



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

Home City \_\_\_\_\_ Country \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Applying for School Year 20\_\_ - 20\_\_

Applying for Grade \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12

Referred by: (agency or individual)

\_\_\_\_\_

\_\_\_\_\_

*INTERNATIONAL STUDENT  
APPLICATION FOR ADMISSION*

*CALIFORNIA LUTHERAN  
HIGH SCHOOL*

31970 Central Avenue  
P.O. Box 1570  
Wildomar, California 92595 USA  
Phone 951-678-7000 Fax. 951-678-0172  
e-mail: international@clhs-chawks.org

Date application received by CLHS \_\_\_\_\_  
Non-refundable application fee included \_\_\_\_\_

# Application Checklist

The following items **MUST** be included with the APPLICATION FOR ADMISSION:

- \_\_\_\_\_ Completed APPLICATION for ADMISSION FORMS, ALL PAGES!
- \_\_\_\_\_ \$100 non-refundable APPLICATION FEE
- \_\_\_\_\_ TRANSCRIPTS in English, for the past three (3) years.
- \_\_\_\_\_ COURSE DESCRIPTIONS to accompany transcripts
- \_\_\_\_\_ SLEP or TOEFL TEST SCORES
- \_\_\_\_\_ AFFIDAVIT of SUPPORT (form I-134) with bank statement
- \_\_\_\_\_ **COPY OF PASSPORT** and VISA
- \_\_\_\_\_ **COPY OF I-20** from transferring school
- \_\_\_\_\_ **COPY OF** Immunization record

**Please direct all Admissions Correspondence to:**

California Lutheran High School  
Office of Admissions  
31970 Central Avenue; P.O. Box 1570  
Wildomar, CA 92595 USA

Email: [international@clhs-chawks.org](mailto:international@clhs-chawks.org) Phone: 951-678-7000 Fax: 951-678-0172

**Please provide the complete address for mailing the I-20:**

Recipient's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_

Year applying for: 20\_\_ 20\_\_  
Applying for Grade \_\_ 9 \_\_ 10 \_\_ 11 \_\_ 12

ATTACH RECENT  
PHOTO HERE

Applicant's name			
Family name (in English)	Family name (in native language)	First name (in English)	First name (in native language)
Address (in English) _____			
(in native language) _____			
English Name (if any) _____		Home Telephone _____	
Email _____	Date of birth ____ / ____ / ____	Country of birth _____	
		MM DD YYYY	
Country(s) of Citizenship _____			
Nationality _____		Language(s) spoken _____	
Religion _____		Mobile Telephone _____	
Sex: Male __ Female __ Passport number _____ Type of Visa held (if any) _____			

Applicant's current school \_\_\_\_\_

School address \_\_\_\_\_

Telephone number \_\_\_\_\_ Date entered \_\_\_\_\_ School: public \_\_ private \_\_  
month year

Father's name (in English) _____		(in native language) _____	
Address (if different from the applicant's) _____			
Home telephone _____		Mobile telephone _____	
Occupation and title _____		Company name _____	
Mother's name (in English) _____		(in native language) _____	
Address (if different from the applicant's) _____			
Home telephone _____		Mobile telephone _____	
Occupation and title _____		Company name _____	
Preferred email address for contacting parents: _____			
Preferred FAX number for contacting parents: _____			

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## STUDENT'S LIFE

1. Tell about your family: sisters, brothers, grandparents, etc.

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2. What school subjects are of greatest interest to you? \_\_\_\_\_

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3. What are your favorite activities or interests outside of school? \_\_\_\_\_

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4. Of the qualities you possess, which one would you like people to admire most? Why? \_\_\_\_\_

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5. What do others appreciate most of you? \_\_\_\_\_

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6. Have you taken the Secondary Level English Proficiency (SLEP) test? Yes \_\_\_\_ No \_\_\_\_

If yes: Date taken: \_\_\_\_\_ Score: \_\_\_\_\_

Have you taken a TOEFL test? Yes \_\_\_\_ No \_\_\_\_

If yes: Date taken: \_\_\_\_\_ Score: \_\_\_\_\_

7. List 2 or 3 things you hope to gain from studying in our school. \_\_\_\_\_

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8. Realizing you may well change your mind, what do you see yourself doing when you finish your education? \_\_\_\_\_

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9. To whom should correspondence (grade reports, communications, etc) be sent?

