



WESTERN CHRISTIAN SCHOOLS

A Legacy of Excellence Since 1920

February 1, 2010

Dear Prospective Western Christian High School Student:

Thank you for your interest in our program at Western Christian High School (WCHS). Western Christian School is a private school established in 1920, preparing high school students to enter college or university. At WCHS our mission is to "provide a Christ-centered community that integrates faith and quality education."

We offer a special program with four levels of ESL to build our International students as they develop English language proficiency. We accept International students for freshmen through senior years of study (ages 14-18) to our high school. 100% of our International Students graduate and enter the finest universities and/or colleges upon graduation. Western Christian School ranks high among all schools in the Southern California area.

During the Summer months, Western offers a variety of academic enrichment courses. Courses in English, Math, Science and Social Science are paced to fit in to two, 3-week sessions. Each session provides the equivalent of one semester credit. Each class will maintain the same small student-teacher ratio that we have during our school year and are available on a first come, first served basis.

Again, thank you for your interest in Western Christian High School. Please familiarize yourself with our WCHS International Program website at www.westernchristian.org/highschool/esl/. If you have any questions, please call our offices at (909) 920-5858.

Sincerely,

Mrs. Laura Nelson, PDSO, M.Ed.
Vice Principal / International Program Director
LNelson@westernchristian.org

Mrs. Jenna DePartee, DSO
International Program Coordinator
JDePartee@westernchristian.org



**WESTERN CHRISTIAN HIGH SCHOOL – International Program
Admissions Procedure/Student Checklist**

Thank you for your interest in Western Christian High School. This packet includes all the forms you will need to complete an application for admission. Specific instructions for these forms and for other aspects of the admission process are outlined below.

- APPLICATION** The Application Fee of \$550 and the \$60 testing fee are due when you submit the application. Openings may be limited and applicants are encouraged to apply by May 1. Students may be admitted during the school year if openings are available. Student applications will be reviewed once all documents along with the \$560 application and testing fees are received. **ALL FEES ARE NON-REFUNDABLE.** Once the student is accepted, the \$610 fee will be used towards registration, testing, and \$200 will be credited toward the outstanding amount owed for tuition.
- GRADES/TRANSCRIPT** Parents and/or guardians must provide applicant's school transcript:
 - Current original transcripts :and one translated into English (minimum GPA of 3.0)
 - All high school transcripts including the current year
- SCHOOL REFERENCE & TEACHER REFERENCE:** To be completed by a current principal or vice principal and a teacher.
- PERSONAL REFERENCE:** To be completed by a family friend, pastor, coach or other (non-related) individual who knows the student well.
- GUARDIAN INFORMATION SHEET:** To be completed by student's guardian.
- IMMUNIZATION:** a copy of your student's immunization must be on file and the applicant records must show all childhood immunizations.
- COPY OF PASSPORT**
- DOCUMENTATION SHOWING PROOF OF FINANCIAL MEANS OF SUPPORT. Bank verification of funds, required by DHS translated into U.S. currency.**
- PROOF OF HEALTH INSURANCE AND EMERGENCY MEDICAL FORM signed by parent or guardian.**

UPON ACCEPTANCE YOU WILL RECEIVE:

- **CURRENT I-20 - or- Letter of Intent to Transfer.**
- **COVER LETTER / ACCEPTANCE LETTER** as proof of your acceptance.
- **TESTING:** Applicants for admission for ninth through twelfth grades are required to take a Math and English assessment exam. All assessment exams will be given at Western Christian High School by scheduled appointment when the student arrives in the U.S.
- **PERSONAL INTERVIEW** A personal interview will be requested with the applicant and applicant's parent or guardian. Appointments will be arranged by the International Program Coordinator once the student arrives in the U.S. Guardians must contact the school to inform them of arrival dates.
- **TUITION & FEES** Please refer to the Unified Tuition Schedule for a list of current costs. Tuition is paid in advance and is due when the student arrives in the U.S. According to the Registration form and Enrollment agreement, all fees are non-refundable and parents are obligated for payment of the annual tuition. **Note: The International tuition is non-refundable.**
- **HOST FAMILY INFORMATION** Western Christian High School offers host family placement which requires that arrangements are made in advance. Information will be provided with our acceptance package or can be downloaded from our website.

It should be understood that continued enrollment is contingent upon maintenance of a satisfactory academic and behavior record.



