

**KCS INTERNATIONAL STUDENT APPLICATION FORM**

**STUDENT INFORMATION**

**Please Type Only**

STUDENT'S FIRST NAME: \_\_\_\_\_

STUDENT'S MIDDLE NAME: \_\_\_\_\_

STUDENT'S LAST NAME: \_\_\_\_\_

GENDER: (M/F) \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YEAR)

GRADE (LAST ATTENDED) \_\_\_\_\_ GRADE APPLYING FOR: \_\_\_\_\_

**HOME COUNTRY ADDRESS:**

\_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_

COUNTRY: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

TELEPHONE #'S: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

STUDENT's Email: \_\_\_\_\_

Mother's Name, Email and Cell: \_\_\_\_\_

Father's Name and Email, and Cell: \_\_\_\_\_

STUDENT PASSPORT ID NUMBER: \_\_\_\_\_

**US ADDRESS (the address the student will live in USA if available):**

\_\_\_\_\_

CURRENT SCHOOL'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_

COUNTRY: \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_

SCHOOL ADMISSIONS E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Please include 2 relatives):**

1. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
TELEPHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/PROVINCE \_\_\_\_\_  
COUNTRY: \_\_\_\_\_

2. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
TELEPHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/PROVINCE \_\_\_\_\_  
COUNTRY: \_\_\_\_\_

Please name any know allergies to medication, pets, and /or food:

\_\_\_\_\_  
\_\_\_\_\_

Please name any other dietary needs: \_\_\_\_\_

\_\_\_\_\_

Please name any medical needs: \_\_\_\_\_

\_\_\_\_\_

## **GENERAL QUESTIONS**

**(Please type the answers and email them to [alain@knoxvillechristianschool.org](mailto:alain@knoxvillechristianschool.org))**

1. WHY DO YOU WANT TO STUDY IN THE UNITED STATES?
2. WHAT ARE YOUR FAVORITE SUBJECTS IN SCHOOL?
3. WHAT ARE SOME OF THE SUBJECTS IN SCHOOL THAT YOU DO NOT LIKE?  
Why?
4. WHAT HOBBIES OR SPORTS INTEREST YOU?
5. CAN YOU PLAY A MUSICAL INSTRUMENTS? IF SO, WHAT?
6. WHAT UNIVERSITY WOULD YOU LIKE TO ATTEND, AND WHAT SUBJECT TO YOU WISH TO STUDY?
7. Do you have any food allergies? If yes, what food are you allergic too?
8. Are you allergic to any pets? What are they?

**CANCELLATION REFUND POLICY**

There will be NO tuition refunds after August 1st .

Please see the school calendar on KCS website at [www.knoxvillechristianschol.org](http://www.knoxvillechristianschol.org)

I, the undersigned, have read and understand KCS Admission Policy and the Cancellation Refund Policy and acknowledge receipt of a copy. It is further understood and agreed that this Admission Policy supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student, student's parents and the School Official. I also understand that if I default upon this Policy, I will be responsible for payment of any collection fees or attorney fees incurred by Knoxville Christian School.

My signature below signifies that I have read and understand all aspects of KCS Admission Policy including the Refund Policy and I recognize my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

_____	_____
Print Name and Signature of Student	Date

_____	_____
Print Name and Signature of Parent 1	Date

_____	_____
Print Name and Signature of Parent 2	Date

_____	_____
Name and Signature of School Official	Date

This page must be scanned after being signed and emailed separately to Mrs. Aliona Lain at [alain@knoxvillechristianschool.org](mailto:alain@knoxvillechristianschool.org)