

**Clear Lake Christian School  
International Student Application  
2012-2013**

Please complete and return to CLCS. You must include **\$300 USD** per student (non-refundable) for the *Application Fee*.

**Student Information**

Date of Application: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Visa Type: \_\_\_ F1 \_\_\_ J1

Student's Name: \_\_\_\_\_ English Name (if applicable): \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Age: \_\_\_\_\_ Student Email: \_\_\_\_\_

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

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

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Family Information (Student's Biological Family)**

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Phone Number (Include Country Code)

\_\_\_\_\_  
Phone Number (Include Country Code)

\_\_\_\_\_  
Occupation/ Employer

\_\_\_\_\_  
Occupation/Employer

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

Does your family attend church? \_\_\_ Yes \_\_\_ No

Church Name: \_\_\_\_\_

**Academic Information**

Last School Attended: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Location: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

Currently passing all subjects? \_\_\_ Yes \_\_\_ No

If not, please explain:

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

Have you ever been tested for a learning disability? \_\_\_ Yes \_\_\_ No

If yes, please explain:

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

\* RETURN THIS PAGE TO CLCS

Have you ever been suspended or expelled from school? \_\_\_ Yes \_\_\_ No

If yes, please explain:

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### Health Information

	Yes	No	If yes, Please Explain
Are you currently under medical care?	_____	_____	_____
Are you currently taking medication?	_____	_____	_____
Are you under the care of a psychiatrist or psychologist?	_____	_____	_____

Is there any information that the school may need to know regarding your health (Allergies, chronic disorders, behavioral disorders, etc.)? \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_\_\_

\* Please attach a recent photograph for our school records.

### Student Questionnaire

Please complete the following questions. If there is not sufficient space to answer a question, please attach a separate sheet of paper.

Which subjects are of greatest interest to you?

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On average, how many hours a day do you study? In school: \_\_\_\_\_ At home: \_\_\_\_\_

How would your teachers describe you as a student?

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In what subjects do you excel? Struggle?

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List your extracurricular activities (athletics, awards, community involvement, hobbies, positions of leadership, special interests).

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\* RETURN THIS PAGE TO CLCS

Out of all of your activities, which is most important to you and why?

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Are you a Christian?  Yes  No      Are you willing to learn about the Christian faith?  Yes  No

Do you attend church?  Regularly  Occasionally  Not at all      Church: \_\_\_\_\_

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

Christian Groups or Activities: \_\_\_\_\_

Is it your desire to attend CLCS?  Yes  No

If not, what are your reasons for applying?

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What are your goals after High School?

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(Mini-Dorm Boarding Students Only) Describe the type of roommate you would like to have at CLCS:

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How did you learn about Clear Lake Christian School?

Friend or relative who attended CLCS       Educational Consultant or Agent

A current CLCS Student or Parent      Agency name: \_\_\_\_\_

Boarding School Directory       CLCS Website

Boarding school internet search       Other

**Personal Essay**

In this section, you can help us become acquainted with you in ways different through grades and test scores. Please write an essay including, but not limited to, the following items: goals in school, sports and activities, honors received, organizations involved in, hobbies and interests, special abilities and talents, family and your faith.

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## Request for Release of School Records

To: Clear Lake Christian School  
14325 Crescent Landing Drive, Houston TX 77062  
Phone: 281-488-4883 Fax: 281-480-3287  
www.clearlakechristianschool.com

Name of student \_\_\_\_\_ Grade \_\_\_\_\_

I authorize the release of my child's transcript, test scores and any related records, reports and evaluations, and request that they be sent to the Office of Admission at Clear Lake Christian School. I also ask that you release updated transcripts and test scores to Clear Lake Christian School as they may be requested.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Agreement and Permissions

**WE GIVE** our permission for our child to take part in school activities, including sports and school sponsored trips away from the school premises, and absolve the school from all liability if injury should occur.

**WE AUTHORIZE** the school to use personal identifiable information (i.e. name and photograph...) in sports event schedules and souvenir programs sponsored by TAAPS or Clear Lake Christian School.

**WE AGREE** to abide by the school's disciplinary policy. If our child does not comply with the standards of the school, we agree to withdraw him or her from enrollment.

**WE RECOGNIZE** the school reserves the right to dismiss any student who does not respect the school's spiritual standards, behavioral standards or cooperate in the educational process.

**WE HEREBY AUTHORIZE** the school to use such discipline, as it considers just and necessary for the good of our child, including suspensions.

**WE HEREBY AGREE** with the tuition payment policy and we understand that the that the tuition cost is not refundable.

**WE PLEDGE** our cooperation in prompt tuition payments, practical help, and encouragement for our student.

**WE AGREE** to have our child taught by using the above policies, and to give encouragement to them as they seek to implement these in their personal experience. Inasmuch as Clear Lake Christian School is interdenominational, it may be that some of the views of the school may differ from ours. I agree to support the teachings of the school and to cheerfully support the rules and authority in the spirit of Christ (Hebrews 13:17).

