

# **WILLISTON TRINITY CHRISTIAN SCHOOL**



## **INTERNATIONAL STUDENT APPLICATION FOR ADMISSION**

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*Please Direct All International Student Application Materials to:*

**Williston Trinity Christian School**

International Student Admissions Department

2419 9<sup>th</sup> Avenue West

Williston, ND 58801 USA

**Phone: 701.774.9056 Fax: 701.774.3158**

internationalstudentprogram@wtcsnd.org

**Website:** www.wtcsnd.org

## Admissions Process

**May 1<sup>st</sup> is the application deadline for international students entering grades 9-12. The school year begins in August.**

The applicant is responsible for ensuring that all steps in the admissions process are completed. Your application will be considered for admission only after all required documentation and application fee (Step 1) have been received by WTCS.

1. Your application should be completed by printing legibly in ink and be using English.
2. Your responses to the questions should be thoughtful, truthful, and detailed. Please answer all questions completely. If you do not understand something, please ask.

## Step 1 – Submit Forms

**Complete Application for Admissions** including a non-refundable \$150 application fee, copy of passport ID page, and a student photo. Credit card processing is available at our website.

**Required Supplemental Forms** – The following additional forms are necessary to complete your application. Please complete all required forms and submit to appropriate recipients for completion.

Please follow instructions and use this checklist to make sure you have completed all parts of the application. Your application is a reflection of who you are and extremely important to your admission to Williston Trinity Christian School.

- |  |   |
|--|---|
| <input type="checkbox"/> One Principal/Headmaster Recommendation Form with official seal ( <i>sent directly to school from principal/headmaster</i> )                  | <input type="checkbox"/> Medical Information Form- <i>for school use only</i>   |
| <input type="checkbox"/> Two Teacher/Advisor/Class Master Recommendation Forms with official seal ( <i>sent directly to school from teacher/advisor/class master</i> ) | <input type="checkbox"/> Student Health Form- <i>for school use only</i>        |
| <input type="checkbox"/> Official Transcript of your courses, credits, and grades from the past three (3) years of school.   | <input type="checkbox"/> Certificate of Immunization Form                       |
| <input type="checkbox"/> Testing for English Placement ( <i>Must be sent directly from testing agency.</i> ) A minimum of 645 for the TOEFL, Jr.; 60 for the TOEFL.    | <input type="checkbox"/> Sports Physical Form (NDHSAA Participation Evaluation) |
|  | <input type="checkbox"/> Computer Use Form                                      |
|  | <input type="checkbox"/> Student Handbook Agreement                             |
|  | <input type="checkbox"/> Proof of Medical Insurance                             |

## Step 2 – Skype/WeChat Video Interview

After receiving the complete application and all supplemental materials, the International Student Coordinator will contact the applicant by email or telephone to set up a mutually convenient time for the Skype interview. This interview will take approximately 20-30 minutes. To set up SKYPE, visit [www.skype.com](http://www.skype.com). Please provide the following information.

Telephone number: \_\_\_\_\_

Time of day when you can be reached on Central Standard Time (USA): \_\_\_\_\_

Email address: \_\_\_\_\_

SKYPE/WeChat screen name: \_\_\_\_\_

## Step 3 – International Admissions Committee Review

Following the interview, applications will be reviewed. Parents and student will be notified regarding acceptance within one week of the interview.

# INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

Date Application Received by WTCS: \_\_\_\_\_  
Non-refundable application fee received: \_\_\_\_\_  
Amount: \_\_\_\_\_ Method of Payment: \_\_\_\_\_  
Received by: \_\_\_\_\_ **OFFICE USE ONLY**

## PERSONAL INFORMATION *Please fill in ALL spaces in English.*

Name of Applicant: \_\_\_\_\_  
*Surname First Middle Preferred/Nickname*

Student's Home Address: \_\_\_\_\_  
*Street/Building*

\_\_\_\_\_  
*City State/Province Postal Code Country*

\_\_\_\_\_  
*Student's Mobile Phone Number (including country code) Student Email Address*

