christian Unified Schools personnel to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon or dentist licensed to practice in any state, and school personnel shall not be held personally liable.

If emergency service involving medical action or treatment is required, and neither the parent nor guardian can be contacted, the undersigned herewith consents for the student named above to be given medical care by a doctor selected by the school. Any intentional omission or falsification of this form may subject the parent/guardian to full liability for any subsequent injury, or may cause the student to be removed from sports participation.

The undersigned gives consent for the above over-the-counter medications (if initialed above) to be administered by a designated school employee as needed, as determined by the employee. The parent/guardian must complete a written authorization form provided by the school for prescription medications that will be taken at school. All prescription medications must be turned in to the nurse's office in the container dispensed by the pharmacy.

Mother/Guardian Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Father/Guardian Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Name of Relative/Friend in Case You Cannot be Contacted _____ Relationship _____

Phone _____ Work Phone _____ Cell Phone _____

List any individual(s) who SHOULD NOT pick up and/or have contact with your student:

1. _____

2. _____

Signature of Parent or Legal Guardian
(Must Sign in Presence of Notary Public)

State of Arizona, County of Maricopa
Subscribed and sworn to before me

This _____ day of _____

Notary Public _____

My Commission Expires _____

PHOENIX CHRISTIAN UNIFIED SCHOOLS

1751 WEST INDIAN SCHOOL ROAD

PHOENIX, AZ 85015

(602) 265-4707 x 266 ♦ FAX (602) 277-7170

www.phoenixchristian.org

PHYSICAL EXAMINATION

Student's Name:

Last _____ First _____ MI _____

Birthdate _____ Sex _____ Grade _____

List all expected sports participation:

- 1. _____ 3. _____
- 2. _____ 4. _____

**PHYSICAL EXAM REQUIRED OF ALL STUDENTS
TO BE COMPLETED BY PHYSICIAN**

Height _____ Eyes _____ R _____ L (Without correction)
 Weight _____ Eyes _____ R _____ L (With corrective lens)
 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 _____

LABORATORY (*Only if specifically indicated or required*):

Dip Stick Urinalysis: Albumin _____ Sugar _____ Blood _____
 Urinalysis: Specific Gravity _____ React _____
 CBC: Hemoglobin _____ HCT _____
 Date of last Tetanus Booster: _____
 Other: _____

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: _____
 Printed Name of Physician: _____ DO MD
 E-mail Address: _____
 Physician's Address: _____

Telephone: (____) _____ Date _____

IMMUNIZATION VERIFICATION FORM

Student's Name:

Last _____ First _____ MI _____
 Birthdate _____ 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		
Measles, Mumps, & Rubella (MMR) 12 th grade—only 1 dose required	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					

I verify that this immunization record is accurate.

Physician's Signature: _____

Printed Name of Physician: _____ DO MD

Physician's Address: _____

Telephone: (____) _____ Date _____

Email Address: _____

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: _____

Address: _____

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)

Other (specify)

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 Unified Schools. 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 PCHS for one academic year (10 months) **2010-2011** are:

H.S. Tuition *	\$13,700	Room and Board	\$9000
Application Fee	\$250	Host Family Placement Fee	\$100
<i>TOTAL = US \$23,050</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 \$23,050** requirement:

Funds from Family	US\$ _____
Funds from Private Sponsor (name: _____)	US\$ _____
Other: (specify: _____)	US\$ _____
Total (must be US \$23,050 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 _____ <div style="text-align: center;"><i>Official stamp</i></div> Name of Bank _____ <div style="text-align: center;"><i>or seal of bank</i></div> Address of Bank _____ <div style="text-align: center;"><i>or agency</i></div> _____ _____ Date* _____	Parent's or Sponsor's Signature _____ Relationship to Applicant _____ Date* _____

**Date must be no more than 8 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. 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.	Student's Signature _____ Date _____
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