KUN SC		
INTERNATION STUDENT APPLICA FOR ADMISSIC Reformation Luthera	ATION DN	
Name of Applicant:		
Home City:	_Country:	
Sex: MaleFemale		
Applying for School Year: 20 20		
Applying for Grade:		
Start date for school enrollment:		
Referred by: (agency or individual)		

Date application received:

Non-refundable application fee included:

### Kindergarten through Eighth Grade Tuition

### Academic year 8:30am-3:00pm 2022-2023 School Year Tuition: \$12,600 per child (\$350/week) Homestay: \$600 per month per child

### Registration Fees for 2022-2023 School Year (non-refundable) \$350 per child

Applicant's current school:
School address:
Telephone number:Date enrolled:
School: publicprivate
Applicant's name
Family name (in English) Family name (in native language) First name (in English) First name (in native language)
Address: (In English)
(In native language)
English Name (if any):
Home Telephone:
Mobile Telephone:
Email: Date of birth:/ MM/ DD/YYYY
Country of Birth:
Country(s) of Citizenship:
NationalityLanguage(s) spoken
Religion:
Sex: MaleFemale
Passport number:
Type of Visa held (if any):

	_(in native language):
Address:	
(if different from the applicant's) _	
Home telephone:	
Mobile telephone:	
Occupation and title:	
Company name:	
Mother's name (in English):	(in native language):
Mother's name (in English): Address (if different from the applicant's):	
Address (if different from the applicant's):	
Address (if different from the applicant's): Home telephone:	
Address (if different from the applicant's): Home telephone: Mobile telephone:	

## **STUDENT'S LIFE**

- 1. Tell about your family: sisters, brothers, grandparents, etc.
- 2. What school subjects are of greatest interest to you?
- 3. What are your favorite activities or interests outside of school?
- 4. Of the qualities you possess, which one would you like people to admire most? Why?
- 5. What do others appreciate most of you?
- 6. What English classes have you completed? How comfortable are you speaking English?
- 7. List 2 or 3 things you hope to gain from studying in our school.
- 8. Realizing you may well change your mind, what do you see yourself doing when you finish your education?

9. To whom should correspondence (grade reports, communications, etc) be sent?

Parents – address listed on page 1.

\_\_\_\_\_Agency – list information on page 4.

\_\_\_\_Other – list information on page 4.

10. If you have a relative or friend who lives in the United States that you would want us to contact in case of an emergency, please provide the information below:

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

Phone number: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email<u>:</u>\_\_\_\_\_

II. Please list any allergies the student has to food, animals, medicines, etc.:

12. Do you need a guardian recommended by our school? Yes\_\_\_\_\_No \_\_\_\_\_

13. Write a few sentences about your spiritual beliefs if any:

14. Attach a photo of you and family or friends below

Agency contact:	
Name of Agency:	
Contact person at Agency:	
Mailing Address:	
Phone:	
Email:	
	-or-
Other contact: Name:	
Mailing Address:	
Phone:	
Fax:	

## PRINCIPAL OR COUNSELOR RECOMMENDATION CONFIDENTIAL

is a candidate for admission at Reformation Lutheran School in the United States. The admissions committee would like your evaluation of this student and any observations you think might be helpful. Please answer in English. Thank you for your time and cooperation.

1. How long have you known this student? \_\_\_\_\_

2. What level or range academically does the student fall compared to the other students at your school?

Bottom 10%\_\_\_\_11-25%\_\_26-50%\_\_51-75%\_\_76-90\_\_\_Top 10% \_\_\_\_\_

3. What do you consider the student's strength?

4. To your knowledge, has the applicant ever been suspended, dismissed, or involved in any disciplinary action?

5. Are you aware of any areas in which this student may need assistance: academic or social?

6. Additional comments that will assist in our admissions decision.

1. Please check one of the following:

\_\_\_\_\_I recommend the applicant

\_\_\_\_\_I recommend the applicant with reservation for the following reasons:

I do **not** recommend the applicant for the following reasons.

Signature of school principal / Counselor \_\_\_\_\_

School \_\_\_\_\_

Address

Phone\_\_\_\_\_Fax\_\_\_\_

Date\_\_\_\_\_

Please send to: Reformation Lutheran School C/O Michael Ash 4670 Mt. Abernathy Ave. San Diego, CA 92117

ashm@refsd.org

# TEACHER/ADVISOR/CLASS MASTER RECOMMENDATION CONFIDENTIAL

is a candidate for admission at Reformation Lutheran School in the United States. The admissions committee would like your evaluation of this student and any observations you think might be helpful. Please answer in English. Thank you for your time and cooperation.

#### I = Unacceptable 2 = Below Average 3 = Average 4 = Good 5 =

#### Superior Please rate the applicant in the following areas:

Work ethics/motivation	2 3 4 5	Relationships with peers	12345
Honesty and integrity	12345	Cooperation with adults	12345
Maturity	12345	Reactions to suggestions/advice	12345
Responsibility	12345	Reactions to criticism	2 3 4 5
Concern for others	12345	Ability to meet commitments	2 3 4 5
Leadership ability	12345	General school citizenship	12345

#### Number of years the student has studied English: \_\_\_\_

#### Student's language ability: Please circle the appropriate area below:

Reading	Excellent	Good	Fair	Poor
Writing	Excellent	Good	Fair	Poor
Speaking	Excellent	Good	Fair	Poor
Grammar	Excellent	Good	Fair	Poor
Comprehension	Excellent	Good	Fair	Poor

#### STUDENT'S CHARACTER: (Please supply brief comments about the following)

Maturity:	
Responsibility:	
Creativity:	
elf-Motivation:	
ociability	
bility to adapt	

COMMENTS: Please comment about the Applicant's attendance record, study habits, and attitude in class:

Teacher's name and signature\_

Date\_\_\_/\_\_\_/\_\_\_\_

Name and Address of School

Please send to: Reformation Lutheran School C/O Michael Ash 4670 Mt. Abernathy Ave. San Diego, CA 92117

ashm@refsd.org