



International Student Application

- Student Questionnaire
- Parent Agreement
- Math Teacher Recommendation
- English Teacher Recommendation
- School Report
- Homestay Application (if applicable)
- Transcript for the past 2-3 years (translated into English). Minimum GPA 3.0
- English Proficiency test such as SLEP or TOEFL taken within the last year (must score at least 50%)
- Copy of Passport
- Admissions Interview (*may* be requested via phone or Skype)

STUDENT INFORMATION

Family Name _____ Gender: ___Male ___Female

First Name _____ Nickname/English Name _____

Current Grade Level: _____ Grade Applying to: _____

Date of Birth _____ Place of Birth _____

Country or Countries of Citizenship _____

If you have dual citizenship, which passport will you use to travel? _____

Passport Number _____ Passport Expiration Date _____

Permanent Address outside the U.S.

Phone _____ Email Address _____

Prospective Visa Type _____ Place of Visa Application _____

Approximate date of arrival to United States: _____

Approximate date of arrival to Atlantic Christian School _____

PARENT INFORMATION

Marital Status: ___Married ___Widowed ___Separated ___Divorced ___Remarried ___Single

Father's Name [Mr./Rev./Dr./Other]

Address _____

Employer _____ Title _____

Phone _____ Email Address _____

Mother's Name [Mrs./Ms./ Miss/Rev./Dr./Other]:

Address _____

Employer _____ Title _____

Phone _____ Email Address _____

Student permanently resides with: ___Father ___Mother ___Both ___Other _____

STUDENT'S U.S. RESIDENCE/GUARDIANSHIP

___ I have no home stay arrangements at this time. (Please complete the Homestay Application attached to this application.)

___ I have made the following guardianship arrangements (Guardian's household must have at least one adult who is a Bible-believing Christian and has been approved by ACS. A Pastor's letter will be required prior to the start of school.):

Guardian's Name: _____

Relation to Student: _____ Phone _____

Address _____

Church Membership _____

Employer _____ Title _____

Work Phone _____ Cell Phone _____

Email _____

STUDENT'S SCHOOL INFORMATION

Name of current school _____

Address _____

Principal _____ Phone _____

Email _____ Website _____

How many years do you wish to attend Atlantic Christian School? _____

Do you intend to graduate from ACS? _____

STUDENT'S CHURCH INFORMATION (If applicable)

Church in home country _____

SIGNATURES

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

STUDENT QUESTIONNAIRE

Name: _____ Grade Entering: _____

1. Do you want to attend Atlantic Christian School? ___Yes ___No Why or why not?

2. If you are a Christian, how do you know?

3. Does your family attend church? If so which one and how are you involved at the church?

4. Do you plan to go to college? ___Yes ___No If yes, where?

5. What occupation would you like to pursue as an adult?

6. What is your favorite subject?

7. How many years have you studied English?

8. Have you attended any English language schools or programs? ___Yes ___No If yes, please describe.

9. Have you ever failed a subject? ___Yes ___No If yes, what subject?

10. Have you ever been suspended or expelled from school? ___Yes ___No If yes, please explain:

11. Do you smoke? ___Yes ___No
If yes, do you agree to abstain from smoking while studying and living in the U.S.? _____

12. Select three adjectives that friends might use to describe you:

13. Have you received any honors or special recognition in school or outside of school? Please explain:

14. Check activities in which you might be interested in participating:

___ Soccer ___ Basketball ___ Softball ___ Cheerleading
___ Baseball ___ Choir ___ Art ___ Technology
___ Musical Instrument* ___ Drama ___ Yearbook ___ Mission's Club

(*please name instrument _____)

17. List any hobbies or special interests that you have outside of school:

18. What do you hope to learn by studying in the U.S.?

There are standards of conduct at ACS, such as lifestyle choices, honesty, dress standards, and general behavior standards. ACS prohibits students from participating in the use of tobacco (including vaping and e-cigarettes), use of alcoholic drinks, use of illegal drugs, or involvement in sexual activities both at school or in private. By signing below, I agree to abide by the regulations set forth by the school and that I have answered all of these questions honestly and completely.

