

1920 SOUTH BREA CANYON CUTOFF ROAD • WALNUT, CALIFORNIA 91789 909.598.9733 • WWW.SOUTHLANDSCS.COM

CONTACT: THERES A AGOPIAN - INTERNATIONAL REGISTRAR

INTERNATIONAL STUDENT APPLICATION

Receipt of this application by SCS does not automatically imply acceptance.

Admission form must be completed in FULL to be processed.

Grade Applying For:		NEW I-20	TRANSFER I-20	TRANSFER I-20 Date Comp		
PERSONAL INFORMATION						
Student's Full Legal Name: first	mido	dle last	Date of Birth:	Date of Birth: Age:		
Student's English "Nick Name":					☐ MALE ☐ FEMALE	
Guardian's Address (number & stre	et, city & s	state, zip):			•	
Guardian's Home Phone #:			Guardian's E-Mail Addre	ess:		
Student's Place of Birth (country):			Parent's E-Mail Address	S:		
Student's Passport Number:			Student's Passport Expi	iration Date:		
Ethnic Identity: African Am	erican	☐ Chinese☐ Taiwanese		Hispanic Other	☐ Japanese	
Language(s) student speaks:						
Student will live with: Guardian Guardian's Name: Homestay Homestay's Name: Cell Phone #: Cell Phone #:						
		Previous	S SCHOOL INFORMATION			
Name of School Last Attended: Phone #:						
School Address (number & street,	ity & state	e, zip):	F	AX#:		
Prior Years in Christian Schools:		Reason for Leav	ving:	\mathcal{N}		
Reasons for selecting Southlands:		TYC	7//			
		CHURCH INFORMATION	- THIS SECTION MUST BE COMPL	ETED		
Name of Church student will atte	nd in Calif	fornia:	Name o	of Pastor:		
Church Attendance: Regular (3-4 times per month) Occasional (1-2 times per month) Rarely (less than once per month) Never						
Student's statement of personal religious beliefs:						
		For O	PPICE USE ORLY			
Fee Rec'd: Check :	ŧ:	Cash:	Date:	Ву:	Amt. Due:	
Referral:	Referral: Final Interview:					
□ Accepted □ Non-Acceptance □ Conditional Acceptance □ Language Development □ Other:						
Decision notified:	Administrator's	s Signature:	Date:			

LOCAL	JALIFORNIA GUAR	DIAN INFORMATION—U.S	5.		
LOCAL CALIFORNIA MALE GUARDIAN		LOCAL	CALIFORNIA FEMALE GUARDIAN		
Full Name:		Full Name:			
Address:		Address:			
Home Phone #:		Home Phone #:			
Cell#:		Cell #:			
Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ S	☐ Widowed ingle	Marital Status: ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Single			
Employed by:		Employed by:			
Position / Title:		Position / Title:			
Employer's Address:		Employer's Address:			
Work#:		Work#:			
If Self-Employed, type of business:		If Self-Employed, type of business:			
Are you a Christian?		Are you a Christian?	☐ Yes ☐ No		
Available during school hours?)	Available during schoo	I hours?		
English speaking?		English speaking?	☐ Yes ☐ No		
If no, name of English speaking person to contact:		If no, name of English	speaking person to contact:		
Relationship to Student:		Relationship to Studen	t		
Phone #:		Phone #:			
	SIBLING IN	FORMATION			
If you have other students who will att	end Southlands C	Christian Schools this fa	III, please complete the following:		
Student's Name Age		Grade in the Fall	Relationship to Student		
1.					
2.					
3.					
4					

FINANCIAL RESPONSIBILITY AND CONTRACT AGREEMENT

LIST NAME OF PERSON RESPONSIBLE FOR SCHOOL ACCOUNT:

