



# San Gabriel

## COMMUNITY CHURCH & CHRISTIAN SCHOOL

### International Student Application Form

Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male/Female

Student First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

English name(if applicable) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code \_\_\_\_\_

#### Father's Information:

Father's Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address same as above? Y/N

Address \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code \_\_\_\_\_

#### Mother's Information:

Mother's Name \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Address same as above? Y/N

Address \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code \_\_\_\_\_

Student lives with: \_\_\_\_\_ Mother/Father \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_ Father/Stepmother

\_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other(please explain) \_\_\_\_\_

#### Person Financially Responsible:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_

E-mail address for Billing Purposes: \_\_\_\_\_

Home Church: \_\_\_\_\_ Has student been baptized? \_\_\_\_\_ Date \_\_\_\_\_

Does student attend church? \_\_\_\_\_ Does student attend Sunday school? \_\_\_\_\_

The foregoing information is, to the best of my knowledge, true and correct. I hereby make application to enroll my child at San Gabriel Christian School. I understand that the paid fees are non-refundable.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_