



# WHITTIER CHRISTIAN HIGH SCHOOL

## International

### ADMISSION APPLICATION

#### OFFICE USE ONLY

Date Received \_\_\_\_\_  
 School \_\_\_\_\_  
 Paid \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  Cash

### This page to be completed by PARENT or GUARDIAN

**GRADE Applying For:**  9  10  11  12 **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SEMESTER Applying For:**  Fall Semester  Spring Semester **Present Grade Level:**  8  9  10  11  12

**Student's Ethnic Identity (Optional):** This information will be used for purposes for statistical analysis only. It is not used in admission process and will have no bearing on the student's Admission status.

1.  African/ Black      3.  Chinese      5.  Japanese      7.  Latino/ Hispanic      9.  Other (specify) \_\_\_\_\_  
 2.  Asian Indian      4.  Filipino      6.  Korean      8.  Vietnamese

<b>STUDENT NAME:</b> (FULL Legal Name as shown on passport)		FIRST	MIDDLE	LAST
<b>AMERICAN NAME</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female		
STREET ADDRESS		APT #		
CITY		STATE/ REGION		ZIP CODE/ COUNTRY
HOME PHONE NUMBER		STUDENT'S EMAIL ADDRESS		
PLACE OF BIRTH: CITY		STATE/ PROVINCE/ REGION		COUNTRY
LANGUAGES SPOKEN AT HOME:		PRIMARY LANGUAGE		SECONDARY LANGUAGE
<b>FATHER'S NAME</b>		FIRST	LAST	
COUNTRY		E-MAIL ADDRESS		WeCHAT ID
<b>MOTHER'S NAME:</b>		FIRST	LAST	
COUNTRY		E-MAIL ADDRESS		WeCHAT ID

**WHO WILL BE YOUR PRIMARY CONTACT (ENGLISH SPEAKING) DURING THE APPLICATION PROCESS?** IS THIS AN AGENT/ AGENCY ?  YES  NO

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**DO YOU KNOW WHO THE STUDENT WILL BE LIVING WITH DURING THE SCHOOL YEAR?**  YES  NO IF YES, COMPLETE INFORMATION BELOW

**GUARDIAN'S NAME WHO IS LIVING WITH OR WILL LIVE WITH STUDENT:**  FAMILY MEMBER  
 MR FIRST NAME LAST  FRIEND OF FAMILY  
 MRS  HOST FAMILY

STREET ADDRESS CITY ZIP CODE

CELL PHONE E-MAIL ADDRESS

**This page to be completed by PARENT or GUARDIAN**

<b>IS THE STUDENT CURRENTLY IN THE UNITED STATES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, DATE STUDENT ENTERED THE US    ____ / ____ / ____	
<b>CURRENT VISA STATUS (CHECK ONE)</b> <input type="checkbox"/> NONE <input type="checkbox"/> F1 (STUDENT VISA) <input type="checkbox"/> B1/B2 (VISITOR VISA) <input type="checkbox"/> J1 (EXCHANGE STUDENT VISA)	
<b>DOES THE STUDENT HAVE A PERMANENT RESIDENT OR GREEN CARD?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    EXPIRATION DATE    ____ / ____ / ____	

<b>STUDENT'S ACADEMIC INFORMATION</b>			
CURRENT SCHOOL	CURRENT GRADE LEVEL	START DATE	
SCHOOL'S MAILING ADDRESS	CITY	STATE/ PROVINCE	ZIP CODE/ COUNTRY
SCHOOL PHONE	E-MAIL		
PRINCIPAL'S NAME	COUNSELOR'S NAME		
LIST OTHER SCHOOLS ATTENDED WITHIN THE PAST 3 YEARS			
NAME OF SCHOOL _____	DATES ENROLLED: ____ / ____ / ____	to ____ / ____ / ____	
CITY _____	GRADE LEVEL(S) _____		
NAME OF SCHOOL _____	DATES ENROLLED: ____ / ____ / ____	to ____ / ____ / ____	
CITY _____	GRADE LEVEL(S) _____		
Has your student experienced any emotional or learning difficulties of which we should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details below:			

<b>STUDENT'S BEHAVIORAL INFORMATION</b>
HAS YOUR STUDENT EVER BEEN EXPELLED OR ASKED TO WITHDRAW FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO    if YES, WHEN? _____ IF YES, PLEASE EXPLAIN:
HAS YOUR STUDENT EVER BEEN SUSPENDED FROM ANY SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO    if YES, WHEN? ____ / ____ / ____ IF YES, PLEASE EXPLAIN:

NAME & AGES OF BROTHERS AND SISTERS
BROTHERS AND SISTERS THAT ATTEND OR HAVE ATTENDED WCHS (NAMES & GRADUATING YEARS)
PLEASE CHECK THE 3 FACTORS MOST INFLUENCING YOU IN PURSUING WCHS: <input type="checkbox"/> QUALITY CHRISTIAN EDUCATION <input type="checkbox"/> ACADEMIC REPUTATION <input type="checkbox"/> DISPLEASURE WITH PUBLIC SCHOOLS <input type="checkbox"/> RECOMMENDATION OF WCHS FAMILIES <input type="checkbox"/> DESIRE TO ATTEND PRIVATE SCHOOL <input type="checkbox"/> OTHER _____ <input type="checkbox"/> STRENGTH OF EXTRACURRICULAR PROGRAMS (I.E. ATHLETICS, PERFORMING ARTS, ETC.)

