



# the king's school

6087 Route 9N, Hadley, NY 12835 - PO Box 300, Lake Luzerne, NY 12846

USA Phone: 1-518-654-6230 Fax: 1-518-654-7310

[www.kingsschool.info](http://www.kingsschool.info) - [main\\_office@kingsschool.info](mailto:main_office@kingsschool.info)

## International Student Application Form

### **Student Information**

Name \_\_\_\_\_  
Family Name (last)                      Given Name (First)                      American Name (if desired)

Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Alien ID Number, Social Security Number, or Cedular Number (if applicable): \_\_\_\_\_

### **Permanent Mailing Address in Home Country**

City \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### **Student's Family Information**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Emergency Contact Person in Home Country**

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### **Student Answers**

Please state briefly your reasons for wanting to study in America.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state briefly your personal testimony of your faith.

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**Parent Answers**

Please state briefly your reasons for wanting your child to study in America.

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Please state briefly your personal testimony of your faith.

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The King's School charges a one-time \$500 tuition fee, as well as a \$10 per day fee for housing and other expenses. The \$10 per day fee is paid a month in advance, and is due upon the student's arrival for the current month, and then payable to the school on the first of every month thereafter. To your knowledge, are you aware of any difficulties you may encounter in meeting this financial obligation? If yes, please explain.

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**Medical Information**

Overall physical condition

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Is your child able to participate in a full Physical Education Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any of the following:

Heart Condition \_\_\_\_\_ Fainting \_\_\_\_\_ Diabetes \_\_\_\_\_  
Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Hearing Problem \_\_\_\_\_ Vision Problem \_\_\_\_\_  
Allergies \_\_\_\_\_ Depression \_\_\_\_\_ Other \_\_\_\_\_

Briefly explain any above condition(s):

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\* Note: Medical insurance coverage is highly suggested for all international students. Accidental Medical insurance is also suggested. Dental insurance is not mandatory.

**Academic Information**

Please identify the student's English language proficiency: Poor Good Excellent

Has the student ever failed a course(s)? \_\_\_\_\_ If yes, which course(s)  
\_\_\_\_\_

Has the student repeated any grades? \_\_\_\_\_ If yes, which grade \_\_\_\_\_ what year \_\_\_\_\_

Schools Attended: List the last two schools, starting with the most recent.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Does the student have any academic problems? If so, please supply details so we can establish whether, and how, we can meet the student's needs.

\_\_\_\_\_  
\_\_\_\_\_

Does the student have, or has he / she experienced any social problems? (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have, or has he / she experienced any behavioral problems? (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list student's interests and hobbies (for example; soccer, piano, stamp collecting etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you wish to convey to the school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A successful experience depends upon the student making his / her best effort in every area of school life. The School reserves the right to dismiss students and return them home, at the parent's expense, without tuition refund, for violations of the school's conduct codes.

Please notify the school of any change of address or telephone number.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent signature \_\_\_\_\_ Date \_\_\_\_\_

## DOCUMENT CHECKLIST

Please ensure that all required information is enclosed with your application.

1. Completed International Student Application Form
2. Completed International Pastor's Questionnaire
3. A copy of a report card from the most recent school year, translated into English if necessary

Please mail your completed application and accompanying documents to:

Mr. Peter Bevan  
The King's School  
PO Box 300  
Lake Luzerne, NY 12846

or email the documents to: [pbevan@kingsschool.info](mailto:pbevan@kingsschool.info)