



PORTLAND CHRISTIAN SCHOOLS
EST. 1947

pcschools.org

PORTLAND CHRISTIAN SCHOOLS INTERNATIONAL STUDENT PROGRAM (ISP) APPLICATION FOR ADMISSION

Please print in black ink or type

Date Received: _____ Initials: _____ Fee Paid: _____ Method: _____

APPLYING FOR: School Year: 20____ - 20____ Grade: _____

PROGRAM: Fall Term Spring Term Short-term program Summer School

STUDENT'S FULL NAME: _____
(Family) (First) (Middle) (Preferred)

(Please print name exactly as it should appear on all permanent records)

Date of Birth: Day _____ Month _____ Year _____ Place of Birth _____

Gender: Male Female

Student Citizenship: _____ Student's Ethnic Origin: _____

Address: _____ City/Postal Code: _____

State/Province: _____ Country: _____

Email Address: _____ Phone: _____

STUDENT CURRENT INFORMATION

School Name: _____ Grade: _____

Address: _____ City/Postal Code: _____

State/Province: _____ Country: _____

School Administrator Name: _____

Special Awards or Recognition: _____

What is your English ability: Fair Average Intermediate Advanced

Years of English learning received: _____

How long do you plan to study in the US? _____

Where do you wish to go to college? _____

STUDENT PERSONAL INFORMATION AND EDUCATION

Do you have any food allergies? If so, please list.

Do you have a special diet – example: vegetarian?

Please check sports, hobbies and activities you enjoy or wish to experience.

- | | |
|--|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Music (instrument) _____ |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Computer games | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Cross country (running) | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Football | <input type="checkbox"/> Other: _____ |

Father: Family Name _____ First: _____ Middle: _____

Address: _____ City/Postal Code: _____

State/Province: _____ Country: _____

Phone: _____ Father Email Address: _____

Father Occupation & Title: _____ Business/Firm: _____

Father Business Address: _____

Father Business Phone: _____

Mother: Family Name _____ First: _____ Middle: _____

Address: _____ City/Postal Code: _____

State/Province: _____ Country: _____

Phone: _____ Mother Email Address: _____

Mother Occupation & Title: _____ Business/Firm: _____

Mother Business Address: _____

Mother Business Phone: _____

FAMILY

STUDENT FAMILY INFORMATION (please list all other children in your family)

Student's Siblings

Name	M/F	Age	School or Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT HOST FAMILY PREFERENCES

What kind of host family do you prefer (Please answer all options):

- A host family with small children Yes No No preference
- A host family with teenagers Yes No No preference
- A host family with no children Yes No No preference
- A host family with household pets Yes No No preference
- A host family who is active and busy Yes No No preference
- A host family who is quiet and calm Yes No No preference
- A host family who lives in the city Yes No No preference
- A host family who lives in the suburbs Yes No No preference

Are you willing to stay in a host family home with another international student? Yes No

Do you have a host family you would like to live with? If yes, please complete this information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

Please answer all the following questions in paragraph form. Feel free to add additional sheets of paper if necessary.

How would your friends describe you? (Please include a description of your personality, character, likes, dislikes, strengths, and weaknesses.)

STUDENT QUESTIONNAIRE

Describe a class or teacher that you really enjoyed in school. What made that person or experience special?

Why do you want to attend Portland Christian High School and what do you hope to contribute to the school?

Describe the members of your family and your relationship with each one.

What are your feelings about living away from home?

STUDENT QUESTIONNAIRE

Describe your belief system. Do you believe in Christianity or another religion? Do you believe there is a God? Tell why you do or do not. Have you ever prayed?

Describe what your parents wish for your future. What do you wish for your future?

How did you learn of PCS: (Please check only **one**)

Agency

Internet

Other _____

I verify that all statements and representations contained in this document are complete, true, and correct to the best of my knowledge.

Parent/Guardian: _____ Date: _____

Student: _____ Date: _____

SIGN

Submitting this application is one step in the application process and does not guarantee admission. We will contact you regarding next steps in the admission process.