
International Application





ANTELOPE VALLEY CHRISTIAN SCHOOL

"But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint." Isaiah 40:31

Dear Applicant,

Thank you for your interest in Antelope Valley Christian School (AVCS). We think you will find AVCS to be a diverse and intimate international community, and we trust you will flourish as a student with us.

Attached you will find a complete application package, as follows:

- **Application Procedures**—Use the one page outline as a guide and checklist to help you from the day you begin your application until the first day you step onto campus as a part of the AVCS community.
- **Agreement and Authorization**—Please read all parts of this document carefully before signing.
- **Student Application**—Please complete every field on all sections. You will also be asked to attach the necessary supplementary items: English translations of transcripts, proof of birth, and immunizations or inoculations are required, as well as your 100-word essay.

Thank you once again for your interest and intent to apply. If you have any questions, please do not hesitate to contact the AVCS International Programs Department, as noted below. We will be more than happy to assist you with any concerns.

Regards,

International Programs Department

Antelope Valley Christian School
3700 West Avenue L
Lancaster, CA 93536 USA

Phone: 661-943-0044

Fax: 661-943-6774

Email: iie@avcs.edu

Web: www.avcs.edu

Skype: [avcs.international.interview](https://www.skype.com/join/avcs.international.interview)

APPLICATION PROCEDURES

1. SUBMIT APPLICATION WITH ALL REQUIRED DOCUMENTS & FEES USD \$100.00

- Application Fee of USD \$100— May be paid by Cashier's Check or VISA, MASTERCARD, AMERICAN EXPRESS and DISCOVER credit cards. Please see the attached Credit Card Authorization Form.
- Completed Application Form (pages 4 - 14).
- Copy of Passport information page.
- Proof of Birth: Birth Certificate or Family Registry / Household Registry (With English translation).
- Immunizations/Inoculations records (With English Translation) as required by California state.
- Official original transcripts for all grades completed, sealed with English translations.
- Affidavit of financial support or statement proving that the student has sufficient financial resources to pay for tuition and living expenses for one year (estimated cost is USD \$36,550).
- TOEFL iBT Score: TOEFL iBT score of 68+ or SLEP Score 50+ is required to be excused from ESL program. Students who do not submit an English Proficiency Test Score will be required to attend the ESL Program for a minimum of one academic year or until required score is achieved.
- Two (2) letters of recommendation.
- Completed 100 Word Essay in English (see page8).

2. SCHEDULE ADMISSIONS INTERVIEW

After your application and all required items are submitted, the International Programs Department will contact you to schedule a telephone or Skype admissions interview. The SKYPE address for AVCS International Programs Office is: avcs.international.interview

3. RECEIVE ACCEPTANCE LETTER & FINANCIAL STATEMENT

If you are accepted to AVCS, the International Programs Department will send you an Acceptance Letter and Financial Statement for the following:

Application Fee	\$100
Registration	\$2,970
Tuition & Residence	\$27,430
ESL Program (If Required)	\$5,000
Intensive off-Campus Excursions	\$300
Room Deposit	\$750

4. RECEIVE WELCOME PACKAGE

Upon receipt of all required fees (in full) at Antelope Valley Christian School, the International Programs Office will issue the I-20 form necessary to obtain a student F-1 visa to enter the United States. Helpful suggestions, Residential Center Student Handbook, Junior/Senior High School campus handbook, as well as other documents proven to be helpful for first time students will be included in the welcome package.

5. OBTAIN F-1 VISA

It is the responsibility of student or student representative to schedule a visa interview with the US consulate in home country, which will be able to provide the most accurate information for the visa interview process.

PLEASE PLACE
PICTURE HERE

AVCS RESIDENTIAL CENTER STUDENT APPLICATION

SECTION 1: STUDENT INFORMATION

FAMILY Name: _____ **GIVEN Name:** _____

AMERICAN Name: _____

GENDER: Male Female **AGE:** _____ **DATE of Birth:** _____

CITY of Birth: _____ **NATIONALITY:** _____

COUNTRY of Birth: _____ **COUNTRY of Citizenship:** _____

RELIGION: _____ **LANGUAGES Spoken:** _____

HOME Address: _____

HOME Phone: _____ **MOBILE Phone:** _____

EMAIL Address: _____

GRADE Applying: _____

PROGRAM Desired: Full Academic Year Fall Semester Spring Semester Summer School

ENROLL Date: _____

NAME of Last School Attended: _____

LAST School Address: _____

SECTION 2: PARENT & SIBLING INFORMATION

Parents are: Married Separated Divorced Widowed Single

FATHER/STEPFATHER/GUARDIAN INFORMATION

NAME: _____

HOME Address: _____

HOME Phone: _____ MOBILE Phone: _____

OCCUPATION: _____ COMPANY Name: _____

WORK Phone: _____ MOBILE Phone: _____

EMAIL: _____ FAX Number: _____

MOTHER/STEPMOTHER/GUARDIAN INFORMATION

NAME: _____

HOME Address: _____

HOME Phone: _____ MOBILE Phone: _____

OCCUPATION: _____ COMPANY Name: _____

WORK Phone: _____ MOBILE Phone: _____

EMAIL: _____ FAX Number: _____

SIBLING INFORMATION

Brother's Name _____ Age: _____ Brother's Name _____ Age: _____

Sister's Name _____ Age: _____ Sister's Name _____ Age: _____

SECTION 3: EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT IN HOME COUNTRY (other than parents):

