



EVANGEL CHRISTIAN SCHOOL

39-21 Crescent Street, Long Island City, NY 11101 718/937-9600 Fax: 718/706-8669
Rev. Robert Johansson – Headmaster Mrs. Carolyn Marko – Principal

International Student Application for Admission

Student Information: *To be completed by applicant or Guardian. Please type or print legibly in ink*

Name _____
Last First Middle Maiden

Home Address _____
Number Street

City State Zip Country

Current Phone _____ Permanent Phone _____

Email: _____

Date of Birth Month/Day _____ Year _____ Country of Citizenship _____

Place of Birth/City _____ State _____ Country _____

Gender (please check one) male female

Religious preference (optional information) (please check one)
Baptist Catholic Episcopalian Jewish Methodist Presbyterian Other _____

Is English your native language? (please circle one) Yes No

If not, what is your native language? _____

English proficiency is required: (check all that apply)

The student has the required English proficiency.

The student is not yet proficient, English instructions will be given by a tutor.

Citizen of the United States? (please circle) Yes No

If No, Country or Present Citizenship _____

Visa Type _____ Visa Number _____

Permanent Resident of the United States? (please circle) Yes No

What Grade is the Incoming Student Entering? _____

In What School Year will he be Entering? _____

This Application is for the Student Named Above for: (Check All That Apply)

Initial attendance at Evangel Christian School.

School transfer, transferred from:

Provide Name of School you are transferring from _____

City State Phone Number

A Request For Transfer is required before transferring this student to or from another SEVIS approved school.

Other _____

Educational Plans

Indicate the Semester the incoming student will begin:

Fall (September – January)

Spring (January – June)

In the year _____ Grade incoming student will be entering _____

Level of education the student is pursuing or will pursue in the United States: (check only one)

Primary (K-5)

Secondary (6-12)

If the student named above is accepted for a full course of study at Evangel Christian School, they will be majoring in Education, General. The student is expected to report to school no later than September 1st for the Fall Semester and January 15th for the Spring Semester. The normal length of studying New York is 10 months. If you want to attend Evangel Christian School longer than 1 year please indicate the number of years you will be attending (required to be filled in _____).

Family Information

Father Guardian (check one)

Mother Guardian (check one)

Full Name _____

Address _____

City/State/Zip _____

Occupation _____

Employer _____

Address _____

City/State/Zip _____

Telephone (Home) _____

Telephone (Work) _____

Cell Phone _____

Email _____

Host Family/Guardian Information in the United States

Full Name _____

Address _____

City/State/Zip _____

Occupation _____

Employer _____

Address _____

City/State/Zip _____

Telephone (home) _____ Telephone (work) _____

Email _____

I certify that I have included all previously attended educational institutions and that all the answers I have given in this application are complete and accurate to the best of my knowledge. If admitted, I agree to observe all the rules and regulations of Evangel Christian School. I acknowledge that failure to accurately complete this application or falsification of information will lead to immediate dismissal. I also understand that my child likeness may be photographed or videotaped by the course of school activities. I hereby give consent for the school to use my child likeness in promotional materials.

Signature of applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Checklist of items to send with Application:

Completed Application for Admissions with all required signatures

Declaration of Finances with all required signatures & bank statement

English Proficiency Test (elementary students, please fill out to the best of your ability, if high school complete in full)

Acceptance Letter from requested school

Copy of Passport

2 letters from English teachers

Paragraph from student

Medical records

Transfer information (if this applies)

*Check/Cashiers Check or Money Order for \$450 in US dollars made payable to:
Evangel Christian School*

Request for guardian if parent(s) are not in the United States:

Please provide a written, signed and dated letter of intent from the guardian of the student stating that they will be responsible for all academic costs and any other costs that would be needed while the student is attending our school including costs for medical emergencies. Please include name of guardian, address, phone, student name, school name and city on the letter of intent.

An appointment needs to be made with the Evangel Christian School to review proper paperwork before student can attend school. Please call 718-937-9600 to schedule a date and time.

School Official to be Notified of the Student's Arrival in the United States:

Mrs. Carolyn Marko – Principal
39-21 Crescent Street
Long Island City, New York 11101
Telephone: (718)937-9600
Fax: (718)706-8669
Email: info@ecsnyc.org
Website: www.ecsnyc.org

Preparing Our Students To Impact Their World For Christ!