Name:		Relationship t	o Student:
		Last	
(if different from student)	Number & Street	City & State	Zip
Telephone #s: Home # ()	Work# ()Ce	II # ()
Employed by:		Position / Title	:
Employer's Address	Y		
Linployer or adress	Number & Street	City & State	Zip
		mediately contact the school if a delay is n ination of the student's attendance at South	
			Initial
entire school y	ear. A fee, as stated in the Handbook a	ook and Financial Rates for the school yeand Tuition and Fee Schedule, will be charg	
institution for a	ny reason.		Initial
If our child is it	in Grades 6 - 12, we understand that text	books must be purchased at an additional t	ee at the August book sale.
			Initial
benefit most s		e understand that formal admission is also cation. We further understand that rece a right to select or reject any applicant.	
			Initial
resolve disputes wi related to this Agree Christian Conciliatio controversy or clain	th each other in private or within the Chr ement shall be settled by Biblically-based on for the Association of Christian Concilia	ent believe that the Bible commands them istian church. Therefore, the parties agree mediation and, if necessary, arbitration in a ation Services. The parties agree that thes essly waive their right to file a lawsuit aga on.	that any claim or dispute arising out of or accordance with the Rules of Procedure for e methods shall be the sole remedy for any
			Initial
completed and the in the Parent/Stud	e full registration fee has been paid. A ent Handbook. Our signatures below	ent only and that space will not be re Il registration fees are NON-REFUNDAB, indicate that we have read and receive e responsible to meet our financial oblig	LE, except as stated in the refund policy d a copy of this Financial Contract and
Signature		Relationship	Date
Signature		Relationship	Date

STATEMENT OF COOPERATION
Your signatures on this application signify that, prior to enrolling your child at Southlands Christian Schools, you have received and or reviewed the Parent/Student Handbook containing school policies and agree to support and to be governed by its conditions. Initial
 We understand and agree to the following conditions of enrollment: To faithfully support Southlands Christian Schools through prayer and a positive attitude. To be supportive and understanding of he philosophy and goals of Southlands Christian Schools and their efforts to encourage and challenge our child to grow spiritually, academically, artistically, athletically and relationally. We understand that the best education is one that rests upon a strong home, a strong school, and a strong church. To discuss school concerns only with the people involved (parents, teachers, or administrators) and not around my/our child(ren). Matthew 18:15 To cooperate and support teachers and administrators in the enforcement of the policies and procedures of SCS. That it is the policy of the school to call the civil authorities and/or require drug testing in certain cases involving possession, use, or sale of narcotics. That it is the policy of the school to call the civil authorities in certain cases involving possession, use, or sale of weapons; in cases of suspected child abuse or molestation; and willful destruction of property. To not tolerate profanity, obscenity in word or action, dishonor of the Holy Trinity and the Word of God, disrespect against school personnel, parents or other students. To uphold and support high academic standards by providing a place at home for study and to encourage the completion of homework assignments. To support, attend, and participate in school-sponsored meetings and activities
WE AGREE TO IMMEDIATELY WITHDRAW OUR CHILD FROM SOUTHLANDS CHRISTIAN SCHOOLS FOR ANY OF THE FOLLOWING: Lack of regular attendance Continued school failure after appropriate counseling Failure to comply with additional requirements for the student Continued actions contrary to the accepted practice of the school Failure to meet financial obligations Possession of firearms or weapons Theft, vandalism, possession or use of alcoholic beverages or narcotics on or off campus or at a school function Scandalous or immoral conduct on or off campus or considered contrary to the moral position of our school

Seriously endangering fellow students or the reputation of the school on or off campus

only

Any action, by the student and/or parent, considered serious enough as determined by the Administration

Initial	
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S.I.y.	Initial
THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.	UPON ACCEPTANCE OF OUR STUDENT, WE AGREE TO

I give permission for my child's likeness and/or name to be used in printed advertisements or on ourwebsite for promotional purposes

THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE. UPON ACCEPTANCE OF OUR STUDENT, WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE SCHOOL AND AUTHORIZE THE SCHOOL TO ADMINISTER SUCH DISCIPLINARY MEASURES, AS MAY BE DEEMED NECESSARY AND PROPER BY THE ADMINISTRATION.