\_\_\_\_\_  
*Skype/WeChat Name* Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
*Month/Day/Year City Country*

Country of Citizenship: \_\_\_\_\_

School Year Applying for: \_\_\_\_\_ Grade Applying for: 8 9 10 11 12

Currently in Grade: 8 9 10 11 12 Do You Intend to Graduate from WTCS? Yes No Unsure

Student's Current School: \_\_\_\_\_

Current School's Address: \_\_\_\_\_  
*Street City State/Province Postal Code*

\_\_\_\_\_  
*Current School's Email Address School Phone Number (including country code)*

\_\_\_\_\_  
*School Principal's Name*

How did you first learn about Williston Trinity Christian School? \_\_\_\_\_

## FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
*City State/Province Country Postal Code City State/Province Country Postal Code*

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

\_\_\_\_\_  
*Name of Business or Type of Business Name of Business or Type of Business*

\_\_\_\_\_  
*Father's Email Address Mother's Email Address*

Father Speaks English: Yes No Mother Speaks English: Yes No

TRANSCRIPTS: GRADES AND ATTENDANCE RECORD

\*This form may be reproduced to accommodate multiple years of course studies. Please respond in English.

Name of Student: \_\_\_\_\_ Name of School Currently Attending: \_\_\_\_\_

School Address: \_\_\_\_\_ School Telephone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Student's Attendance Record (A record of three years is required):

Dates attended: From \_\_\_\_\_ to \_\_\_\_\_ (mm/dd/yyyy)

Number of Days Required to Attend per year: \_\_\_\_\_ days.

Total Number of Days Absent: \_\_\_\_\_ days Excused: \_\_\_\_\_ days Unexcused: \_\_\_\_\_ days

Grades: Please list the number of classes per week and minutes in each period. The first line serves as an example:

Example: Year 9 out of 12 total years in school system.						
Year	out of _____ total years in school system.					
Course of Study in English	1 <sup>st</sup> Semester			2 <sup>nd</sup> Semester		
	Classes/ week	Minutes/ class	Score%	Classes /week	Minutes/ Class	Score 0/o
Example: English	5	50	98%			

\*Please indicate using (\*) if the student did NOT pass the course.

Signature: \_\_\_\_\_

Name in PinYin : \_\_\_\_\_ Title: \_\_\_\_\_

General Grading Scale: If your grading scale is different, please indicate corresponding % with appropriate letter grade and provide PROOF of grading scale from your school Headmaster.

Date: \_\_\_\_\_ (mm/dd/yyyy)

Official School Seal Stamp:

Percent%	Letter Grade
94-100	A
87-93	B
78-86	C
70-77	D
0-69	*F

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## PRINCIPAL OR HEADMASTER RECOMMENDATION

PLEASE EMAIL THIS CONFIDENTIAL FORM TO: [internationalstudentprogram@wtcsnd.org](mailto:internationalstudentprogram@wtcsnd.org).

**PLEASE DO NOT GIVE THIS FORM TO THE STUDENT.**

The following student is a candidate for admission to Williston Trinity Christian School in the United States of America. Your careful consideration and evaluation of this student would be greatly appreciated. Please include any observations you believe would be helpful to the admission committee. Thank you for your time and cooperation. All information is confidential.

**Please respond in English or provide a certified English translation and stamp this form with the official school seal.**

Name of Applicant: \_\_\_\_\_

1. How long have you known the student? \_\_\_\_\_

2. Briefly describe the applicant's behavior and attitude. \_\_\_\_\_

3. To your knowledge, has the applicant ever been suspended, dismissed or involved in any serious disciplinary action? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

4. Are you aware of any areas in which this student may need assistance: academic or social? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

5. Please check one of the following:

☐ I recommend the applicant.