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Date of Application: _____ / _____ / _____

Applying School Year: _____

Month Entering: June (Summer) September

Grade Entering: _____

Applicant Information: Please complete **all** questions.

Legal Name
 on Passport
 of Student:

English
 Name:

Last

First

Middle Initial

Male Female Date of Birth: _____ / _____ / _____ Country of Birth: _____ Country of Citizenship: _____

Foreign Address: _____

Street

City

State/Province

Country

Postal (Zip) Code

Phone: (_____) _____ Student Email: _____

Student Cell Phone: (_____) _____ Passport Number: _____

Passport Country of Issuance: _____

Family Information:

Information regarding: Father Stepfather

Title: Mr. Dr. Other

Name: _____

E-mail Address: _____

Cell Phone: (_____) _____

Home Address (foreign) :

_____ *Street*

_____ *City* _____ *Province/ State*

_____ *Country* _____ *Postal Code*

Home Phone: (_____) _____

Please Check:

Married Separated Divorced Widower

Information regarding: Mother Stepmother

Title: Mrs. Ms. Dr. Other

Name: _____

E-mail Address: _____

Cell Phone: (_____) _____

Home Address (foreign) :

_____ *Street*

_____ *City* _____ *Province/ State*

_____ *Country* _____ *Postal Code*

Home Phone: (_____) _____

Please Check:

Married Separated Divorced Widow

U.S. Guardian Information (Student will not be accepted without U.S. Guardian):

Name: _____ Address: _____ *Street* _____ *City* _____ *Zip*

Phone: _____ Email Address: _____

Cell Phone: _____ Relationship to Student: _____

General Information:

How did you become interested in Western Christian High School? _____

Please state briefly why you want your student to attend Western Christian High School: _____

Are you or any family members a graduate of WCHS? Yes / Year _____ No

List any other children at home:

Names:	Age:	Grade:	School and location if attending:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Previous School Information:

Last school attended or attending: _____

Mailing Address: _____
Street *City* *State* *Zip*

Phone: (_____) _____ Grade completed: _____

Has applicant:

had any scholastic difficulty?	<input type="radio"/> yes	<input type="radio"/> no	had problems with truancy?	<input type="radio"/> yes	<input type="radio"/> no
been retained?	<input type="radio"/> yes	<input type="radio"/> no	had absences due to illness?	<input type="radio"/> yes	<input type="radio"/> no
had disciplinary problems?	<input type="radio"/> yes	<input type="radio"/> no	had difficulty with civil authorities?	<input type="radio"/> yes	<input type="radio"/> no

Explain any "yes" answer: _____

Student Information: *Please have **student** complete this section*

List your special interests, talent, art, athletics, drama, music, etc: _____

Have you had difficulty with students or teachers in a previous school? _____

If yes, please explain: _____

Do you attend church or youth group? yes no How frequently: _____

Name of church you attend: _____

What are a few of your favorite:

TV Shows? _____

Movies? _____

Music Groups? _____

Do you have a "My Space" account? yes no URL: _____

Do you have a "Facebook" account? yes no URL: _____

Have you ever or do you now use:

alcoholic beverages: yes no explain: _____

cigarettes: yes no explain: _____

drugs: yes no explain: _____

Student Essay

Please write a 5 paragraph essay on why you want to attend Western Christian High School.

ATTACH ESSAY TO THIS APPLICATION.

Conduct Standard:

A student enrolled in Western Christian Schools is expected to incorporate in his/her life a set of standards that reflect Christian moral and spiritual values.

A Partial List of Acceptable Behavior:

<i>Honesty</i>	<i>Courtesy</i>	<i>Integrity</i>	<i>Morality</i>
<i>Modesty</i>	<i>Dependability</i>	<i>Desire to Learn</i>	<i>Cooperative Spirit</i>
<i>Self-Discipline</i>	<i>Responsibility</i>	<i>Consideration for Others</i>	<i>Respect for Authority</i>

A Partial List of Unacceptable Behavior:

<i>Dishonesty</i>	<i>Profanity</i>	<i>Uncooperative Spirit</i>	<i>Disrespect/Insubordination</i>
<i>Cheating</i>	<i>Stealing</i>	<i>No Desire to Learn</i>	<i>Lack of Self-Discipline</i>
<i>Vulgarity</i>	<i>Harassment</i>	<i>Fighting</i>	<i>Use of Drugs, Alcohol, Tobacco</i>
<i>Misuse of Internet</i>	<i>Moral Impurity</i>	<i>Truancy</i>	

Unacceptable behavior listed above may result in suspension or dismissal from school. Your signature(s) certifies that you have read and understand the Conduct Standard, as outlined above.

