



Stockdale Christian School

4901 California Ave. Bakersfield, CA, 93309 • 661-327-3927 • www.stockdalechristian.com

International Student Application

All Information Must Be Fully Completed

Please Include with Application:

1. Copy of Passport
2. Personal Essay in English
3. Entrance Interview Skype ID (_____)
4. Copy of Immunization
5. Transcript (if applicable)

Student Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female English Name: _____

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____

Is a language other than English spoken at home? ☐ Yes ☐ No If yes, what language? _____

When did you start learning English? _____

Where did you learn English? ☐ School ☐ English Academy ☐ English Camp How long did you go? _____

Name of School _____ Location _____

Name of Academy _____ Location _____

Name of Camp _____ Location _____

How did you hear about Stockdale Christian School? _____

Reason for I-20 (check one):

- ☐ Initial Attendance at Stockdale Christian School
☐ Continued Attendance at Stockdale Christian School
☐ School Transfer From: _____

Foreign Address: _____

City: _____ Postal Code: _____ Country: _____

US Address where student will live: _____

City: _____ State: _____ Zip: _____

Applying for Grade: _____ Length of time student plans to attend Stockdale Christian School: _____

Applicants's current or most recent school: _____ Grades Attended: _____

Address of school: _____ City, State & Zip: _____

Applicant's previous schools: _____ Grades Attended: _____

Family Information:

Father's Full Name: _____

Address: _____ City, State & Zip: _____

Place of Employment: _____ Position or Title: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Mother's Full Name: _____

Address: _____ City, State & Zip: _____

Place of Employment: _____ Position or Title: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Please indicate below the person to whom you have delegated the responsibility to act in all matters concerning your child and the school. This person must agree to give your child the necessary guidance and supervision to assure satisfactory attention to school-work, attendance and the rules of the school.

Full Name: _____

Address: _____ City, State & Zip: _____

Place of Employment: _____ Position or Title: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Please indicate below the person(s) with whom your child will live:

Full Name: _____ Relation to Student: _____

Address: _____ City, State & Zip: _____

Place of Employment: _____ Position or Title: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Information:

Are there any special health problems of which the school should be aware? _____

Person(s) Authorized* to pick up student: _____

Local Emergency Contacts: Full information required by Stockdale Christian School:

First Emergency Contact Name: _____

Address: _____ City, State & Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Second Emergency Contact Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Religious Information:

1. What is your religious faith? _____

2. Church attending: _____

3. Who does your child attend church with? _____

4. Please give a statement regarding your personal experience with Jesus Christ:

5. What do you want your child taught about God? _____

I understand that my child(ren) will be taught the Christian religion as explained in the Holy Bible.

Parent Signature: _____

Miscellaneous

1. Upon acceptance of my/our child as a student at Stockdale Christian School, the Application shall become a binding contractual obligation with Stockdale Christian School.
2. Tuition is to be paid in full within 3 days of acquiring student visa. Regardless of the circumstances, all tuition and registration fees are not refundable, nor are they transferable to another student.
3. By signing below, I/we:
 - agree with the schools Mission Statement and Statement of Faith.
 - authorize Stockdale Christian School to contact the applicant's previous school(s) and teacher(s) to obtain previous academic records and any other information Stockdale Christian School deems relevant to process this application.
 - authorize Stockdale Christian School to obtain immediate medical care for our child if any emergency occurs, if we, as parent(s) and guardian(s) of our child, cannot be located.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____