



Saddleback Valley Christian Schools

26333 Oso Road , San Juan Capistrano, CA 92675 Phone: (949) 443-4050 Fax: (949)443-3941

www.svcschools.org email: intl@svcschools.org

TEAR HERE

TEAR HERE

Personal Information

Last Name _____
 First Name _____ Middle _____
 Grade Entering _____
 Male Female
 Nationality _____
 Date of Birth _____ / _____ / _____
Month Day Year
 Home Address _____

 Home (_____) _____ - _____
 Cell (_____) _____ - _____
 Email _____
 Emergency Contact Name _____
 Phone (_____) _____ - _____
 Do you wish to be on the following published lists?
 Carpool List Yes No School Directory Yes No

Student Photo

Please attach current student photo here.

The student enrolling lives with:
 Mother & Father Mother Only
 Mother & Stepfather Father Only
 Father & Stepmother Guardian
 Other (please explain): _____

Family Background

Parent Information

First Name _____
 Last Name _____
 Address _____

 Home (_____) _____ - _____
 Cell (_____) _____ - _____
Employment
 Business _____
 Title _____
 Work (_____) _____ - _____

Guardian Information

First Name _____
 Last Name _____
 Address _____

 Home (_____) _____ - _____
 Cell (_____) _____ - _____
Employment
 Business _____
 Title _____
 Work (_____) _____ - _____

Person responsible for financial matters regarding this student: _____
 Address (if different) _____
 Phone (if different) (_____) _____ - _____

Student Background

Check the activities you would be interested in:
 Football Softball Volleyball Drama Swimming
 Basketball Track Tennis Choir Yearbook
 Soccer Cross Country Cheerleading Band Student Government (ASB)
 Baseball Golf Dance Outreach/Missions Other : _____

Check the following concerns (if applicable):
 Medical Condition Learning Disabilities Physical Disabilities
 Social Adjustment Civil Authority Academics

Have you ever: Smoked? Yes No Used Illegal Drugs? Yes No Consumed Alcoholic Beverages? Yes No
 Do you read the Bible? Daily Sometimes Never
 What Church do you attend? _____ Are you a member? Yes No
 Pastor's Name _____ Do you have a relationship with Jesus? Yes No
 If so, please explain: _____

SVCS INTERNATIONAL APPLICATION





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Schooling

Test Scores (if available, please attach to application):

SLEP ELP IELTS TOEFL

Previous School

City

Grade(s)
Attended

Reason for Leaving

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the space provided below, please explain any special situations faced with regards to academic progress, behavior, social adjustment, etc., while at any of the schools listed above.

References

Please list three references; one of which should be your Pastor, a former school administrator or teacher.

Name

Phone

_____	_____
_____	_____
_____	_____

Housing

If you will need housing, please indicate your order of preference:

Homestay Dormitory Group Home Single Shared No Preference

Do you need transportation? _____

Do you need airport pickup service? _____

Do you need guardianship? _____

REFUND POLICY

For students who enter the United States with an F-1 Visa issued with the i20 provided by Saddleback Valley Christian Schools, NO refunds will be given. Due to the nature of the International program, its limited seats, high demand, and immigration processing time and subsequent procedures, students who enroll at SVCS are securing their seats for the entire academic year. International students who accept admissions at SVCS are committing themselves to follow the guidelines, policies and procedures in areas of academic, athletic, social, and spiritual disciplines as stipulated in the Student Handbook.

Student/Parent Waiver

We agree to support the school, administration and teacher(s) in all aspects with regards to the education of our child. We further agree to meet our financial obligations in a timely manner and understand that adjustments to the fee schedule and tuition may occur with each new school year as deemed appropriate by the administration. We acknowledge that the information contained in this application is accurate to the best of our knowledge and understand that admission into Saddleback Valley Christian Schools is determined by the Administrator and that completion of this application does not guarantee admission. We understand that acceptance is pending and is based on our testing results and receipt of all academic/behavioral records. Determination and acceptance will also be given upon completion of the interview and testing process. All fees and tuition payments must be current for a student to attend SVCS. We have read and understand the above refund and waiver policy. By signing below, we agree to comply.

Signatures

Student _____ Date _____ Guardian _____ Date _____

Father _____ Date _____ Mother _____ Date _____