☐ I recommend the applicant with reservation for the following reasons: \_\_\_\_\_

☐ I do not recommend the applicant for the following reasons: \_\_\_\_\_

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Your Name: \_\_\_\_\_ PinYin/Chinese Characters: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_



## TEACHER / ADVISOR / CLASS MASTER RECOMMENDATION

PLEASE EMAIL THIS CONFIDENTIAL FORM TO: [internationalstudentprogram@wtcsnd.org](mailto:internationalstudentprogram@wtcsnd.org).

**PLEASE DO NOT GIVE THIS FORM TO THE STUDENT.**

The following student is a candidate for admission to Williston Trinity Christian School in the United States. Your careful consideration and evaluation of this student would be greatly appreciated. Please include any observations you believe would be helpful to the admission committee. Thank you for your time and cooperation.

**Please respond in English or provide a certified English translation and stamp this form with the official school seal.**

Name of Applicant \_\_\_\_\_

How long have you known this student? \_\_\_\_\_ Number of years the student has studied English? \_\_\_\_\_

**Please rate the applicant as follows: 1 = Unacceptable 2 = Below Average 3 = Average 4 = Good 5 = Superior**

### Academic Accountability

Achievement	1 2 3 4 5	Attitude	1 2 3 4 5
Accountability	1 2 3 4 5	Effort	1 2 3 4 5
Motivation	1 2 3 4 5	Conduct	1 2 3 4 5
Responsibility	1 2 3 4 5	Creativity	1 2 3 4 5

### English Language Ability

Proficiency	1 2 3 4 5	Reading	1 2 3 4 5
Writing	1 2 3 4 5	Speaking	1 2 3 4 5
Grammar	1 2 3 4 5	Comprehension	1 2 3 4 5

### General Character

Integrity	1 2 3 4 5	Honesty	1 2 3 4 5
Ambition	1 2 3 4 5	Leadership	1 2 3 4 5
Confidence	1 2 3 4 5	Sociability	1 2 3 4 5
Compassion	1 2 3 4 5	Cooperation	1 2 3 4 5
Maturity	1 2 3 4 5		

Comments: \_\_\_\_\_

Please share your observations or evaluation of the applicant, in and outside of the classroom. Include comments about the applicant's attendance record, study habits, general attitude, personality strengths and weaknesses. (Please attach separate letter if additional space is needed.)

Name: \_\_\_\_\_ School: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_





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Name: \_\_\_\_\_ School: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# WILLISTON TRINITY CHRISTIAN SCHOOL MEDICAL INFORMATION

YEAR: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: M or F

Address (Home Country): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency:** Does student have a health problem which could result in an emergency while at school (Insect Sting, Seizure, Diabetes, Bleeding Problems, Heart Condition, Other)? Yes No If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

**Medications:** Taken regularly at home and/or school, and the reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If medication needs to be administered at school, parent must complete school consent form and have it signed by the licensed prescriber. Please contact the WTCS International Student Admissions Department to request a form. Include a hard copy, or bring printed/signed copy.

**Vision:** Glasses or Contacts **Hearing:** \_\_\_\_\_

**Allergies** (i.e., Pets, Foods, Medications, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Asthma:** Need emergency medication (Inhaler or Epi Pen)?

\_\_\_\_\_

\_\_\_\_\_

**Heart Problems?** If so, please explain.

\_\_\_\_\_

**Speech/Language Concerns:**

\_\_\_\_\_

\_\_\_\_\_

**Attention Deficit/Hyperactivity Disorder?** \_\_\_\_\_

When Diagnosed? \_\_\_\_\_

**Nutrition** (Special Diet, Food Allergies, Diabetes, etc.):

**Emotional Problems** (Recent Death, Depression or Other):

**Physical Problems or Disabilities?**

**Nervous System** (Seizures, Weakness, Other):

**Chicken Pox?**    Yes    No

Date of Chicken Pox: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

**Other** (Skin Problems, Headaches or Other concerns the nurse should be aware of):

**Do You Smoke?**    Yes    No

If yes, please be aware Williston Trinity Christian School, will not accept students for enrollment who smoke, as it is illegal for anyone to smoke under the age of 18 in the U.S.A.