### **MY CHILD HAS PERMISSION TO RIDE IN VEHICLES DRIVEN BY:**

**ADULTS** who are associated with, and are approved by, the School for school and non-school sponsored activities.

**STUDENTS**, who are fully qualified to drive, have given proof of proper insurance, and who have their vehicles legally on campus.

### **BOTH SIGNATURES REQUIRED**

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

# Authorization and Consent to Provide Emergency Medical Care

We, the undersigned parents of \_\_\_\_\_, a minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or any hospital service, that may be rendered to said minor while he is a student at Clear Lake Christian School.

It is understood that this consent is given in advance of any specific diagnosis or treatment. It is given to encourage Clear Lake Christian School and the attending physician to exercise their best judgment concerning diagnosis and treatment. The consent shall remain effective as long as he/she is a student at CLCS unless revoked in writing and delivered to attending physician or other person entrusted with the custody of said minor.

Student Birth Date: \_\_\_/\_\_\_/\_\_\_ Birthplace: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Father's Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Mother's Home Phone Number: \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please check the following: Has your child had...

- |   |  |
|---|--|
| Past concussion Yes ___ No ___ Yr. ___      | Hernia Yes ___ No ___ Yr. ___              |
| Kidney disease Yes ___ No ___ Yr. ___       | Diabetes Yes ___ No ___ Yr. ___            |
| Past skull fracture Yes ___ No ___ Yr. ___  | Heart trouble Yes ___ No ___ Yr. ___       |
| Fainting spells Yes ___ No ___ Yr. ___      | Epilepsy/seizures Yes ___ No ___ Yr. ___   |
| Neck injury Yes ___ No ___ Yr. ___          | Corrective lenses Yes ___ No ___ Yr. ___   |
| Allergies Yes ___ No ___ Yr. ___            | Muscle/bone disease Yes ___ No ___ Yr. ___ |
| Hearing problems Yes ___ No ___ Yr. ___     | Hepatitis Yes ___ No ___ Yr. ___           |
| Asthma Yes ___ No ___ Yr. ___               | Tuberculosis Yes ___ No ___ Yr. ___        |
| Freq. ear infections Yes ___ No ___ Yr. ___ | Mental disorders Yes ___ No ___ Yr. ___    |
| Current medication Yes ___ No ___ Yr. ___   | Bulimia / Anorexia Yes ___ No ___ Yr. ___  |
| Pneumonia Yes ___ No ___ Yr. ___            | Last tetanus shot Date _____               |

Parents please comment on any areas marked "Yes":

\_\_\_\_\_

Father/Guardian \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

(Signature)

Mother/Guardian \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

(Signature)

## Liability Waiver for Use of Cell Phones

We, the parents/guardians of \_\_\_\_\_, do hereby grant permission for our child to use his/her cell phone while at Clear Lake Christian School. We have read all of the accompanying guidelines and agree to abide by them. We also hereby release Clear Lake Christian School from any liability of excesses in phone charges, which may occur, and we realize that this falls solely under our responsibility.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Cell Phone Guidelines

- The use of cell phones will be limited to after-school hours.
- On weekends, your child will be able to have their cell phone during the day
- Cell phones will not be allowed during church services or meetings. If your child's cell phone rings during those times, it will be taken away for a period of time.
- Under no circumstances will a student be allowed to loan their phone to another student

We will monitor your child as closely as possible with their cell phone. However, we cannot monitor every conversation, or the amount of minutes being used, so please use discretion when authorizing your child to have a cell phone. If you desire for your child to be able to use a cell phone while at CLCS, please sign this waiver and send it back to our office. We must have this on file before your child will be allowed to use their cell phone.

## Background Information

If the answer to any of the following questions is "Yes", please provide details and more information on a separate sheet of paper.

Has the applicant ever been expelled or suspended from school? \_\_\_Yes \_\_\_No

Has the applicant had any involvement with legal authorities (other than minor traffic violations)? \_\_\_Yes \_\_\_No

In making this application, I subscribe to the principles and regulations of Clear Lake Christian School. I also realize that the financial obligation is for the year, and that there shall be no remission on the charge if the student is withdrawn or dismissed. It is my belief that all information, which will assist in the successful development of my student at Clear Lake Christian School, has been included in or with this application. I understand that failure to disclose any pertinent information regarding the questions above could result in denial of admission or dismissal. The School may contact any individual listed in this application for additional information.

Pledge: If accepted into the student body of CLCS, I will attend services, programs, and other activities as directed. I will work up to my ability and I will be taught, corrected, and guided. I will strive to maintain good Christian character and attitude, and I will be cooperative. I will abide by the rules set by this institution and the decisions of the administration and staff.

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

Date: \_\_\_/\_\_\_/\_\_\_

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

Date: \_\_\_/\_\_\_/\_\_\_



## Teacher Recommendation (Current Academic Teacher)

This student is applying for admission to Clear Lake Christian Academy, a boarding high school for grades 9 – 12. Thank you in advance for your evaluation. This is confidential information. Please complete all sections, as well as the recommendation portion.

