Prospective International Student Information

Directions: Please review the information below and complete it to the best of your ability. If there are any questions, concerns, or issues of any kind, please reach out to our International Director, Gib Killion, via email at gkillion@nebraskachristian.org.

General Student Information

Student's LAST Name

_____

Student's FIRST Name

_____

Student's MIDDLE Name

_____

Student's PREFERRED Name

_____

Student lives with:
Check all that apply

- ☐ Both Parents
- ☐ Father is Deceased
- ☐ Mother is Deceased
- ☐ Parents are Separated

☐ Father has Custody

☐ Mother has Custody

☐ Parents are Divorced

☐ Other
Please Explain: _____

Father's Name

_____

Father's Profession

_____

Mother's Name

_____

Mother's Profession

_____

Student's Age

_____

Student's Birthdate

_____

Student's Place of Birth
City, Country

_____

Student's Biological Sex

- ◯ **Male**
- ◯ **Female**

Student's Citizenship Location
Country

_____

Does the **student** have a passport?

- ◯ Yes
- ◯ No

If the student has a passport, please upload a picture of it below.

Student's Contact Information

Student's Phone Number

_____

Student's Email Address

_____

Student's Street Address
Please complete this section in its entirety

Street

_____

District

_____

City

_____

Providence

_____

Country

_____

Postal Code (if applicable)

_____

Student's Academic Information

What grade is the student **applying** for?

Applying for...

What grade is the student **currently** in?

Currently in...

What year does the student wish to enroll in at Nebraska Christian?

Enroll in...

Name of **Previous School**

_____

Previous School's Email

_____

Previous School's Address

_____

List any **English Test Scores**
Examples: ILETS, TOEFL

_____

Will the student be enrolled in ESL?

- ◯ Yes
- ◯ No

If **YES,** which level?

- ◯ Beginning
- ◯ Intermediate
- ◯ Advanced

Has the student ever been referred for academic evaluation, either remedial or accelerated?

- ◯ Yes
- ◯ No

If **YES,** please explain below

_____

_____

Has the student received their academic transcripts from their previous school?

- ◯ Yes
- ◯ No

If you responded yes, please provide a picture of your transcripts below.

Student Medical Information

Has the student ever consulted, or been referred to a psychologist, psychiatrist, or social worker for professional assistance?

- ◯ Yes
- ◯ No

If **YES,** please describe the circumstances

_____

_____

If the student has used or had experience with any of the substances below in the last 12 months, please check the circle below.

- ◯ Narcotic Drugs, Tobacco, Alcoholic Beverages, Stimulants, or other illicit substances.

If any of the above were selected, please provide an explanation

_____

_____

Please list any medication(s) the student is currently taking

_____

Please list any medical condition(s) the student has

_____

Signature of Student and Parent

Student, please type your full name, indicating that the information you have provided is true and accurate to the best of your knowledge.

_____

Parent, please type your full name, indicating that the information you have provided is true and accurate to the best of your knowledge.

_____

Thank you for taking the next step to learn more about our International Student Program. We are grateful for your interest in Nebraska Christian Schools and will be in contact with you shortly.

Blessings,

Gib Killion
International Director

After you have finished filling out this form, please download it and email it to gkillion@nebraskachristian.org.