**This page to be completed by the STUDENT in their own handwriting**

<b>STUDENT'S NAME</b> FIRST	MIDDLE	LAST	DATE OF BIRTH ____/____/____ MONTH DAY YEAR
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**STUDENT QUESTIONS**

**WHY DO YOU WANT TO ATTEND WCHS?**

\_\_\_\_\_

**PLEASE CHECK THE EXTRACURRICULAR ACTIVITIES YOU HAVE AN INTEREST IN:**

BAND     CHOIR     DANCE     ROBOTICS     STUDENT LEADERSHIP     THEATRE     VISUAL ARTS

ATHLETICS—PLEASE LIST SPORTS \_\_\_\_\_

STUDENT CLUBS/ OTHER —PLEASE LIST \_\_\_\_\_

**WHAT DO YOU THINK WILL BE MOST CHALLENGING TO YOU AS YOU TRANSITION TO AMERICA OR WCHS?**

\_\_\_\_\_

**WHAT DO YOU CONSIDER YOUR GREATEST STRENGTHS?**

\_\_\_\_\_

**WHAT AREAS ARE YOU SEEKING TO IMPROVE UPON IN HIGH SCHOOL?**

\_\_\_\_\_

**BRIEFLY EXPLAIN YOUR COLLEGE PLANS. ARE THERE ANY PROFESSIONS OR VOCATIONS YOU ARE INTERESTED IN?**

\_\_\_\_\_

**STUDENT'S SPIRITUAL LIFE**

**ARE YOU A CHRISTIAN?**     YES     NO

IF YES, DESCRIBE HOW YOU ACCEPTED CHRIST AND APPROXIMATELY WHEN:

\_\_\_\_\_

IF NO, PLEASE EXPLAIN YOUR INTEREST IN ATTENDING A FAITH-BASED CHRISTIAN HIGH SCHOOL:

\_\_\_\_\_

**DOES YOUR FAMILY FOLLOW ANY RELIGION?**     YES     NO    IF YES, PLEASE NAME:

\_\_\_\_\_

IF YOU ATTEND CHURCH, PLEASE WRITE: CHURCH NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE/ REGION/ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**HAVE YOU EVER EXPERIMENTED WITH, OR DO YOU HAVE A HISTORY OF ALCOHOL OR ANY OTHER TYPE OF DRUG USE?**     YES     NO

IF YES, PLEASE EXPLAIN THE HISTORY OF ALCOHOL AND DRUG USAGE, AS WELL AS YOUR CURRENT STATUS:

\_\_\_\_\_

\_\_\_\_\_

# Signatures

## Parent / Guardian:

The above information is true and correct to the best of my knowledge. I willingly waive my right of access to see the recommendations when completed. Upon acceptance of my student, I hereby agree to accept all rules and regulations of the school and authorize the school to administer such disciplinary measures as may be deemed necessary and proper by the Administration. I agree to pay tuition and such fees as are chargeable according to the current schedule of Tuition and Fees.




Parent / Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## Student:

If I am accepted as a student at Whittier Christian High School, I promise to abide by the rules of the school and to use my influence to protect the good name of the school, its buildings and property. The above information is true and correct to the best of my knowledge.

Student Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## HOW DID YOU LEARN ABOUT WCHS?

- |  |  |
|--|--|
| <input type="checkbox"/> MY SIBLINGS ATTEND(ED) WCHS | <input type="checkbox"/> WCHS WEBSITE  |
| <input type="checkbox"/> FAMILY                      | <input type="checkbox"/> SOCIAL MEDIA  FACEBOOK  INSTAGRAM  TWITTER |
| <input type="checkbox"/> FAMILY FRIEND               | <input type="checkbox"/> OTHER _____   |
| <input type="checkbox"/> AGENCY                      |  |

ADDITIONAL COMMENTS YOU MAY HAVE

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## Non-Discrimination Policy

*Whittier Christian High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policy, scholarship and loan programs, and athletic and other school-administered programs.*

501 N. Beach Blvd, La Habra, CA 90631 • Phone (562) 694-3803  
Fax (562) 697-1673 • www.wchs.com