

**Knoxville Christian School - International Student Application** (revised 10/01/2020)

**STUDENT INFORMATION**

**Please Type & Email to [bford@kcsknights.org](mailto:bford@kcsknights.org)**

Student First Name: \_\_\_\_\_

Student Middle Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Gender: (M/F)\_\_\_\_\_ Student Skype Address:

Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YEAR)

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Grade Last Attended: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

**Home Country Address:**

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone #'s: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Mother's Name, Email and Cell: \_\_\_\_\_

Father's Name and Email, and Cell: \_\_\_\_\_

Student Passport ID Number: \_\_\_\_\_

**US ADDRESS (the address the student will live in USA if available):**

\_\_\_\_\_

**CURRENT SCHOOL'S NAME:**

ADDRESS: \_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_

COUNTRY: \_\_\_\_\_

OFFICE TELEPHONE: \_\_\_\_\_

SCHOOL ADMISSIONS E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Please include 2 relatives):**

1. NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_

COUNTRY: \_\_\_\_\_

2. NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/PROVINCE \_\_\_\_\_

COUNTRY: \_\_\_\_\_

## **GENERAL QUESTIONS**

**(Please type the answers and email them to [bford@kesknights.org](mailto:bford@kesknights.org))**

1. Why do you want to study in the USA?
2. What are your favorite subjects in school? Explain.
3. What are your least favorite subjects in school? Why?
4. What hobbies or sports interest you?
5. Can you play a musical instrument? If so, which one(s)?
6. Which college are you interested in attending? What career path interests you?
7. Do you have any food allergies? If yes, list all foods you are allergic to.
8. Are you allergic to any pets? If yes, list all pets you are allergic to.
9. Do you have any medical needs or dietary needs?

**CANCELLATION REFUND POLICY**

There will be NO tuition refunds after August 1st .

Please see the school calendar on KCS website at [www.kcsknights.org](http://www.kcsknights.org)

I, the undersigned, have read and understand KCS Admission Policy and the Cancellation Refund Policy and acknowledge receipt of a copy. It is further understood and agreed that this Admission Policy supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student, student’s parents and the School Official. I also understand that if I default upon this Policy, I will be responsible for payment of any collection fees or attorney fees incurred by Knoxville Christian School.

My signature below signifies that I have read and understand all aspects of KCS Admission Policy including the Refund Policy and I recognize my legal responsibilities in regard to this contract.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Print Name and Signature of Student	Date

Print Name and Signature of Parent 1	Date

Print Name and Signature of Parent 2	Date

Name and Signature of School Official	Date

This page must be scanned after being signed and emailed separately to Mr. Bud Ford at [bford@kcsknights.org](mailto:bford@kcsknights.org)