Emergency Home Country Contact Name: _____

Home Address: _____

Email: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

EMERGENCY CONTACT IN USA:

Emergency USA Contact Name: _____

Home Address: _____

Email: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

AGENT CONTACT INFORMATION:

AGENCY: _____

Agent Name: _____

Address: _____

Email: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

SECTION 4: EDUCATIONAL INFORMATION

Please list all schools attended in the past three years:

1. Most Recent School: _____

Address: _____

Phone Number: _____ Academic School Year Attended: _____

Highest grade completed: _____ Reason for leaving: _____

2. School: _____

Address: _____

Phone Number: _____ Academic School Year Attended: _____

Highest grade completed: _____ Reason for leaving: _____

3. School: _____

Address: _____

Phone Number: _____ Academic School Year Attended: _____

Highest grade completed: _____ Reason for leaving: _____

Has the student ever repeated a grade? NO If YES, Please explain

Has the student ever skipped a grade? NO If YES, Please explain

Has the student ever been suspended or expelled? NO If YES, Please explain

Does the student have any circumstances, issues, or concerns (academic, social, health-related or other) that the school should be aware of? NO If YES, Please explain

SECTION 5: STUDENT QUESTIONNAIRE

1. Please describe yourself with four adjectives:

- _____
- _____
- _____
- _____

2. Is it your personal desire to attend Antelope Valley Christian School? Why?

3. What are your educational goals?

4. What is your favorite academic subject and why?

5. What is your LEAST favorite academic subject and why?

6. Have you had any difficulties with teachers or other students?

7. What are your favorite activities or interests outside of school?

8. What musical instrument do you play?

9. What sports do you like to participate in?

10. Please describe any awards or certificates you have received.

11. Are you a Christian?

12. Please attach a 100-word essay, written in English, addressing one of the following topics:

- What I know about the Bible and Christian faith?
- The biggest challenge I have experienced in my life.
- The person I admire most (and why).

SECTION 6: PARENT QUESTIONNAIRE

1. How did you learn about Antelope Valley Christian School?

- Friend/Relative Agent Education Fair Internet
 AVCS Website School Newspaper Other: _____

2. Please state briefly your reason for selecting Antelope Valley Christian School.

3. What are your goals for your son or daughter during their high school years?

4. What are your son or daughter's special talents, gifts, abilities or hobbies?

5. Has your son or daughter had any scholastic difficulties in school? Please explain briefly.

6. Has your son or daughter had any serious disciplinary problems? Please explain briefly.

7. In what ways will your child make an important contribution to AVCS?

8. Does your son or daughter have any requirements or needs that we should be aware of in order to better serve them?

SECTION 7: MEDICAL & HEALTH STATEMENT

Student Name: _____ **Date of Birth:** _____
Family Name Given Name mm/dd/yyyy

Complete the following as fully and accurately as possible, with an if any of these conditions exist, and provide details in the space provided. Please note: Your responses will NOT affect the consideration of your application.

- Present medical treatments: _____

- Allergies or reactions to medication: _____

- Serious physical impairment or illness: _____

- Physical handicaps: _____

- Restrictions of physical activity or participation in sports: _____

- Allergies (Health concerns) Restrictions on diet (FOOD/DRINKS):

- Vision deficiency: _____

- Hearing deficiency: _____

- Other: _____

SECTION 8: HEALTH EXAMINATION REPORT & IMMUNIZATION RECORD

Please have a physician do a complete Health Examination *and* submit with a photocopy of immunization records for the following vaccines and tests, with each dose dated (Student will not be permitted to begin classes until received)

- Polio
- DPT (Diphtheria, Pertussis, Tetanus)
- MMR (Measles, Mumps, Rubella)
- Written evidence of chest X-ray (if TB test result is positive)
- Hepatitis B
- Varicella (Chickenpox)
- TB skin test result

Student Name

Signature

Date

PART 2: GRADE PLACEMENT AGREEMENT

All official transcripts from middle school to the most recent high school submitted with the application are final. Any transcripts submitted afterwards with different grades or classes will not be accepted. If the student is currently taking classes at another school, they must provide AVCS with a written list of these ongoing classes upon submitting the application.

Upon arrival each incoming student will be required to take a Math and English placement test. AVCS will designate the student's grade level based on the test results in conjunction with the student transcripts and the University of California A-G required course list. The results of the placement test may indicate that the student needs to be placed in a grade level lower than what they may have completed prior to AVCS.