Signature of Student: _____

Date: _____

PARENT AGREEMENT

Please read the school's Statement of Faith below:

ATLANTIC CHRISTIAN SCHOOL STATEMENT OF FAITH

1. We believe the Bible to be the inspired and only infallible authoritative Word of God. *(2 Timothy 3:16-17; 2 Peter 1:21)*

2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. *(Deuteronomy 6:4; John 14:26; Matthew 28:19; Romans 1:7; Hebrews 1:8; Acts 5:3-4)*

3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. *(Matthew 1:18-25; 1 Peter 2:22; 1 Corinthians 15:3-4; Acts 1:9-11; Hebrews 7:25; John 3:16-18; Philippians 2:5-11)*

4. We believe that for salvation for lost and sinful man, regeneration by the Holy Spirit is absolutely essential and that this salvation is received by faith alone. (*1 Corinthians 15:14; Ephesians 1:7; John 1:12-13; Romans 10:9-13*)

5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life. (*Ephesians 1:13-14; John 16:7-16; 1 Corinthians 12:12-14; Romans 8:9*)

6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation. (*1 Thessalonians 4:13-18; 1:9-10; John 5:28-29*)

7. We believe in the spiritual unity of believers in our Lord Jesus Christ. (*Ephesians 1:22-23; 5:25-27; 1 Corinthians 12:12-14; 2 Corinthians 11:2*)

- **My signature below indicates that we have read the school's Statement of Faith and are willing to have our child educated in accordance with it.**
- **We understand that our child will be required to take a Bible class and attend a weekly chapel service.**
- **ACS reserves the right to place my child at the appropriate grade level and may test my child for placement.**
- **My child's image may be included in ACS publications, website, school Facebook page, or other marketing and promotion materials.**
- **I will support the Administration and Faculty in the discipline of my child in accordance with the rules set forth in the Parent-Student Handbook.**
- **ACS reserves the right to dismiss any student that does not cooperate with the educational process or the school's code of conduct.**
- **All information provided is accurate and complete.**
- **I understand that if any information has been omitted or falsified on the application, my child's acceptance to ACS will be in jeopardy.**

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

ENGLISH TEACHER RECOMMENDATION

Name of student:

Applying for ____ grade at Atlantic Christian School

What is the greatest strength of this student?

What is this student's greatest academic weakness?

Current English Course:

Please rate the applicant as realistically as you can in comparison with other students of the same age:

Academic Rating:

	N/A	Poor	Fair	Good	Excellent	Top 10%
Ability						
Motivation						
Independence						
Creativity						
Written Expression						
Verbal Expression						
Study Habits						

Personal Characteristics:

	N/A	Poor	Fair	Good	Excellent	Top 10%
Maturity						
Leadership						
Responsibility						
Concern for Others						
Self-discipline						
Initiative						

Signature: _____ Date: _____

Print name: _____ Position: _____

Mailing address: _____

Current English Textbook(s): _____

We admit and accommodate a range of students. The information you provide will help us to ensure a good experience for the student and family should the candidate be accepted. Your honest evaluation of this student will only be used for the purposes of admission and placement. If possible, please give specific examples; your comments will be kept in the strictest confidence. Please write any additional or helpful comments on the back. This completed form should be emailed directly to ACS in care of the Admissions Director, Mrs. Heidi Sray, hsray@acseht.org.

MATH TEACHER RECOMMENDATION

Name of student:

Applying for _____ grade at Atlantic Christian School

What is the greatest strength of this student?

What is this student's greatest academic weakness?

Current Math Course:

Please rate the applicant as realistically as you can in comparison with other students of the same age:

Academic Rating:

	N/A	Poor	Fair	Good	Excellent	Top 10%
Ability						
Motivation						
Independence						
Creativity						
Written Expression						
Verbal Expression						
Study Habits						

Personal Characteristics:

	N/A	Poor	Fair	Good	Excellent	Top 10%
Maturity						
Leadership						
Responsibility						
Concern for Others						
Self-discipline						
Initiative						

Signature: _____ Date: _____

Print name: _____ Position: _____

Mailing address: _____

Current Math Textbook(s): _____

We admit and accommodate a range of students. The information you provide will help us to ensure a good experience for the student and family should the candidate be accepted. Your honest evaluation of this student will only be used for the purposes of admission and placement. If possible, please give specific examples; your comments will be kept in the strictest confidence. Please write any additional or helpful comments on the back. This completed form should be emailed directly to ACS in care of the Admissions Director, Mrs. Heidi Sray, at hsray@acseht.org.

