



Atlantic Shores

Christian School

INTERNATIONAL STUDENT INFORMATION

The following questions are to be answered by the applicant in his/her own handwriting. If more space is needed, please use another sheet of paper, indicating the question being answered. Staple all additional papers used to this form.

Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Current Grade (circle one): 6 7 8 9 10 11 12

Address: _____ City/State/Zip: _____

Parent Name(s): _____ Telephone: _____

Number of brothers and sisters (include ages): _____

Name of church you attend: _____ Do you attend every Sunday? _____ Yes _____ No

Do you attend Sunday School regularly? _____ In what other church programs are you actively involved? _____

Are you a Christian? _____ Yes _____ No **On a separate sheet of paper describe your relationship with Jesus.**

Why do you want to attend Atlantic Shores Christian School? On a separate sheet of paper explain why you want to attend ASCS.

ACTIVITIES

Sports – List the sports you play: _____

Music – Do you take music lessons? _____ Yes _____ No List the instrument(s) you play: _____

Do you like to sing? _____ Yes _____ No I would like to be in: _____ Band _____ Choir

What type of music do you listen to? _____

Who are your favorite singers/bands? _____

What are your hobbies? _____

What extracurricular activities do you plan to participate in at ASCS? _____

If you have a free afternoon, what do you enjoy doing the most? _____

How much time do you spend on homework per day? _____

What is your favorite subject in school? _____ Most challenging? _____

Do you enjoy reading? _____ Yes _____ No What type of literature do you like to read? (Check one or more)

_____ Fiction _____ Mystery _____ Sports _____ Biography _____ Poetry _____ Other (list): _____

(PLEASE COMPLETE BOTH SIDES OF STUDENT QUESTIONNAIRE)

What is the title of the last book you read for pleasure? _____

What forms of social media do you use? _____

How much time do you spend watching TV on a school night? _____ How often do you go to the movies? _____

Name the last three movies you saw:

1. _____ 2. _____ 3. _____

Are most of your friends near your age? _____

List three adjectives that your friends might use if asked to describe you: _____

Have you ever used: Tobacco ____ Yes ____ No Illegal Drugs ____ Yes ____ No Alcohol ____ Yes ____ No

If there is a "Yes" answer, please explain: _____

How did you learn about ASCS? _____

Do you know any current students at ASCS? ____ Yes ____ No If yes, who are they? _____

What was your average grade in school last year? _____ Have you ever been on the Honor Roll? ____ Yes ____ No

Have you received any honors in school or outside of school? _____

Have you ever failed a subject? ____ Yes ____ No If yes, why? _____

Have you ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavior misconduct, which resulted in probation, suspension, removal, or expulsion from a previous school? ____ Yes ____ No

If yes, why? _____

Do you plan to attend college? ____ Yes ____ No What do you think you might do as an adult? _____

Do you have a job after school or on the weekends? ____ Yes ____ No If yes, where do you work? _____

How many hours do you work per week? _____ What are your responsibilities? _____

With my signature below, I affirm that I have answered the above questions honestly and completely and have not held back information the school ought to know about me. If admitted to Atlantic Shores Christian School, I pledge to accept the authority of the school, keep the school rules, and adhere to the Standards of Conduct stated in the Atlantic Shores Christian School Student Handbook throughout the time I am enrolled at Atlantic Shores Christian School.

(Student Signature)

(Date)