Signature	Relationship	Date
Signature	Relationship	Date

ATTENTION

YOU MUST CALL THE SCHOOL OFFICE IMMEDIATELY ONCE YOUR STUDENT RECEIVES THEIR F-1 STUDENT VISA.

ALL STUDENTS MUST MEET WITH THE PRINCIPAL WITHIN 48 HOURS OF ARRIVING IN THE UNITED STATES.

NO STUDENT WILL BE ALLOWED TO ATTEND SC	HOOL UNTIL THE FOLLOWING REQUIREMENTS HAVE BEEN MET:	
☐ MEET WITH PRINCIPAL	☐ RECEIVE COURSE SCHEDULE	☐ Purchase Textbook

SOUTHLANDS CHRISTIAN SCHOOLS operates and admits students of any race, color, national and ethnic origin and students are offered all rights, privileges and programs generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin of its educational policies, admissions policies, tuition assistance programs, athletic and other school administered programs.



I-20

EMERGENCY RELEASE

(Please PRINT all information—California contacts ONLY)

Student's Name			Grade	Date of birth
Fi	rst Middle	Last	English "nick name"	
So. Cal. Address	Chroni		Cit.	Zip
			City	·
Guardian's Home Phone:			_ Host Family's Home Phone	e:
Male Guardian's Name	Employer's Name & C	City	Work Phone No.	Cell No.
Female Guardian's Name	Employer's Name & C	Dity	Work Phone No.	Cell No.
MY CHILD TO ANY	ONE OF THE PERSONS LISTED	BELOW. STUDEN	TURAL DISASTER, I GIVE PERMISSIO NTS WILL BE RELEASED ONLY TO P ENGLISH SPEAKING CONT	
NAI	ИE		PHONE	RELATIONSHIP
1)				
2)				
ize and consent to any x-ray advisable by and is to be rend under the provisions of the m the State of California, Depart or hospital care being require best judgment may deem ad	examination, anesthetic, modered under the general or sedicine practice act and on the timent of Public Health. It is doubt is given to provide autivisable. It is understood the treatment will not be with	edical or surgical supervisions the staff of any understood that thority and power at effort shall be	al diagnosis and treatment and e ion of any member of the medica acute general hospital holding a t this authorization is given in adver to render care which the aforer a made to contact the undersigne	entioned child, a minor, do hereby author emergency hospital care which is deemed a staff and emergency room staff licensed current license to operate a hospital from ance of any specific diagnosis, treatmen mentioned physician in the exercise of his ed prior to rendering treatment to the path authorization is given pursuant to the
Date of Last Tetanus Booster	·	Allergies:	·	
List any Restrictions:				
Special needs:				
Medications:				
Physician's Name:			Phone Numbe	er ()
Address	Street		City	Z ip
We give permission to Sou	thlands Christian Schools	to administer 1	YLENOL to this child if it is de	stermined to be needed? Yes No
Signature of Parent or Legal (No.



I-20 HIGH SCHOOL STUDENT QUESTIONNAIRE 2009-2010

This form must be <u>completed by all High School students</u> and submitted with the completed Admissions Application.

PLEASE PRINT

☐ Returning Student ☐ New Student	
If returning student, how many years have you attended South	alands Christian Schools?
Grade entering:	Current date:
First Name:	Last Name:
Address:	City & State Zip
Home Phone: ()	Student Cell: ()
Student Email Address:	
SECTION	ON ONE
1. Do you sleep at the above address four or more days per w (If you answered NO, please indicate your alternate reside whom you reside.)	
Name:	Phone:
Address:	Relationship:
2. What are your educational goals in life?	
3. Are you willing to commit yourself to disciplined study an participation in Southlands Christian Schools?	d organization of your time that will be required by
4. If you came to SCS, who would pay your tuition?	