\_\_\_\_\_ Parents – address listed on page 1.

\_\_\_\_\_ Agency – list information on page 4.

\_\_\_\_\_ Other – list information on page 4.

Agency contact:

Name of Agency: \_\_\_\_\_

Contact person at Agency: \_\_\_\_\_

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

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

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

**-or-**

Other contact:

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

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

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

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

10. If you have a relative or friend who lives in the United States that you would want us to contact in case of an emergency, please provide the information below:

Name \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile phone number \_\_\_\_\_

Email \_\_\_\_\_

11. Please list any allergies the student has to food, animals, medicines, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Do you need a guardian recommended by our school? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Write a few sentences about your spiritual beliefs, if any \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Attach a photo of you and family or friends below

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## PRINCIPAL OR COUNSELOR RECOMMENDATION

\_\_\_\_\_ is a candidate for admission at California Lutheran High School in the United States. The admissions committee would like your evaluation of this student and any observations you think might be helpful. Please answer in English. Thank you for your time and cooperation.

1. How long have you known this student? \_\_\_\_\_
2. What level or range academically does the student fall compared to the other students at your school?  
Bottom 10% \_\_\_\_\_ 11-25% \_\_\_\_\_ 26-50% \_\_\_\_\_ 51-75% \_\_\_\_\_ 76-90 \_\_\_\_\_ Top 10% \_\_\_\_\_
3. What do you consider as the student's strength?
4. To your knowledge, has the applicant ever been suspended, dismissed, or involved in any disciplinary action?
5. Are you aware of any areas in which this student may need assistance: academic or social?
6. Additional comments that will assist in our admissions decision.
7. 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.

Signature of school principal / Counselor \_\_\_\_\_  
School \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_\_

**Please send to:**

International Admissions  
California Lutheran High School  
31970 Central Ave P.O. Box 1570  
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P – 951-678-7000 F – 951-678-0172

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## TEACHER/ADVISOR/CLASS MASTER RECOMMENDATION

\_\_\_\_\_ is a candidate for admission at California Lutheran High School in the United States. The admissions committee would like your evaluation of this student and any observations you think might be helpful. Please answer in English. Thank you for your time and cooperation.

Number of years the student has studied English: \_\_\_\_\_

Please rate the applicant in the following areas:

Work ethics/motivation	1	2	3	4	5	Relationships with peers	1	2	3	4	5
Honesty and integrity	1	2	3	4	5	Cooperation with adults	1	2	3	4	5
Maturity	1	2	3	4	5	Reactions to suggestions/advice	1	2	3	4	5
Responsibility	1	2	3	4	5	Reactions to criticism	1	2	3	4	5
Concern for others	1	2	3	4	5	Ability to meet commitments	1	2	3	4	5
Leadership ability	1	2	3	4	5	General school citizenship	1	2	3	4	5

1 = Unacceptable 2 = Below Average 3 = Average 4 = Good 5 = Superior

Student's language ability: Please circle the appropriate area below:

<b>Reading</b>	Excellent	Good	Fair	Poor
<b>Writing</b>	Excellent	Good	Fair	Poor
<b>Speaking</b>	Excellent	Good	Fair	Poor
<b>Grammar</b>	Excellent	Good	Fair	Poor
<b>Comprehension</b>	Excellent	Good	Fair	Poor

STUDENT'S CHARACTER: (Please supply brief comments about the following)

Maturity \_\_\_\_\_  
Responsibility \_\_\_\_\_  
Creativity \_\_\_\_\_  
Self Motivation \_\_\_\_\_  
Sociability \_\_\_\_\_  
Ability to adapt \_\_\_\_\_

COMMENTS: Please comment about the Applicant's attendance record, study habits, and attitude in class. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's name and signature \_\_\_\_\_ Date \_\_\_\_\_  
Name and Address of School \_\_\_\_\_  
\_\_\_\_\_

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## **Request for Release of School Records**

(For your use if needed in obtaining school records from the student's current school)

TO:

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 included with my child's application to California Lutheran High School. I also ask that you release updated transcripts and test scores to California Lutheran High School as they may be requested.

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

### **California Lutheran High School**

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