

Vermont Christian School

International Student Enrollment Process and Application



International Student Admission Process

1. Prospective international student completes this enrollment application.
2. Phone interview is set up with Cristina at 310-534-0260.
3. Upon approval, student submits \$1,000.00 USD enrollment fee to cristina@thevermontschool.com through PayPal
4. Vermont Christian School accepts or denies student admission
5. Sponsor or parents must submit an Affidavit of Support and provide evidence of ability to meet student's financial needs. (**Bank statement** or copies of **income tax** returns will do.)
6. Vermont Christian School issues I-20 for accepted students and delivers it to student through DHL letter delivery.
7. Student takes I-20 and applies for F-1 Visa with American embassy/consular office.
8. International student communicates to Vermont Christian School when his/her visa has been approved.
9. Student pays first year tuition in full upon arrival to school.

International Student Application

School Year <u>20</u> - <u>20</u>
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Entering Grade Level at Vermont (circle)											
K	1	2	3	4	5	6					
			7	8							
9	10	11	12								

For office use only	
Date Registered	_____
Date Started	_____
Check #	_____
Amount \$	_____

Student Information:

Name: _____ Sex (circle one) M F
Last Name First Name Middle Initial

Address _____

City _____ Province _____ Country _____

Zip(Postal Code) _____ Phone Number _____

Date of Birth _____ Language(s) Spoken _____

Academic Information

Last School Attended

Name of School _____ Phone _____

Address _____ City _____ State/Province _____

Country _____ Zip Code / Postal Code _____

Reason for leaving previous school

Has the student ever been dismissed or withdrawn, or been suspended from any school for any reason? No Yes (explain)

Emergency Contact (if guardian / parents cannot be reached)

Name_ Phone_ Alternate Phone_

Does the student have any clinically diagnosed learning disabilities? No Yes (If "yes", please explain)

Are there any special medications or limitations your child has that we need to be aware of?

(Medication)

(Condition)

(Medication)

(Condition)

Please use the space below for any other pertinent information about your child or family situation that would assist us in meeting our shared commitment to your child.

- Please attach official transcripts (last two years of school) translated to English with this application
- Please include one recommendation form completed by a school administrator or counselor with this application.

Student's Interests

Athletics: Specify

Choir / Band: Instrument

Clubs Other

How did you hear about Vermont Christian School?

from our current school

from a current VCS family

from our church

- from a currently enrolled sibling
 from the website/internet
 from a VCS mailer/brochure
 from a newspaper/magazine ad (specify) _____
 other _____

CONTRACTUAL AGREEMENT:

Must be completed and signed by the parent(s) and/or guardian(s)

We the undersigned:

I. Agree to fulfill all financial obligations.

- A. Tuition and fees will be paid upon arrival to America and before the student may begin classes.
- B. In the event of withdrawal or dismissal, all fees are non-refundable and annual tuition will be charged

II. Agree to abide by Vermont Christian School’s guidelines as outlined in the Student Handbook which can be found on www.vermontchristianschool.com under Forms

IV. Agree to abide by Vermont Christian School’s Technology Use Policy. (Found on www.vermontchristianschool.com under Forms)

V. Acknowledge that students’ images may be used for promotional purposes unless this is declined in writing before classes begin.

Father’s Signature (Male Guardian) _____ Date _____

Mother’s Signature (Female Guardian) _____ Date _____

Student’s Signature _____ Date _____

NOTICE OF NON-DISCRIMINATORY POLICY Vermont Christian School does not discriminate on the basis of gender, race, color, national or ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship programs, athletic and other school administered programs.

TEACHER/COUNSEL OR ADMINISTRATOR RECOMMENDATION FORM

STUDENT'S NAME: _____

REFERRING INDIVIDUAL NAME _____

POSITION / TITLE: _____

Please rate the above named student's preparation and potential by using the following scale:

RATING EXPLANATION

5 ~ Excellent 4 ~ Above Average 3 ~ Average 2 ~ Below Average

1 ~ Poor ~ 0 ~ Needs special help N/A Not Available

CATEGORIES

Overall academic capabilities _____ Standardized test results indication _____

Application of capabilities _____ Oral communication skills _____

Written communication skills _____ Self-Discipline _____

Relates well with peers _____ Respects school rules _____

Respects Parents _____ Accepts discipline _____

Overall classroom behavior _____ maturity _____

Do parents support teachers and reinforce discipline? YES / NO

Have parents met financial obligation to school? YES / NO

If no, please explain: _____

__ I recommend this student: __ Strongly __ Fairly Strongly __ With reservation

__ I do not recommend this student.

Explanation

Signature of Teacher or Administrator: _____ Date: _____

School _____ City _____ Country _____