



### International Student Admissions Application

All information is reported according to the Student and Exchange Visitor Information System (SEVIS) regulations and the U.S. Citizenship and Immigration Services in the Department of Homeland Security. Any falsification of information and/or signatures

will result in denial of admission or dismissal. I understand that tuition and fees are non-refundable for a student whose I-20 SEVIS record has been terminated or cancelled as a result of falsified information. All information gathered is confidential and is for the sole purpose of admissions and enrollment at Trinity Christian Academy. I hereby release every person and institution from any and all liability including liability for defamation and/or invasion of privacy, resulting from and pertaining to information received regarding this application and waiving any right(s) I may otherwise have with regards to this information. Furthermore, my entry into the United States is for the sole purpose of pursuing a full course of study with the intent to graduate from Trinity Christian Academy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Prospective Student

\_\_\_\_\_  
Date

#### Student Information:

Date of Application: \_\_\_\_\_ Grade Applying For: 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup>

Requested Academic Semester: fall spring Requested Academic Year: \_\_\_\_\_

How did you hear about TCA? Agency Friends/Family Website Other \_\_\_\_\_

Student's Last Name (Family Name): \_\_\_\_\_ First Name: \_\_\_\_\_

English Name (If Chosen): \_\_\_\_\_ Male Student Female Student

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Home Address (Overseas): \_\_\_\_\_

Home Phone (Overseas): \_\_\_\_\_

Preferred Family Email: \_\_\_\_\_

Native Language: \_\_\_\_\_ Non-Native Language(s): \_\_\_\_\_

Ethnic Origin: (For reporting purposes only. This is optional and will not affect acceptance or placement decisions).

American Indian Chinese Hispanic/Latino Korean Haitian Other \_\_\_\_\_

Black/African American Japanese Middle Eastern/Arabic Vietnamese Unstated

Trinity Christian Academy of Jacksonville, Inc. 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 of the academy. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

**Student Information** (continued):

Do you have any dietary restrictions? Yes No If yes, please explain. \_\_\_\_\_

Are you allergic to any animals? Yes No If yes, please explain. \_\_\_\_\_

Are you allergic to any medication(s)? Yes No If yes, which medication(s)? \_\_\_\_\_

Are you taking any medication(s)? Yes No If yes, which medication(s)? \_\_\_\_\_

Do you smoke? Yes No If yes, please explain. \_\_\_\_\_

Do you drink alcohol? Yes No If yes, please explain. \_\_\_\_\_

Have you ever been involved with illegal drugs? Yes No If yes, please explain. \_\_\_\_\_

Have you ever been arrested or convicted of an offense? Yes No If yes, please explain. \_\_\_\_\_

**Choose no more than 10 activities in which you are involved or interested. Athletic eligibility is not guaranteed.**

<input type="checkbox"/> U.S. Football	<input type="checkbox"/> Community Work	<input type="checkbox"/> Travel	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Biking/Hiking	<input type="checkbox"/> Baseball	<input type="checkbox"/> Ping-Pong	<input type="checkbox"/> Bowling	<input type="checkbox"/> Computer Gaming
<input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> Basketball	<input type="checkbox"/> Golf	<input type="checkbox"/> Karaoke	<input type="checkbox"/> Movies/TV
<input type="checkbox"/> Photography	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Walking	<input type="checkbox"/> Video Games
<input type="checkbox"/> Music	<input type="checkbox"/> Tennis	<input type="checkbox"/> Camping Outdoors	<input type="checkbox"/> Swimming	<input type="checkbox"/> Soccer
<input type="checkbox"/> Museum	<input type="checkbox"/> Theater/Opera	<input type="checkbox"/> Reading	<input type="checkbox"/> Dance	<input type="checkbox"/> Singing

Do you play in a band or orchestra? Yes No If yes, what instrument? \_\_\_\_\_

Do you participate in *competitive* sports? Yes No If yes, which sport(s)? \_\_\_\_\_

Are you interested in playing *competitive* school sports? Yes No If yes, which sport(s)? \_\_\_\_\_

What does it mean to display good sportsmanship? \_\_\_\_\_

Do you have any pets? Yes No If yes, what are your pets? \_\_\_\_\_

What is your religious affiliation? \_\_\_\_\_ Are you active in your religion? Yes No

Do you attend church? Yes No If yes, how often do you attend per week? \_\_\_\_\_

**Academic Information:**

What are your reasons for wanting to study at a school in another country? \_\_\_\_\_

What are your academic goals as an international student? \_\_\_\_\_

What are your plans for college and career? \_\_\_\_\_

List any after school activities in which you are actively involved. \_\_\_\_\_

Have you ever repeated a grade? Yes No If yes, which grade and why? \_\_\_\_\_

Have you ever been suspended? Yes No If yes, what grade and why? \_\_\_\_\_

Do you have a diagnosed learning issue? Yes No If yes, please explain. \_\_\_\_\_

**Academic Information** (continued):

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Describe any academic or personal issue which has affected past performance or may affect future performance at school.

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Describe yourself as a student: \_\_\_\_\_

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Describe your favorite subject(s) in school and why: \_\_\_\_\_

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Describe your most challenging subject(s) in school and why: \_\_\_\_\_

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What are some examples of showing respect to teachers and fellow students? \_\_\_\_\_

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List any special awards, honors, or achievements received in school: \_\_\_\_\_

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**Student Essay:**

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Write an essay in the space provided discussing **one** of the topics provided below.

- Topics:
- \*What are the greatest challenges you have faced? How did you resolve it? How did it affect you?
  - \*Explain an event or activity that has impacted you or created change in your life, and how you changed.
  - \*Of all your activities, which one is of greatest importance to you and why?
  - \*Describe a person of great influence in your life, why they are important, and how they changed you.

Student Essay: \_\_\_\_\_

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## Family Information:

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*The student currently lives overseas with:*

- Both Parents       Mother       Father       Stepmother       Stepfather       Guardian  
 Parents Separated       Parents Divorced       Mother Deceased       Father Deceased

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Use this as the primary overseas mailing address

Use this as the primary overseas mailing address

Father's Cell Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

*Does the student have any siblings?*

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

Male  Female

Age: \_\_\_\_\_

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

Male  Female

Age: \_\_\_\_\_

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

Male  Female

Age: \_\_\_\_\_

Describe your relationship with your parents. \_\_\_\_\_

Describe your family and your home. \_\_\_\_\_

Explain what it means to be part of a family. \_\_\_\_\_

**I attest that all information supplied on this application is accurate and truthful to the best of my knowledge. I further agree to provide the required original documents in addition to translated documents which are both accurate and truthful.**

\_\_\_\_\_  
Signature of Parent/Guardian

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Date

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