We agree to support the Western Christian School staff in its goals, procedures and discipline policies, we understand that Western Christian School is a private institution and reserves the right to cancel the enrollment of any student who does not abide by Western Christian School standards and requirements.

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Submit this application, all documents on the check list, and a check for application and registration fees. All documents and fees must be present in order to process application. All fees are non-refundable.



The mission of Western Christian Schools is to provide a Christ-centered community that integrates faith and quality education.

CLAREMONT CAMPUS – Grades Pre-K – 8
3105 Padua Avenue
Claremont, CA 91711
(909) 624-8291

UPLAND CAMPUS – Grades 9-12
100 West Ninth Street
Upland, CA 91786
(909) 920-5858

Western Christian Schools International Program Enrollment Agreement

We hereby acknowledge acceptance of our student, named on the front page, for the privilege of enrolling as a student in Western Christian Schools for the upcoming school year.

- We agree to accept responsibility of obeying the rules and regulations by which the school is operated and do support the Christian principles for which it stands. We agree to conduct ourselves and communicate in alignment with Biblical standards and the mission of the school.
- We accept the responsibility for our student, cooperating fully with dress and grooming standards, the Christian standards of the school and to see that they refrain from the use of tobacco, alcoholic beverages and narcotics, (unless prescribed by a physician), at all times including non-school hours. Violations of these standards shall constitute grounds for dismissal from Western Christian Schools.
- By enrolling in Western Christian Schools, we agree to be responsible for any loss or damage to school property that our student may cause.
- We understand that, as parents/guardians, we may withdraw our student from Western at any time without due cause. **Tuition is non-refundable.** School officials may withdraw a student according to the due process procedures outlined in the Student Handbook.
- We understand that the school deals directly with the parents/guardians in all matters, including legal and financial, and that the student must be under the jurisdiction of his/her parents or legal guardians as a condition of enrollment and graduation, regardless of age.
- We understand that the cost involved in operating Western significantly exceeds the amount we are charged in tuition and fees. We, therefore, commit ourselves to promptly pay our financial obligations.
- We understand that the tuition does not cover the full educational costs and as we are financially able, we will prayerfully consider supporting the Legacy Annual Fund.
- We understand that any school account becoming delinquent more than 15-days is a serious matter and will incur penalties. Any account that is 30-days delinquent may mean immediate removal of our student(s) from classes until the account is brought current.
- We understand that our student may **not** participate in student activities including, but not limited to, dances, sports events, trips, finals and graduation, if all our accounts are not current. We understand that transcripts and report cards may **not** be released if our account is not current. We also understand that no credit for our student's work can be earned unless all financial obligations are paid.

Any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.



WESTERN CHRISTIAN HIGH SCHOOL

“Providing a Christ-Centered Community that Integrates Faith and Quality Education”
 100 W. Ninth Street, Upland, CA 91786 • PHONE (909) 920-5858 FAX (909) 985-3449

URGENT - ENROLLMENT PENDING

To be completed by a School Principal or Vice Principal

Please return by Fax or Mail. (All forms must be turned in before an interview will be scheduled.)

Note: PSP students should have an adult friend or mentor complete this form.

Student Name: _____ Grade Entering: _____

The student, as noted above, has applied to attend our school. We would appreciate your response to the following questions. **Please return this form as soon as possible.**

How long have you been associated with this student? _____

Approximately where does the applicant rank academically in your school?

- Top 10% Top Third Middle Third Lower Third

Has the student had any disciplinary problems? Yes No

If yes, please explain: _____

Cooperation from parents with school policies and personnel:

- Active and constructive
 Cooperative when called upon
 Argumentative, critical, but cooperative
 Non-cooperative
 Not known

Financial obligations:

- Parents meet financial obligations regularly
 Parents need special consideration with financial
 Not applicable

Does the student have any abnormal health problems? Yes No

Special talents, gifts or abilities that will make this student an asset: _____

STUDENT RATING

(Please Circle One:)

Attendance:	Excellent	Good	Average	Below Average
Cooperation:	Excellent	Good	Average	Below Average
General Conduct:	Excellent	Good	Average	Below Average
Initiative:	Excellent	Good	Average	Below Average
Leadership:	Excellent	Good	Average	Below Average
Punctuality:	Excellent	Good	Average	Below Average
Sense of Responsibility:	Excellent	Good	Average	Below Average
Work and Study Habits:	Excellent	Good	Average	Below Average

RELATIONSHIP OF STUDENT TO PARENTS

(Obedient, Respectful, Loving, etc.)

