



**EAGLE RIDGE
INTERNATIONAL**

Insert photo here!

ACADEMIC APPLICATION

General Information

(Please complete all sections in English)

Student's Family Name: _____

Student's Given Name: _____

Student's English Name (if any): _____

Sex: Male Female

Date of Birth: day _____ month _____ year _____

Guardian or Father's Name: _____

Guardian or Mother's Name: _____

Home Address: _____

City: _____

Country: _____ Postal Code: _____

Home Tel: _____ Fax: _____

Guardian or Father's Work Tel: _____ Fax: _____

Guardian or Mother's Work Tel: _____ Fax: _____

Email: _____

Emergency Contact Person (other than parents)

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Education Goals

I am currently in grade _____ and I wish to apply for grade _____.

I will be in the United States for:

- One year (Two semesters)
- Two years (Four semesters)
- Three years (Six semesters)
- Four years (Eight semesters)

I wish to:

- Graduate in the United States
- Develop English skills only

When I have completed this program I intend to

- Apply to a U.S. college or university
- Apply to a university or college in my home country
- I will not be applying to university or college
- Other _____

I want to begin my studies in

- Semester 1: August - December
- Semester 2: January - May

Preferred start date _____

I am currently _____ years old

Method of Payment

The \$----- Eagle Ridge International, Inc. Application Fee is required at the time of application.

Visa or MasterCard

Cardholder's Name _____

Credit Card Number _____

Expiration Date _____

I hereby authorize payment of \$ _____ American funds

Cardholder's Signature _____

Electronic Wire Transfer

EAGLE RIDGE INTERNATIONAL, INC. Account #

Bank of Missouri www.bankofmissouri.com

3427 William Street

Cape Girardeau, MO 63701

(573) 335-3100

For Program Office Use Only

Name of Student: _____

Birth date: _____ Sex: *Male Female*

Name of Referring Agency, if applicable: _____

Student Identification Number: _____

ACADEMIC APPLICATION

Name _____

Birth Date _____ Sex: Male Female

Personal Information

Do you have any brothers or sisters? Yes No

Sibling's Name: _____

Age: _____ Sex: Male Female

Sibling's Name: _____

Age: _____ Sex Male Female

Sibling's Name: _____

Age: _____ Sex Male Female

Do you play a musical instrument? Yes No

If yes, what kind? _____

Can you read music? _____

List any pets you have. _____

What are your hobbies and interests? _____

What sports do you play? _____

What is your favorite course in school? _____

Why do you like this course? _____

How long have you studied English? _____

Please indicate the church you attend. _____

Describe briefly why you wish to participate in the Christian High School International Assistance Programs.

Medical Information

Do you have any allergies? Yes No

If yes, please describe. _____

Do you have any ongoing health concerns? Yes No

If yes, please describe. _____

Do you regularly take any medication? Yes No

If yes, please describe. _____

Note: Students are required to purchase medical insurance.

Additional Information

Please tell us how you found out about this program.

Friend or family member

Apostle or Pastor

Newspaper or Magazine

Please name publication _____

Website

Please name _____

Other (please specify) _____

Academic Program

All students participating in the Eagle Ridge International program will be placed in a homestay. Please complete the information as thoroughly as possible to facilitate the best placement.

Homestay Information

Describe your personality:

- Shy Like to be active
- Outgoing Like to study
- Organized Don't worry much
- Disorganized Easily worried
- Like to talk Independent
- Quiet Friendly

Family style preferences:

- Like small children/babies Like children aged 6-12
- Don't like small children Prefer quiet home
- Grandparents in home are okay Prefer active family
- Single-parent family okay Prefer no other children
- Like pets Prefer no pets
- No preferences Prefer other young people

Other _____

Food preferences

- Enjoy eating Like a big breakfast
- Eat small amounts Like a small breakfast
- Concerned about weight Know how to cook
- Enjoy American food Enjoy eating new foods

Describe favorite foods _____

Describe least favorite foods. _____

Please list additional information to help with homestay family selection or school placement.

What hobbies and/or interests would you like to pursue outside of school?

Custodian (Guardian)

Citizenship and Immigration requires that each student have a custodian (guardian) in the community.

c I agree that my child's host family may serve in the capacity of guardian.

c I agree that they have my permission to seek medical attention for my child in the event of illness and/or accidents.

Guardian or Parent's Signature

Date