

# International Student Application

20\_\_ - 20\_\_ School Year

Pantego Christian Academy  
 2201 W. Park Row Drive ■ Arlington, TX 76013  
 (817) 460-3315

*Office use only*

Application fee	Med. Hist/Imm	Photo Release
Passport	Rep.Card/ Transcript	TAPPS
Funds report	Cov.Stmt	Recom ms
Transcript ord:	Transcript rec'd:	

## Student information

Legal name:		Grade applying for:
Nickname:	Birthdate:	Country of origin:
Texas address:	city zip	Texas Home phone:
Race (circle one): Asian Black Hispanic Caucasian	Gender:	
Country of birth:	Country of Citizenship:	

## Student Church information

Name of church will be attending in Texas:		Church address:		
Church phone #:	Professes Christ as Savior: Yes No	Will Attend how often? (circle all that apply)	Church Sunday School	Regularly Occasionally
Name of Senior Pastor:		Name of Children's or Youth Pastor:		

## Parent information

Head of Household (circle one): Mr. Mrs. Ms. Dr. Rev.	Name:	Preferred name:
Marital status (circle one): Married Separated Divorced Widowed		
Foreign Address:	City	Country Postal Code
Email address:	Phone #:	

## Spouse of Parent information

Name:	Preferred name:
Relationship to Student (circle one): Parent Step-parent Grandparent Guardian	

## Parent Church information

Name of church attending:	How long?	Name of Senior Pastor:
Church address:	Phone #:	
Professes Christ as Savior: Y N	Attends how often? (circle all that apply)	Church Sunday School Regularly Occasionally

## Siblings of Applicant

Name	Age	Grade	School Attending

## Texas Guardian information

Head of Household (circle one): Mr. Mrs. Ms. Dr.	Name:	Preferred name:
Marital status (circle one): Married Separated Divorced Widowed		
Email address:		
Work Phone #:	Cell Phone #:	

## Spouse of Guardian information

Name:	Preferred name:
Email address:	
Work Phone #:	Cell Phone #:

## Previous school(s) attended by student

School	Address	Phone #	Grade(s)	# of years

## Testing, Counseling, & Conduct Record

1. Has the applicant received testing or counseling by a psychologist, psychiatrist, or family counselor, or been diagnosed as having a learning difference? No \_\_\_\_\_ Yes\* \_\_\_\_\_ If yes, please provide copies of test results or consultation reports. A student may not be interviewed until this information is available and reviewed.
2. Has the applicant ever been suspended from school? No \_\_\_\_\_ Yes \_\_\_\_\_
3. Has the applicant ever been expelled from school? No \_\_\_\_\_ Yes \_\_\_\_\_
4. Has the applicant ever had an encounter with law enforcement or juvenile authorities? No \_\_\_\_\_ Yes \_\_\_\_\_

Please explain any "Yes" answers to the above questions on a separate sheet of paper.

## Statement of Parents(s)/Guardian(s)

In signing this application, I (we) understand that:

My (our) child will go on scheduled field trips and other activities;

The school is authorized to employ such discipline as it deems wise and expedient for my (our) child;

I (we)I hereby affirm that, to the best of my (our) knowledge, this applicant has been drug/alcohol-free for 12 months prior to application.

\_\_\_\_\_  
Father/guardian

\_\_\_\_\_  
Mother/guardian