



**FAITH**  
CHRISTIAN  
SCHOOL

# STUDENT APPLICATION

## I-20 Student

P.O. Box 31300, Mesa AZ 85275  
4801 E. Brown Road, Mesa AZ 85205  
Phone: 480-833-1983 Fax: 480-503-8262  
www.Faith-Christian.org

Desired Start Date \_\_\_\_\_

Name \_\_\_\_\_

Family Name First Middle

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade: \_\_\_\_\_

Country of birth \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

City Province/ Territory Postal Code

Local U.S. Address: (host family name, if applicable) \_\_\_\_\_

List academic subjects:

a) of greatest interest to you \_\_\_\_\_

b) of least interest to you \_\_\_\_\_

List school activities, other than academic subjects, of special interest to you. \_\_\_\_\_

Are you an active member in a church? \_\_\_\_\_ Name of Church \_\_\_\_\_

Name of Youth Leader or Pastor \_\_\_\_\_

Describe areas of interest and involvement in church. \_\_\_\_\_

**Please give a complete, written response to the following question. Express yourself as clearly as possible.**

Do you consider yourself to be a Christian? \_\_\_\_\_

If yes, please give your personal testimony (at least 25 words). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My reason for applying to Faith Christian School (check one):

1. I want to attend the school and my parents want me to attend.
2. I am anxious to attend the school. My parents would rather I attend some other school but will allow me to attend.
3. I do not really want to attend the school, but my parents think it would be best for me.

If you have answered yes to either number one or two, please explain why you desire to be a student at Faith Christian School. \_\_\_\_\_

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Have you ever had difficulty with students or teachers in a previous school? \_\_\_\_\_ If yes, please explain.

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Have you ever used tobacco, alcoholic beverages or narcotics in any form during the last twelve months? \_\_\_\_\_

If yes, fully explain. \_\_\_\_\_

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### STATEMENT OF AGREEMENT

As a student of Faith Christian School I pledge to uphold our school 's high standards and abide by the rules. I furthermore pledge not to possess or consume alcohol, drugs or tobacco on or off campus and I will not bring a weapon of any kind on campus, understanding that if I do, I may be expelled from school.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please provide a copy of previous I-20 form (if you have one.)

Also needed with this application:

Information if student is proficient in English.

Statement from bank of current balance.

Transcripts in English.

Documentation of health insurance or statement of intent to purchase school accident insurance.

Return this application with non-refundable registration fee.