- Excellent Very few problems Some problems Many problems Serious problems Not known

HABITS

(Check all that apply)

- Use of tobacco Use of narcotics/drugs Drinking Language Disruptive behavior Fighting

Do you recommend this applicant for admission to Western Christian Schools? : (Please check)

- Most Highly With Confidence As Acceptable Not Recommended

Comments: _____

Signature / Print Name

Title

School

Date

Note: The information contained in this reference will be held in strict confidence, used and seen only by school authorities for application processing only.



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URGENT - ENROLLMENT PENDING

To be completed by a School Teacher

Please return by Fax or Mail. (All forms must be turned in before an interview will be scheduled.)

Note: ISP students should have an adult friend or mentor complete this form.

Student Name: _____ Grade Entering: _____

The student, as noted above, has applied to attend our school. We would appreciate your response to the following questions. **Please return this form as soon as possible.**

How long have you been associated with this student? _____

Has the student had any disciplinary problems in your class? Yes No

If yes, please explain: _____

Cooperation from parents with school policies and personnel:

- Active and constructive
- Cooperative when called upon
- Argumentative, critical, but cooperative
- Non-cooperative
- Not known

Does the student have any abnormal health problems? Yes No

Special talents, gifts or abilities that will make this student an asset: _____

STUDENT RATING

(Please Circle One:)

Attendance:	Excellent	Good	Average	Below Average
Cooperation:	Excellent	Good	Average	Below Average
General Conduct:	Excellent	Good	Average	Below Average
Initiative:	Excellent	Good	Average	Below Average
Leadership:	Excellent	Good	Average	Below Average
Punctuality:	Excellent	Good	Average	Below Average
Sense of Responsibility:	Excellent	Good	Average	Below Average
Work and Study Habits:	Excellent	Good	Average	Below Average

RELATIONSHIP OF STUDENT TO PARENTS

(Obedient, Respectful, Loving, etc.)

Excellent Very few problems Some problems Many problems Serious problems Not known

HABITS

(Check all that apply)

Use of tobacco Use of narcotics/drugs Drinking Language Disruptive behavior Fighting

Do you recommend this applicant for admission to Western Christian Schools? *(Please check)*

Most Highly With Confidence As Acceptable Not Recommended

Comments: _____

Signature / Print Name

Title

School

Date

Note: The information contained in this reference will be held in strict confidence, used and seen only by school authorities for application processing only.



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(THIS FORM is OPTIONAL)

To be completed by a Pastor, Youth Pastor, or Volunteer Program Director/Supervisor.
Please Fax or Mail

Student Name: _____ **Grade Entering:** _____

The student, as noted above, has applied to attend our school. We would appreciate your response to the following questions. Please return this form as soon as possible.

How long have you been associated with this student? _____

Church participation: (please check appropriate statement)

Very Faithful Faithful Occasional

Relationship of student to parent: (respect, obedience, etc., please check appropriate statement)

Excellent Very few problems Some problems Many problems
 Unknown

Are you aware of student participating in activities not consistent with biblical teachings? Yes No

If yes, please explain: _____

Cooperation from parents with student’s church or volunteer activities:

Active and Constructive Cooperative when called upon
 Non-cooperative Argumentative, critical, but cooperative
 Not known

List any special talents, gifts, or abilities demonstrated by this student: _____

Do you recommend this applicant for admission to Western Christian Schools?

Most Highly With Confidence As Acceptable Not Recommended

Comments: _____

Signature / Print Name **Relationship to applicant** **Date**

Address **Daytime Phone** **Cell Phone**

Note: The information contained in this reference will be held in strict confidence, used and seen only by school authorities for application processing only.

**Western Christian High School
Student Emergency Information**

* If additional mailing is requested, you must fill out the 2nd parent mailing on this page.

