



Flushing Christian School

41-54 Murray Street, Flushing, NY 11355

Phone: (718) 445-3533 • Fax: (718) 445-7546

International Enrollment Application

Student Information to be completed by applicant or Guardian

Student's Legal Name: _____
Family Name First Middle

Date of Birth: _____ Gender _____ Country of Birth: _____ Country of Citizenship: _____
MM/DD/YYYY

Foreign Address:

Address 1: _____
Providence/Territory

Address 2: _____
Postal Code/Country

Home Address in USA: _____
Street City State Zip Code

Home Phone: _____ Cellular Phone: _____

Email: _____

Place of Birth/City _____ Country _____

Church Affiliation: _____

Is English your native language? (Please circle one) Yes No

If no, what is your native language? _____

English proficiency is required: (Check all that apply)

The student has the required English proficiency. _____

The student is not yet proficient. English instructions will be given by a tutor. _____

Education Level: _____

What grade is the incoming student entering? _____

This application is for the student named above for: (Check all that apply)

Initial attendance at Flushing Christian School

School transfer; transferred from:

Provide name of school you are transferring from: _____
Name of School

City State Phone Number

*A Request for Transfer is required before transferring this student to or from another SEVIS school.

Educational Plans:

Indicate the month and year the incoming student will begin: _____

Grade incoming student will be entering: _____

Family Information:

Father	Guardian (Circle one)	Mother	Guardian (Circle one)
Full Name: _____		Full Name: _____	
Email _____		Email _____	
Employer _____		Employer _____	
Occupation _____		Occupation _____	
Address _____		Address _____	
Phone _____		Phone _____	
Education: High School _____ yrs. College _____ yrs.		Education: High School _____ yrs. College _____ yrs.	
Church Affiliation _____		Church Affiliation _____	
Pastor's Name _____		Pastor's Name _____	

Host Family/Guardian Information in the United States

Full Name: _____

**Address: _____

Occupation: _____

Employer: _____

Address: _____

City/State/ Zip: _____

Telephone (home) _____ Telephone (work) _____

Email _____

****You must report any change of address to Flushing Christian School within 10 days or your I-20 may be terminated.**