			SEC	CTION	Two		
1. Do you consider yourself t	o be a Chri	istian?	☐ Yes		No	If "Yes" in	ndicate the basis for your belief:
2. Why are you interested in	attending S	outhla	nds Chris	stian S	chools	?	
3. Are you willing to commit Please explain:	3. Are you willing to commit yourself to obedience to Jesus Christ in all aspects of your life? Yes No Please explain:						
4. How would you rate your grades as a student? A B C D F							
5. Do you smoke? Yes	□ No	Do	you drink	c? 🗖	Yes	□ No	Do you use drugs?
6. Have you made up your m	ind to save	yourse	lf sexually	y for yo	our spo	use?	
7. What style of music do you	u listen to?						
8. What are your favorite TV	shows?						
9. What personal goals have	you set for	your lit	fe?				
10. How would you rate your	rself in rega	ards to 1	the follow	ring fac	tors?		
	<u>High</u>			L	<u>.ow</u>		
Friendship	1	2	3	4	5		
Honesty	1	2	3	4	5		
Scholarship	1	2	3	4	5		
Dedication	1	2	3	4	5		
Loyalty	1	2	3	4	5		
Love of God	1	2	3	4	5		
Relationship with parents	1	2	3	4	5		
Church involvement	1	2	3	4	5		
Leadership	1	2	3	4	5		
11. Is there anything that you indicated above which you would like to explain?							
12. What would you consider	to he the 1	most im	nortant th	ning in 1	life?		
12. What would you consider	to be the i	nost m	portunt in	g			
13. What hobbies or athletic skills do you have interest in?							
I have read Southlands Christian Schools Parent/Student Handbook containing the school policies, including the dress code and discipline policies. I agree to conduct myself in such a manner as to conform with these policies to the best of my ability.							

Date

Student Signature



I-20 MIDDLE SCHOOL STUDENT QUESTIONNAIRE 2009-2010

This form must be <u>completed by all Middle School students</u> and submitted with the completed Admissions Application PLEASE PRINT

☐ Returning Student ☐ New Student				
If returning student, how many years have you attended South	alands Christian Schools?			
Grade entering:	Current date:			
First Name:	Last Name:			
Address:	City & State Zip			
Home Phone: ()	Student Cell: ()			
Student Email Address:				
SECT	ION ONE			
1. Do you sleep at the above address four or more days per w (If you answered NO, please indicate your alternate reside whom you reside.)				
Name:	Phone:			
Address:	Relationship:			
2. What are your educational goals in life?				
3. Are you willing to commit yourself to disciplined study an participation in Southlands Christian Schools?	d organization of your time that will be required by			
4. If you came to SCS, who would pay your tuition?				

				SEC	TION TWO	1	
Do you consider yourself	to be a C	hristian?	□ Y	es	□ No	If "Yes" indi	cate the basis for your belief:
2. Why are you interested in	attending	g Southla	ands Ch	ristia	n Schools?	,	
3. Are you willing to commi Please explain:	t yourself	f to obed	ience to	Jesus	Christ in al	ll aspects of y	your life?
4. How would you rate your	grades as	s a stude	nt?		A	В	C D F
5. Do you smoke? Yes	□ No]	Do you	drink?	☐ Yes	□ No	Do you use drugs?
6. What style of music do yo	u listen t	o?					
7. What are your favorite TV	shows?						
8. What personal goals have	you set f	or your l	ife?				
9. How would you rate yours	self in reg	gards to t	the follo	wing f	factors?		
	<u>High</u>				Low		
Friendship	1	2	3	4	5		
Honesty	1	2	3	4	5		
Scholarship	1	2	3	4	5		
Dedication	1	2	3	4	5		
Loyalty	1	2	3	4	5		
Love of God	1	2	3	4	5		
Relationship with parents	1	2	3	4	5		
Church involvement	1	2	3	4	5		
Leadership	1	2	3	4	5		
10. Is there anything that you	ı indicate	d above	which y	ou wo	ould like to	explain?	
11. What would you conside	r to be th	e most ii	nportant	thing	g in life?		
12. What hobbies or athletic	skills do	you hav	e interes	t in?			
							school policies, including the dress code with these policies to the best of my ability.