If the student is unable to demonstrate basic English proficiency on the English placement test, they will be required to take at least one semester of ESL Program at additional cost. Program fees and registration information are available upon request from the International Programs Office.

The TOEFL (iBT) is a test of English proficiency for international students and it is required by public California colleges. The highest score on the TOEFL (iBT) is 120. Currently, the University of California (UC) system requires a minimum of 81 for admission; the California State University (CSU) system requires a minimum of 61 for admission; and the two-year junior or Community College (CC) system requires a minimum of 45 for admission. Private schools such as Stanford generally range from 80-105.

In order to receive a diploma at AVCS, the student must pass all courses with a grade of 70% (C) or above, based on the University of California A-G required course list. The student must also adhere to all other rules and regulations and fulfill all requirements for graduation from AVCS.

PART 3: PHOTOGRAPH USAGE RELEASE AGREEMENT

The parents and student hereby give permission for the student's picture to be taken at school functions and included in school publications and programs.

The parents and student authorize, and irrevocably grant, AVCS and its associates, affiliates, appointed advertising agencies and designated directors, officers, agents, employees, and customers, permission to use photographs and likenesses of the student in all forms of media or any and all promotional purposes including advertising, publicity, display, commercial or editorial use.

The parents and student further consent to the reproduction and/or authorization by AVCS to reproduce and use such photographs for use in all domestic and foreign markets.

The parents and student hereby release AVCS and any of its associates, affiliates, appointed advertising agencies and designated directors, officers, agents, employees and customers from any claims.

PART 4: EMERGENCY MEDICAL/DENTAL CARE CONSENT

By signing this agreement, the parents acknowledge and confirm that they are the parents or guardians responsible for the care and welfare of the student named above on first page of the student application.

The parents hereby agree to allow the student to fully participate in all activities organized by AVCS including field trips, sports, community service, and others. The parents agree to waive all claims against the leaders of the activities and the officers, agents, representatives, authorized caregivers, and Residential Coordinators of AVCS.

The parents hereby authorize the school, its officers, agents, employees, volunteers, caregivers, RC Coordinators, and any emergency service agency as well as any physician, dentist, or paramedic associated with them to give whatever care in their professional opinion is necessary for said student's health and safety while enrolled at AVCS. The school is hereby authorized to administer first aid and over-the-counter medications unless I have otherwise directed medication.

The parents hereby accept full responsibility for any costs incurred in providing medical care to the student above payments by the school medical insurance (dental not included in insurance,) and agree to hold the school, its officers, agents, employees, volunteers, caregivers and RC Coordinators blameless. The parents agree to pay or reimburse the school for all expenses in connection with the above.

The parents hereby waive all claims against the school, its officers, agents, employees, volunteers, caregivers, and RC Coordinators for any and all accidents, illnesses, injuries or death occurring at the school or during any and all of its activities including field trips, sports, community service, and any other activities organized by the school.

All declarations in this Agreement are true and correct until revoked by written notification to AVCS.

PART 5: CONSENT FOR HEALTHCARE FOR STUDENT

This affidavit verifies that the below-named student lives in the Residential Center at AVCS, and authorizes the Residential Center Coordinators and the Director of International Programs to give consent for healthcare.

<hr/> Student Family Name	<hr/> Given Name	<hr/> Date of Birth (mm/dd/yyyy)
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The undersigned parents of the student named above authorizes the student's caregivers into whose care the student has been entrusted, to consent to medical or dental treatment or care under Family Code 6910, whether or not on an emergency basis, and to receive physical custody of the student on completion of treatment, pursuant to Health and Safety Code 1283(a).

Use of this affidavit does not affect the rights of the student's parents or legal guardian regarding the care, custody, and control of the student, nor does it mean that the caregiver has legal custody of the student. This affidavit does not confer dependency for healthcare coverage purposes.

A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

<hr/> Parent Name	<hr/> Signature	<hr/> Date
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AUTHORIZATION

Student Family Name

Given Name

Date of Birth (mm/dd/yyyy)

By signing below, I indicate that I have read, and understand and accept all of the terms and conditions written above, in Parts 1-5. This agreement expresses the complete understanding of each of the undersigned parties. The parents/guardians indicated below have the legal right to consent to and does consent to all of the terms and conditions listed in all parts of this agreement.

Student Family Name

Given Name

Date (mm/dd/yyyy)

Student Signature

Parent Family Name

Given Name

Date (mm/dd/yyyy)

Parent Signature

Parent Family Name

Given Name

Date (mm/dd/yyyy)

Parent Signature

CREDIT CARD AUTHORIZATION

I/We _____ hereby authorize Antelope Valley Christian School to charge the application fee of USD \$100.00 to our VISA/MasterCard/American Express/Discover.

Name as it appears on card: _____

Card Number _____

Expiration Date: _____
mm/yyyy

Signature: _____

Date authorization given: _____