SCHOOL REPORT

Name of student: _____

Applying to _____ grade at Atlantic Christian School

To the Principal, Guidance Counselor or Teacher:

This student is applying for admission to Atlantic Christian School. A full and candid report from your school is essential if the applicant is to be given fair consideration. Therefore, we ask for careful ratings of and comments about the applicant’s character and ability by both a school official and teacher who knows the applicant well. We ask that the principal or guidance counselor attach a transcript of the applicant’s class records and test results. Please also include a brief description of the school’s grading system. Thank you for your help. Please email this information to the address below.

Name: _____ Position: _____

Name of School: _____ Phone: _____

Mailing Address: _____

Academic Ratings:

	N/A	Poor	Fair	Good	Excellent	Top 10%
Ability						
Motivation						
Creative Qualities						
Self-Discipline						
Growth Potential						
Study Habits						

Do you section classes according to ability and past achievement? ___Yes ___No

If yes, in what subjects is the candidate in advanced sections?

In what subjects is the candidate in remedial sections?

Assess, if possible, the candidate’s commitment to academic pursuits. (Specific examples will be especially helpful):

Character and Personality Ratings:

	N/A	Poor	Fair	Good	Excellent	Top10%
Leadership						
Self-Confidence						
Personality/Warmth						
Sense of Humor						
Concern for Others						
Energy						
Emotional Maturity						

Initiative						
Reaction to Setbacks						
Respect by Faculty						
Respect of Faculty						

The main factors contributing to the respect accorded the applicant by his/her peers seem to be:

- Superiority in studies
- Interest in other students
- Accomplishment in activities
- Leadership in activities
- Success in athletics
- Personality

The main factors contributing to the lack of respect accorded the applicant by his/her peers seem to be:

- Inferiority in studies
- Manners and personal habits
- Conceit
- Lack of interest in other people
- Other (please specify)

Signature: _____ Date: _____

If you have any additional comments, please add them below. Please email this form to the Admissions Director, Mrs. Heidi Sray, at hsray@acseht.org



391 Zion Road, Egg Harbor Township, NJ 08234
 Phone: (609) 653-1199 Fax: (609) 653-1435

HOMESTAY APPLICATION FORM
 Please Print in English

STUDENT INFORMATION

Name: _____
Family Name Given Name

Date of Birth: _____ Male Female
Day Month Year

Mailing Address _____

_____ City Country Postal Code

Telephone: _____ Email: _____

Languages Spoken: _____
First Language other

TELL US ABOUT YOURSELF

Proficiency in English: (This is a personal assessment of your proficiency in English.)

	Speaking	Listening	Reading	Writing
Beginner				
Intermediate				
Advanced				

My hobbies include: _____

Other countries I have visited: _____

Some things I really like: _____

Some things I dislike: _____

Character Traits (Check all that apply):

Sociable____ Sensitive____ Humorous____ Active____
Outgoing____ Flexible____ Curious____ Positive____
Shy____ Talkative____ Quiet____ Other____

Do you have any medical conditions? Yes No

If yes, please explain: _____

Are you taking any medications? Yes No

If yes, please list: _____

Do you have any allergies? Yes No

If yes, please list: _____

Are you able to live in a home that has pets? Yes No

What time do you usually go to bed? _____ Get up in the morning? _____

Do you have any special dietary requirements (vegetarian, lactose-free, gluten-free, etc.)
Yes No If yes, please list: _____

What do you like to eat for breakfast? _____

What do you like to eat for lunch? _____

What do you like to eat for dinner? _____

What are your favorite foods? _____

What do you like to do for fun when you have free time? _____

What places would you like to visit with your host family? _____

What would you like to do on weekends? _____

List any additional information about yourself that you feel would assist us in selecting the most appropriate homestay family for you:

Student Signature: _____ Date: _____