



INTERNATIONAL STUDENT APPLICATION FORM

STUDENT INFORMATION

Surname (Family Name):

Given Name (As printed on passport):

American Name (If desired): _____

Grade Application: _____

Date of Birth (MM/DD/YYYY): _____

Sex (circle one): Male/Female

Country of Birth

Country of Citizenship

Anticipated Date of Enrollment:

PERMANENT MAILING ADDRESS: HOME COUNTRY

Street: _____

City: _____ **State/Province:** _____

Country: _____ **Postal Code:** _____

Telephone: _____ **Email:** _____

LIVING ARRANGEMENTS WHILE STUDYING IN THE USA

_____ I will be residing with my parents or family relatives

_____ I will require a host family

Letter of Application: A written letter to Administration must be submitted along with this application explaining why the student wishes to attend Sioux Falls Christian Schools. Please include a statement about your faith and your understanding of attending a Christian School. All international students must receive approval from the Administration for admission.

FAMILY INFORMATION

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation _____

Address (if different from above)

Telephone: _____ Email: _____

EMERGENCY CONTACT PERSON IN HOME COUNTRY

Name: _____ Relationship: _____

Telephone: _____ Email: _____

LOCAL CONTACT PERSON IN USA RESPONSIBLE FOR STUDENT (IF AVAILABLE)

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email: _____

MEDICAL INFORMATION

General Health/ Physical Condition:

Is your child able to participate in a full Physical Education Program? _____ Yes _____ No

**Please note: A doctor's certificate is required for exemption from PE class, as this is a required subject.*

Does your child have any of the following?

_____ Diabetes

_____ Hearing Problem

_____ Heart Condition

_____ Asthma

_____ Vision Problem

_____ Contact Lenses

_____ Epilepsy

_____ Allergies

_____ Other

Briefly explain any conditions checked above:

Medical Coverage Policy Number:

Student must have proof of Insurance Coverage provided to the School before Arrival

Family Doctor:

ACADEMIC INFORMATION

Please list the **last two schools** the student has attended.

Name of School: Attendance:	Grades:	Location:	Dates of
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Has the student repeated any grades?

If "Yes" - Grade _____ Year _____

Does the student have any academic concerns? If so, please provide details:

Please attach all original plus officially translated **copies of transcripts** and/or **report cards** for the past **two** years.

ADDITIONAL INFORMATION

Has the student experienced any social concerns? (Please explain)

Please list student's interests and hobbies (examples: soccer, piano, cooking, etc.)

What is student's level of English Proficiency? Please provide test scores if available.

Is there anything else you wish to convey to the school in consideration of your application?

FAITH

Family Church Name:

Church Affiliation:

Is the Student a Christian?

Who is Jesus Christ to you? Answered by the Student:

*A successful experience depends upon the student making his/her best effort in every area of school life. The school reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the school's policies, outlined in the SFC Student handbook and/or International Student Guidelines. The handbook is on the Sioux Falls Christian website and students will receive a copy of the student handbook upon arrival. Please read and sign the **Expectations for SFC International Students form** and the **Participation Agreement**.*

*Please notify the **school immediately** of any change of address, telephone or fax number.*

Submission of an application to Sioux Falls Christian Schools does NOT guarantee enrollment.

Parent Signature

Date

Student Signature

Date

*Thank you for your interest in attending Sioux Falls Christian Schools.
We look forward to reviewing your completed application.*

OUR VISION

***"With God's Word as our Foundation, Sioux Falls Christian Schools
Will provide a Christ-Centered, Excellent Education,
Partnering with the Church and Home to
Equip Students for Service to Him."***

Document Checklist

Student Name: _____

Required Forms to be completed for the Application Packet include:

- _____ Application Form
- _____ Registration Fee Paid \$275
Non-refundable, Money Order, Cashier/Certified Check/Wire Transfer
If making a wire transfer, please contact Kim Shemon upon transferring so your account can be properly credited for payment. There is a \$50 fee for a wire transfer, so please make payment of \$325 if using this payment method.
- _____ Copy of Passport
- _____ All original plus officially translated copies of transcripts and/or report cards for the past two years.
- _____ Letter of Application
- _____ Spiritual Life Form
- _____ Documentation of English Proficiency & Test Scores if Available
- _____ Student Host Family Information Form

Required Forms to be completed for the Enrollment Packet include:

- _____ Expectations Form
- _____ Student Participation Agreement
- _____ Policy Agreement
- _____ Emergency Medical Treatment Authorization
- _____ Proof of Insurance - Translated to English
- _____ Immunization Records - Translated to English with Exact Dates

- _____ Counselor Referral Policy Form
- _____ Proof of Financial Support - A Bank statement translated to English with currency shown in US Dollars to cover the amount of tuition and fees.
- _____ Copy of Visa
- _____ Read parent/student handbook online at <https://docs.google.com/document/d/1mqfAiW0sQivJ6pZ20kekqFSHc60La41EW3zYhDKeRis/edit>
- _____ Registration Forms - *See note below*
- _____ Document Checklist Complete

Please note that additional paperwork will be required to complete the **General Registration Packet**. These will be provided when needed.

Full payment of Tuition and Fees is required by the First Day of Classes.

Immunization Records will be reviewed by our School Nurse. Any required immunizations that are needed must be completed prior to arrival or attendance in classes. If immunizations are still needed at time of arrival, they will be completed here with any financial cost being the responsibility of the student and their family.

Thank you for your careful attention to the above documents being submitted completely and in a timely manner. We want to ensure a safe and well-prepared arrival for the student. Your cooperation with the application, enrollment and registration process is greatly appreciated.

We look forward to welcoming you to Sioux Falls Christian and are here to answer any questions or help in any way to make your experience with us an excellent one!

Sincerely,

Kimberly Shemon
Global Student Ministries Director
kshemon@siouxfallschristian.org
605-334-1422