School Year: _____ - _____ Grade: _____

Student's Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email Address: _____

Name of Father/Guardian (Living in home): _____ Cell Phone: _____ Email: _____

Employer's Name: _____

Employer's Address: _____ Phone: _____

Name of Mother/Guardian (Living in home): _____ Cell Phone: _____ Email: _____

Employer's Name: _____

Employer's Address: _____ Phone: _____

2nd Parent Mailing:

Name: _____ Relationship: _____ Email: _____

Employer's Name: _____

Employer's Address: _____ Phone: _____

Neighbor or relative who may be called if student is ill and needs to be picked up.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

If parents are divorced or separated, who has legal custody of the child? _____

AUTHORIZATION TO TREAT A MINOR

Insurance Company: _____ Policy Number: _____

Financial Responsibility: _____

Doctor's Name: _____

Doctor's Address: _____ Phone: _____

Dentist's Name: _____

Dentist's Address: _____ Phone: _____

Consent is given for any medical/emergency personnel to give medical attention, administer necessary treatment including drugs/medicines and to perform such surgical procedures deemed necessary during an emergency and to relieve pain and to preserve life and health.

Parent/Guardian Signature: _____ Date: _____

Student's Medical History: (check)

Serious Illness Operations Hospitalization Allergies (Include drugs, foods, bites, and pollen):

Medications (presently taking): Yes No If yes, what? _____

Any illnesses other than colds in past 6 months? If Yes, What? _____

Completed immunization? Yes No

Tetanus: Yes No Date of last tetanus: _____

Systems Review: (have you ever had or do you now have any of the following)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Black Outs or Fainting | <input type="checkbox"/> Collapsed lung | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Concussions | <input type="checkbox"/> Difficulty seeing | <input type="checkbox"/> Difficulty hearing | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Enlarged Liver | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Bleeding tendency |
| <input type="checkbox"/> Enlarged Spleen | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Hernia | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Heat Problems | <input type="checkbox"/> Irregular Pulse | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Single testicle | <input type="checkbox"/> Menstrual disorder |
| <input type="checkbox"/> Loss of memory (temporary) | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Single Kidney | <input type="checkbox"/> Ulcer disease | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Single Eye | | | |

Injuries: (please check if yes and explain briefly)

- | | | | | |
|---------------------------------------|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Arm | <input type="checkbox"/> Ankle | <input type="checkbox"/> Back | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Hand | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Foot | <input type="checkbox"/> Leg |

Explain any items marked. Continue on a separate piece of paper if necessary. Include any other problems not mentioned:

AUTHORIZATION FOR MEDICATION TO BE TAKEN AT SCHOOL

All medications taken by students while on WCHS property must be held at our health desk and issued by WCHS personnel. I authorize WCHS to hold and administer medications per instructions below.

Parent/Guardian Signature: _____ Date: _____

Medication(s) Section:

1. Medical Diagnosis: _____

Medication Name/Generic Name: _____ Expiration Date: _____

Dose: _____ Time: _____

How soon can it be repeated? _____

List significant side effects: _____

Other information: _____

2. Medical Diagnosis: _____

Medication Name/Generic Name: _____ Expiration Date: _____

Dose: _____ Time: _____

How soon can it be repeated? _____

List significant side effects: _____

Other information: _____

Any additional over the counter medications that can be administered: TYLENOL OR ADVIL, etc.

Note: All medication authorizations are good for the current school year only.

FIELD TRIP AUTHORIZATION

We give our permission for (student's name) _____ to accompany his/her class on all field trips throughout the current year. I understand that I am giving my permission, and will not hold Western Christian Schools or the bus driver, liable in case of an accident or other unexpected event. Students will always be accompanied by a teacher or staff member and will be under adequate supervision.

Parent/Guardian Signature: _____ Date: _____

WESTERN CHRISTIAN HIGH SCHOOL – International Program

Guardian Information Sheet

NAME OF GUARDIAN: _____

ADDRESS OF GUARDIAN: _____

GUARDIAN PHONE NUMBERS: Home _____ Work _____

Cell Phone _____

EMAIL ADDRESS: _____

EMPLOYER/WORK PLACE: _____

DRIVER'S LICENSE NUMBER: _____

RELATIONSHIP TO STUDENT: _____

AS GUARDIAN, I FULLY ACCEPT LEGAL AND FINANCIAL RESPONSIBILITY FOR THE STUDENT NAMED
_____ BEGINNING ON THIS DATE _____

I KNOW THAT I WILL REMAIN GUARDIAN UNTIL THE STUDENT GRADUATES OR UNTIL SUCH TIME AS THE
PARENTS OF THE ABOVE STUDENT CHOOSE ANOTHER RESPONSIBLE ADULT TO BE GUARDIAN.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____