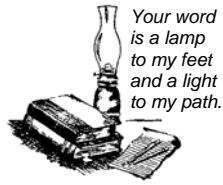


Milford Christian Academy

273 Elm Street, Milford, NH 03055
Phone 603-673-9324, fax 603-672-4539
www.milfordchristianacademy.org
milfordchristianacademy@comcast.net



Learning to live for something greater

Pastor Kyn Gdanian, School Chaplain
Paul Sontag, School Principal
Susan Voskuil, Elementary Dept Head
Trisha Dion, Business Manager

International Student Program

STUDENT APPLICATION (Page 1 of 4)

Student Information

Student's Name _____

Sex (circle one): male/female Birth date: _____ Current Year/Level in School _____

Permanent Mailing Address (Home Country):

Street: _____

City: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

The student will (choose one): { } Reside with parent/guardian { } Host Home
(If you choose host home please complete host home information form)

Please briefly state your reasons for applying:

Family Information

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Address (if different from above) _____

Telephone: _____ Fax: _____ Email: _____

STUDENT APPLICATION (Page 2 of 4)

Student Information

Emergency contact person in home country

Name _____

Telephone _____ Fax: _____

Contact person in U.S.A. (If available)

Name: _____

Telephone: _____ Fax: _____

Medical Information

Physical Condition: _____

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

If No, please explain _____

Note: If a student is unable to participate in Physical Education Class, a medical doctor's note 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 medication? Please list: _____

STUDENT APPLICATION (Page 3 of 4)

Family Doctor _____

Do you have a medical insurance policy that will cover a student in the U.S.A. _____

If "Yes": Name of Medical Insurance Company: _____

Policy Number: _____ Member ID: _____

Please complete and return the Certificate of Immunization

Academic Information

- 1. Please send all originals 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	Dates Attended

3. Has the student repeated any grade levels { } Yes { } No
If "Yes" which grade(s)/level(s)? _____ in what year(s) _____

4. Does the student have any academic problems? _____
If "Yes" please explain (this will help us know whether, and how, we can meet the student's Needs): _____

5. Has the student experienced any social problems? (Explain) _____

STUDENT APPLICATION (Page 4 of 4)

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

7. Is there anything else you would like to convey to the school? _____

A successful experience at Milford Christian Academy 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, the Host Home Agreement, or the laws of the United States of America. To that end, please read and sign the Parent-Student Participation Agreement and enclose with the application.

The student's parent(s) will be notified by telephone when the student is accepted. Then prepaid tuition for the year is required before an official letter of acceptance can be issued.

Application Signatures

I/We, the parent(s)/guardian(s) of _____
(Student's printed name)

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

(Parent's Signature) (Parent's Printed Name) (Date)

(Parent's Signature) (Parent's Printed Name) (Date)