Date

Student Signature



FAMILY INFORMATION 2009-2010

The following information will be used by Southlands Christian Schools (SCS) and the Association of Christian Schools International (ACSI) to assist in meeting the changing needs of students and families. SCS operates and admits students of any race, color, national and ethnic origin, and students are offered all rights, privileges and programs generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin of its education policies, admission, policies, tuition assistance programs, athletic and other school administered programs. This information will not be shared with any other institution.

1.	Parent/Guardian in home?		7.	Ethnic Background?	
	☐ Father	☐ Mother		Father	
	☐ Guardian			☐ African-American	☐ Indian
				☐ Caucasian	☐ Japanese
2.	Age?			☐ Chinese	☐ Korean
	Father	Mother		☐ Filipino	☐ Taiwanese
	☐ Under 20	☐ Under 20		☐ Hispanic	☐ Other
	2 0-29	2 0-29		Mother	
	3 0-39	3 0-39		☐ African-American	☐ Indian
	4 0-49	4 0-49		Caucasian	☐ Japanese
	□ 50-59	□ 50-59		☐ Chinese	☐ Korean
	☐ 60 or older	☐ 60 or older		☐ Filipino	☐ Taiwanese
				☐ Hispanic	☐ Other
3.	Level of Education?				
	Father	Mother	8.	Which best describes your o	occupation?
	☐ High School Diploma	☐ High School Diploma	٠.	Father	, ce upution.
	☐ Associate's Degree	☐ Associate's Degree		☐ Laborer	☐ Clerical
	☐ Bachelor's Degree	☐ Bachelor's Degree		☐ Military	☐ Professional
	☐ Master's Degree	☐ Master's Degree		Other	
	☐ Doctorate	☐ Doctorate		Mother	
				☐ Laborer	☐ Clerical
4.	Which best describes your place	ce of residence?		☐ Military	☐ Professional
	Rent	☐ Own		Other	
			9.	Which best describes the inc	come level in your home?
5.	Ages of the children in your ho	ome?		☐ Under \$20,000	\$100,000 - \$149,000
	☐ 0-5 years of age	☐ 6-12 years of age		\$20,000 - \$49,000	\$150,000 - \$199,000
	☐ 13-18 years of age	Over 18 years of age		\$50,000 - \$79,000	■ \$200,000 or more
				\$80,000 - \$99,000	☐ Decline to Answer
6.	What is your church affiliation	1?			
	☐ Baptist	☐ Catholic			
	☐ Lutheran	☐ Methodist	10.	Is this the student's first yes	ar of enrollment?
	☐ Non-Denominational	☐ Other		☐ Yes	☐ No



Step #2: Guardianship Authorization Form

Father's full legal name Mother's	full legal name Minor's full legal name	birth date
Power of Attorney for Legal Guardians	ship of this child to & Legal Guardian(s)'s full legal nar	me(s) WI
erify is either a U.S. Citizen or Perma	nent Resident (please circle one), and lives in the lo	ocal area of school
nt's Foreign Address:		
City:	Province/Territory:	
Postal Code:	Country:	
Phone:	Phone:	
Email:	Email:	· · · · · · · · · · · · · · · · · · ·
	18 must live with an adult at all times. It is the recomr	
s of age or a married couple. If at a	adult at all times. The Administration recommends the ny time the legal guardian, designated above, is office must be notified immediately with the name	out of the immed
s of age or a married couple. If at an more than 24 hours, the school c stitute care giver who has also bed		out of the immed e and numbers ify the school of
s of age or a married couple. If at an more than 24 hours, the school c stitute care giver who has also bed	ny time the legal guardian, designated above, is office must be notified immediately with the namen given power of attorney by the parents. Not NY of this information. FAILURE TO COMPLY TO ANY	out of the immed he and numbers of ify the school of
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