

# Preliminary International Application

## Highview Christian Academy

"A School on the Move"

207-285-7978

If you are interested in attending Highview, here's how to get started:

1. Print out and complete the following four pages.
2. Scan and send the preliminary application as an attachment to Mrs. Philbrick, the director of our International Program. Please send all communication to [mjphilbrick8@aol.com](mailto:mjphilbrick8@aol.com).

Upon reviewing your application, she will contact you and help you with the remaining application process and answer any questions you may have. Be sure to include all contact information, so she may readily communicate with you.

We look forward to your application and meeting you.



**Welcoming students from all over the world....Brazil, Viet Nam, Sweden, Russia, Krygystan, Ukraine, Japan, Germany, Korea, France, China and more.**

# ***Highview Christian Academy***

***739 Main Rd.***

***Charleston, Maine 04422***

***Tel/Fax 207-285-7978***

***[Hviewchristian@aol.com](mailto:Hviewchristian@aol.com)***

***[www.highviewchristianacademy.org](http://www.highviewchristianacademy.org)***

## **International Student Application**

***Please be sure to include educational transcripts for the past two years with your application. Transcripts must be received in order to process this application.***

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Family Name: First Name: Middle Name:

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Street Address: City: State/Province: Postal Code: Country:

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Date of Birth (Please spell month in letters): City of Birth: Country of Birth:

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E-mail address: City/area code and phone number:

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Height: Weight: Hair Color: Eye color: Sex:  
Male  
Female

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Religion: Are you religiously: Active, Very Active or Inactive?  
Are you willing to attend at least one church service a week with you host family? Yes or No

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Father or Legal Guardian: Mother or Legal Guardian:

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Address: Address:

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City, State/Province, Postal Code: City, State/Province, Postal Code:

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Country: Phone Number: Country: Phone Number:

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Age: Occupation: Business Phone: Age: Occupation: Business Phone:

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Brothers and/or Sisters:      Age:   Sex:   School/Occupation:   Living at home?:

Yes No \_\_\_\_\_

Yes No \_\_\_\_\_

Yes No \_\_\_\_\_

Yes No \_\_\_\_\_

Yes No \_\_\_\_\_

Nearest relative to contact in case of emergency if Parent/Legal Guardian is unavailable:  
Name:      Address:      City:      State/Province:      Phone:   Relationship:

Are you a member of any clubs: If so, which:

List hobbies, interests, and sports in which you participate. List in order of importance to you:

Do you sing or play a musical instrument? \_\_\_\_\_ If so, describe:

What are your normal household responsibilities?

Why do you choose to come to our school?

Indicate the foreign languages you speak and/or have studied:

Language:

Years of Study:

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Are you a vegetarian? Yes or No

As it may be more difficult to find a vegetarian host family, please indicate foods you are absolutely unwilling or unable to eat?

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Indicate with an X if you have or have had any of the following illnesses:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Cancer/Tumor	<input type="checkbox"/>	<input type="checkbox"/>	Convulsive Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Eczema
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Measles
<input type="checkbox"/>	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	Psychological Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis
<input type="checkbox"/>	<input type="checkbox"/>	Physical Handicap	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Urological Problems
<input type="checkbox"/>	<input type="checkbox"/>	Other _____			

If yes, are any of the above serious enough to warrant regular treatment or require special consideration in hosting you? Please explain if serious.

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If you will be required to take any prescription medications during your stay, please specify which medications and for what condition.

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