



HORIZON CHRISTIAN SCHOOLS

Application for International Admission 2010-2011

PERSONAL INFORMATION

Student Last Name: First: American Name:

Date of Birth: Place of Birth:

Student's E-mail Address: Student's Cell Number (if applicable):

Grade Applying For: Age: Sex: M F Ethnicity:

School Last Attended: Grade Completed:

School Address: School Phone Number:

Has your child ever been dismissed, suspended or disciplined for disruptive or violent behavior?

How did you hear about Horizon Christian School?

PARENT INFORMATION

Who has legal custody of the student? Dad & Mom Dad only Mom only joint custody legal guardian

Father's (or Guardian) Last Name: First:

Address:

E-mail Address: Phone Number: Cell Number:

Employer: Occupation: Work Number:

Mother's (or Guardian) Last Name: First:

Address (if different from father's):

E-mail Address: Phone Number: Cell Number:

Employer: Occupation: Work Number:

Do you have other children at Horizon Christian School?

HOST FAMILY INFORMATION -

What kind of host family are you looking for?

CURRENT HOST FAMILY - OFFICE USE ONLY:

HOST FAMILY NAME: HOME PHONE:

ADDRESS: CELL PHONE:

STUDENT RELEASE INFORMATION

1. HCS has my permission to take my child on school sponsored, pre-announced field trips.
2. HCS has my permission to have my child's name or picture published.
3. I authorize the school staff to seek medical attention for my child in the event of sudden illness or accident.
4. I understand that encouraging my student's admission by withholding information or presenting false information is grounds for student dismissal.
5. If needed, persons listed as emergency contacts have permission to take my child off campus because of illness, injury or other unusual circumstances
6. I understand that the application fee for new students and the registration fee are non-refundable and non-transferable.
7. I understand the financial policies included in this registration packet.
8. Billing choice: One payment for entire school year Two half payments for each semester.

The signatures below indicate agreement with approval for the policies and procedures listed above and throughout this application.

Parent/Legal Guardian Signature:

Dated:

Parent/Legal Guardian Signature:

Dated:

Payer/Party Responsible:

Dated:

Party/Agent responsible for billing (if different than parent information)

Payer Name:

Organization:

Address:

Phone number:

NOTES FOR OFFICE USE ONLY:

CONTACT INFORMATION

HORIZON CHRISTIAN HIGH SCHOOL
INTERNATIONAL STUDENT OFFICE
23370 SW Boones Ferry Road
Tualatin, OR 97062
USA

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www.horizonchs.org

International Director
Mrs. Jodi Gill
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jjill@horizonlife.org

Our Mission

Horizon Christian Schools is an educational community gathered around the person of Jesus Christ and grounded by Biblical truth. We seek to provide a comprehensive education, in harmony with the purposes of God for each student and in partnership with parents, producing students who are *fully alive*.





INTERNATIONAL STUDENT APPLICATION

Assessment & Essay

This information will be given to your teachers and host family.

Student Last Name:	First:	American Name:
Date of Birth:	Place of Birth:	Grade Applying for:

Personal Assessment

ENGLISH SKILLS:	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
How many years have you studied English? _____				
SLEP score _____				
TOEFL score _____				
ACADEMIC POTENTIAL	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
CREATIVITY	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
SENSE OF HUMOR	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
STUDY HABITS	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
CONCERN FOR OTHERS	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
RESPECT FOR ADULTS	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
HONESTY	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT
LEADERSHIP SKILLS	<input type="checkbox"/> POOR	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXCELLENT

ABOUT YOU

FOODS Please list foods that you enjoy eating.	Please list foods you do not enjoy eating.
HOBBIES/SPORTS - Please list hobbies or sports that you enjoy.	Please list hobbies or sports that you have difficulty with.

BELIEF SYSTEM

Are you a Christian? YES NO

If so, how would you describe your faith?

If not, are you interested in learning about Christianity? YES NO I DON'T KNOW I AM A CHRISTIAN

