



## INTERNATIONAL STUDENT APPLICATION

### 1. STUDENT INFORMATION

Student's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Passport Number \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Application Date \_\_\_\_\_ Host School District \_\_\_\_\_  
Entering Grade \_\_\_\_\_ Academic year for which student is applying \_\_\_\_\_  
Has student previously applied for admission to Phil-Mont? Yes  No  If yes, to enter what grade \_\_\_\_\_  
Has student previously attended Phil-Mont? Yes  No  If yes, what year(s) \_\_\_\_\_  
Are either of this student's parents Phil-Mont alumni? Yes  No  If yes, please give name(s) and graduation year(s) \_\_\_\_\_  
\_\_\_\_\_  
Do relatives of this student now attend Phil-Mont? Yes  No  If yes, please give names \_\_\_\_\_  
\_\_\_\_\_

### 2. HOST FAMILY INFORMATION \*

Home Address \_\_\_\_\_  
\_\_\_\_\_ Home Phone \_\_\_\_\_  
**Host Father's Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail address, if checked daily \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Church Name \_\_\_\_\_ Pastor \_\_\_\_\_ Phone \_\_\_\_\_  
Church Address \_\_\_\_\_  
Member Yes  No  If yes, how many years \_\_\_\_\_ Regular Attendance Yes  No  If yes, how many years \_\_\_\_\_  
**Host Mother's Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail address, if checked daily \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Church Name \_\_\_\_\_ Pastor \_\_\_\_\_ Phone \_\_\_\_\_  
Church Address \_\_\_\_\_  
Member Yes  No  If yes, how many years \_\_\_\_\_ Regular Attendance Yes  No  If yes, how many years \_\_\_\_\_

### 3. STUDENT RESIDES WITH: (please check all that apply)

- Mother and Father     Mother     Father     Stepfather     Stepmother     Guardian     Other  
 Father is deceased     Mother is deceased     Parents are divorced or separated

If "Guardian" or "Other" is checked, what is the relationship to the student? \_\_\_\_\_

*\*Please asterisk (\*) the address which Phil-Mont should use for all correspondence regarding this application.*

**4. STUDENT PROFILE** (Please provide complete information, beginning with most recent)

1. School Name \_\_\_\_\_ School Phone \_\_\_\_\_  
School Address \_\_\_\_\_  
Grade(s) \_\_\_\_\_ Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2. School Name \_\_\_\_\_ School Phone \_\_\_\_\_  
School Address \_\_\_\_\_  
Grade(s) \_\_\_\_\_ Dates \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Has this applicant taken English classes or ESL? Yes  No

Is this applicant fluent in English? Yes  No

Has this applicant ever been enrolled in a school where all subjects are taught in English? Yes  No

Has this applicant taken a Toefl or similar English language test? Yes  No

If yes, what was test score? \_\_\_\_\_

Do you have outstanding financial obligations to any school which the student has previously attended? Yes  No

If yes, please explain \_\_\_\_\_

Please list student's special abilities and interests \_\_\_\_\_

Has student ever skipped a grade? Yes  No  If yes, list any/all grades \_\_\_\_\_

Has student ever repeated a grade? Yes  No  If yes, list any/all grades \_\_\_\_\_

Has student ever attended a summer school program? Yes  No  If yes, list all years and locations \_\_\_\_\_

Has student ever received private tutoring? Yes  No  If yes, list all subjects \_\_\_\_\_

If any of the following questions are answered in the affirmative, please explain fully on a separate sheet.

Has student ever received an in-school or out-of-school suspension? Yes  No

Has student ever been placed on probation at any school? Yes  No

Has student ever been expelled or asked to withdraw from any school? Yes  No

Has student ever been arrested or encountered any form of conflict with civil authorities? Yes  No

Has student ever used illegal narcotics, tobacco or alcohol, or abused any other substances? Yes  No

Has student ever encountered any other form of disciplinary action in school? Yes  No

Has the student ever received counseling for personal, family, or event-oriented issues? Yes  No

Has the student ever been recommended for retention? Yes  No

Does the student have any of the following? Please check all that apply.

Learning disability assessment

Speech evaluation

Psychological evaluation

I.E.P.

Remediation report

Any other individual test (please explain)

*\*If the student has ever received any of the above mentioned tests, please include a copy of the complete assessment with this application.*

**5. BIOLOGICAL FAMILY INFORMATION**

**Father's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **E-mail address, if checked daily** \_\_\_\_\_  
**Church Name** \_\_\_\_\_ **Pastor** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Church Address** \_\_\_\_\_  
**Member** Yes  No  **If yes, how many years** \_\_\_\_\_ **Regular Attendance** Yes  No  **If yes, how many years** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Employer** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **E-mail address, if checked daily** \_\_\_\_\_  
**Church Name** \_\_\_\_\_ **Pastor** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Church Address** \_\_\_\_\_  
**Member** Yes  No  **If yes, how many years** \_\_\_\_\_ **Regular Attendance** Yes  No  **If yes, how many years** \_\_\_\_\_

**6. BIOLOGICAL FAMILY PROFILE**

*Please answer the following questions fully. If applying for more than one child, please complete the Parent Profile ONLY on the older/oldest child's application.*

- How did you hear about Phil-Mont?
  - Current school family \_\_\_\_\_
  - Web search
  - Other \_\_\_\_\_
  
- Why do you desire to send your child(ren) here?
  
  
  
  
  
  
  
  
  
  
- Why do you believe that you are a Christian?
  
  
  
  
  
  
  
  
  
  
- If you are not enrolling all eligible children in Phil-Mont please explain why not?

*\*Please complete Parent Certification on reverse.*

**7. ADDITIONAL INFORMATION**

*Please use the space below for any further information you may want to share about this student.*

**8. PARENT CERTIFICATION**

I certify that all of the information presented by me in this application is, to the best of my knowledge, true, complete and accurate, and I further certify that I have not withheld any known information which would have been pertinent to the enrollment, class placement or potential success of this child at Philadelphia-Montgomery Christian Academy. I have also read and understand the criteria for admission to Phil-Mont and will comply with the regulations stated in the current Parent-Student Handbook regarding international student enrollment.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

▶ Please include the \$500.00 non-refundable Family Application Fee with this application.  
Checks may be made payable to Phil-Mont.

▶ Send applications, accompanying documents, and application fee to:

**Admissions Office  
Philadelphia-Montgomery Christian Academy  
35 Hillcrest Avenue  
Erdenheim, PA 19038-8281**



<p><u>Office Use Only</u></p> <p>Date Rec'd: _____</p> <p>Amt. Paid: _____</p> <p>Check No: _____</p>
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