Student Name \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ACADEMIC QUALITIES

	Excellent	Good	Fair	Poor
Study Habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention Span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation and Drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### PERSONAL QUALITIES

	Excellent	Good	Fair	Poor
Classroom Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Act Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments on Academic / Personal Qualities: \_\_\_\_\_

\_\_\_\_\_

During what school year(s) did you teach or supervise the applicant? \_\_\_\_\_

In what subjects and/or activities have you taught or supervised the applicant? \_\_\_\_\_

\_\_\_\_\_

Please comment about any of the applicant's noteworthy interests, talents, and or abilities:

\_\_\_\_\_

\_\_\_\_\_

In your professional opinion, does the applicant have any identified learning disabilities or challenges? If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has the applicant's family been cooperative in supporting your classroom policies and procedures? If No, please explain:

\_\_\_\_\_

\_\_\_\_\_

## Recommendation for Clear Lake Christian School

Please provide your overall recommendation as to this applicant's qualifications for admission to Clear Lake Christian School.

Highly Recommend \_\_\_\_\_

Recommend \_\_\_\_\_

Hesitate to Recommend \_\_\_\_\_

Do Not Recommend \_\_\_\_\_

Additional comments: \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_

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

TEACHER'S SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

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

Your judgments are used solely for the admission process, are held in strictest confidence, and are not part of a student's permanent record. Although we are unable to acknowledge this recommendation individually, we thank you in advance for the help your comments will provide. Please feel free to call us if there is any additional information you wish to discuss.

**PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.**

**FAX OR MAIL DIRECTLY TO:**

Clear Lake Christian School  
14325 Crescent Landing Drive, Houston TX 77062  
Phone: 281-488-4883  
Fax: 281-480-3287  
[www.clearlakechristianschool.com](http://www.clearlakechristianschool.com)

**Personal Reference Form** (To be completed by a non-family member, or Pastor)

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have applied for admission to Clear Lake Christian School, a Christian boarding high school. Would you please complete this reference form, or write a reference letter for me, to help in the admission process? The information you give will be kept in strict confidence. Please mail or fax this letter directly to the School. I understand that this evaluation form is to be completed by non-family members. Thank you for your honest opinion.

	EXCELLENT	GOOD	AVERAGE	POOR	UNKNOWN
Christian Commitment	_____	_____	_____	_____	_____
Moral Character	_____	_____	_____	_____	_____
Academic Ability	_____	_____	_____	_____	_____
Academic Achievement	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Respect for Authority	_____	_____	_____	_____	_____
Social Maturity	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

(You may use the back of this form to explain any item if you wish.)

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Would you recommend this person without reservation for admission to Clear Lake Christian School?

\_\_\_ Yes \_\_\_ No \_\_\_ Doubtful (If you answered "No" or "Doubtful", please explain on back of this form.)

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your judgments are used solely for the admission process and are held in strictest confidence.

**PLEASE DO NOT RETURN THIS FORM TO THE APPLICANT.**

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 www.clearlakechristianschool.com

## Host Home Students: Suggested Items to Bring

Medications (cough drops, Tylenol, cold & flu medicine, band-aids, etc)

Power strip with fuse switch

Toiletry items

Towels and washcloths

Sheets

Pillowcases

Blanket (non-electric)

Bedspread or comforter - single

Pillow

Laundry bag or basket

Pajamas, bathrobe

Coat hangers

Alarm clock (non-electric or battery back-up)

Umbrella

Bible – there are side by side English /native language versions available

Camera

Laptop computer (optional)

Musical Instruments (optional)

Bicycle (optional)

Tennis racket (optional)

Sleeping bag for outings (optional)

School supplies

## Not allowed in rooms:

Electric cook pots

Refrigerators

Microwave oven

Candles

We recommend to parents that students be given between \$25 and \$50 a month for spending money (personal items, entertainment, snacks, medicine, and medical supplies, laundry soap, etc.). Host families are willing to take students to Wal-Mart upon arrival so that students can purchase the supplies that they need.

## Student Application Check List

Please ensure that the following are included with your application:

- (1) Application Fee of **\$300 USD**
- (1) Student Application form completed and signed.\*\*
- (1) Student Essay\*\*
- (1) Medical Release Form signed by parents
- (1) Signed Parent Agreement & Permissions Page
- (1) Copy of Immunization Records.\*\*
- (1) Copy of last semester's report card.\*\*
- (1) Complete High School (grades 9-12) Transcript (International Students)\*\*
- (1) Photo\*\*
- (2) Personal references from teacher, pastor, or non-family member (form or letter)\*\*
- (1) Application Checklist & Background Information Page completed and signed.\*\*
- A photo copy of your Passport to verify the spelling of your name.
- I have provided an email address for communication with CLCS.
- I am sending in all pages marked "Return to CLCS" including signatures.

\*\* - not required for returning students.

Please note: Incomplete applications may delay the process of admission.

## Admission Policy

1. Each student must have a genuine desire to attend Clear Lake Christian School.
2. Each student must be in good standing academically and behaviorally at previous school.
3. Each family is expected to be in harmony with and supportive of the school.
4. All families must submit a completed application packet with registration fee.
5. All new students are to provide a copy of their most recent achievement test scores and report card.
6. Applications are required for all new and returning students.

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Parent(s) Signature(s)

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Date