**I HEREBY GIVE PERMISSION TO AN AUTHORIZED WILLISTON TRINITY CHRISTIAN SCHOOL OFFICIAL TO OBTAIN MEDICAL ATTENTION FOR MY CHILD IN CASE OF INJURY OR ILLNESS.**

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

We authorize Williston Trinity Christian School nurse/administration to assist in the dispensing of:

\_\_\_\_\_ Tylenol or cough drops under the instruction of the school nurse and/or administration.

\_\_\_\_\_ I do not want any medication administered to my child.

In consideration of this authorization made at our request, we do hereby agree to indemnity and save harmless the Board of Directors, the individual members thereof and any officials or employees in charge of dispensing medication from any claims or liability for injury or damages caused or claimed to be caused or to result from the dispensing of "over the counter" medication.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WILLISTON TRINITY CHRISTIAN SCHOOL STUDENT HEALTH FORM

YEAR: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: M or F Date of Birth: \_\_\_\_\_

Student's physician/clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Does student have medical insurance? Yes No

**Health History:** [Y = currently under treatment N = no history R = problem in the past but currently resolved]

ADD/ADHD	y	N	R
Asthma	y	N	R
Bone/Joint Problems	y	N	R
Diabetes	y	N	R
Chronic Ear Infections	y	N	R
Emotional/Behavioral	y	N	R
Hearing Loss/Issue	y	N	R
Chronic Headache/Migraine	y	N	R

Allergies (if yes, see below)	y	N	R
Heart Condition	y	N	R
Seizure Disorder	y	N	R
Head Injury	y	N	R
Glasses/Contacts	y	N	R
Weight Concerns	y	N	R
Nosebleed (frequent or severe)	y	N	R
Skin Problems (chronic or severe)	y	N	R

Other concerns which may affect student? \_\_\_\_\_

**Allergies.** Please list and describe any allergies below. Indicate **mild**, **moderate**, or **severe**:

Bee/Wasp Stings
Medicines/Drugs
Food/Plants/Other
Pollen/Dust/Hay Fever
Recommended treatment student currently receives, or has received in the past: <i>Antihistamines :</i> <i>Inhalers: Epi Pen: Other:</i>

**\*If you need additional space to answer the allergies section for treatment, please list on the back of this page.**

**Injuries & Illness.** Please list any severe injuries or illnesses in the student's history.

Injury/Illness	Age of Child	Hospitalized?

**Medications**

What medications are given daily? \_\_\_\_\_

Reason? \_\_\_\_\_

What medications are given frequently, but not daily? \_\_\_\_\_

Reason? \_\_\_\_\_

NOTE: If medication is needed at school a **Medication Administration Form** must be signed by your physician. Request the form by email at: [internationalstudentprogram@wtcsnd.org](mailto:internationalstudentprogram@wtcsnd.org). Hand carry the hard copy to the school.

**I authorize Williston Trinity Christian School/Nurse to dispense\* to my student:** Indicate with yes or no

*Dosage given will be determined by students' weight.	Tylenol	
	Ibuprofen	
	Antacid	

**EMERGENCY PHONE NUMBERS and PERSON TO BE CONTACTED WHEN PARENTS/GUARDIAN CANNOT BE REACHED.**

**Emergency Contact #1:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone # \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone # \_\_\_\_\_

**Emergency Contact #3:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone # \_\_\_\_\_

**Please read the following provisions and sign where provided:**

In consideration of this authorization made by my request, the school and individual dispensing medication, prescription or non-prescription, are not liable for any injury or damages caused by medication.

The information on this form is true to the best of my knowledge. When I cannot be contacted during an emergency, I hereby give permission, to take my child to the closest medical facility; and its medical staff has my authority to provide treatment that a physician deems necessary for the well-being of my child.

This form will be utilized for overnight trips, choir tours, mission trips, etc.

**Information on this form may be shared with appropriate personnel for health and educational purposes.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_