



**Emergency Contact person in USA (if available)**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Information**

Physical Condition: \_\_\_\_\_

Is the student able to participate in a full Physical Education Program?     Yes     No

If you checked "no" please explain: \_\_\_\_\_

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

*NOTE: If the student is unable to participate in Lynden Christian Schools' Physical Education Program, medical doctor's written statement is required.*

Does the student have any of the following conditions?

Diabetes     Hearing Problems     Heart Condition     Asthma

Vision Problems     Contact Lenses     Epilepsy     Allergies

Other \_\_\_\_\_

Briefly explain any condition(s) you checked above: \_\_\_\_\_

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

Is the student currently taking any medications? Please list: \_\_\_\_\_

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

Family Doctor (if available): \_\_\_\_\_

**Please complete and return the Certificate of Immunization.**

## Academic Information

1. Please attach all original plus officially translated copies of transcripts and/or report cards for the past two years.
2. List the last two schools the student attended, beginning with the most recent:

Name of School	Location	Grade Level	Date(s) Attended
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3. Has the student repeated any grades/levels?  Yes  No

If yes, what year(s) and grade level(s)? \_\_\_\_\_

4. Does the student have any academic problems?  Yes  No

If "yes" please explain (this will help us know if/how we can meet the student's needs):

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5. Has the student experienced any social problems?  Yes  No

If yes, please explain: \_\_\_\_\_

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6. Please list the student's interests and hobbies: \_\_\_\_\_

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7. Is there anything else you wish to convey to the school?

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A successful experience at Lynden Christian Schools depends upon the student making his/her best effort in every area of school life. The school reserves the right to dismiss a student and return him/her home, at the parents' expense, for violations of the school's rules and regulations (Parent-Student Handbook), the Home-stay Agreement, or the laws of the United States of America. To that end, please read and sign the International Parent-Student Participation Agreement and enclose with the application.

The student's parent(s), guardian, or sponsor will be notified by telephone when the student is accepted. Then, Prepaid Tuition for the semester is required before an official Letter of Acceptance can be issued.

**Application Signatures**

I / We, the parent(s)/guardian(s) of \_\_\_\_\_ do  
(Student's name)

hereby certify that the application information above is true and complete.

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)