



STUDENT APPLICATION FORM

Date _____ Application for admission for the school year _____ To enter grade _____

PERSONAL INFORMATION

Student Name: _____ Passport Number _____

Birth date _____ Nationality _____

Street Address _____ Phone number _____

Gender: _____

Father's name _____ E-mail address _____

Nationality _____ Birth place _____

Highest level of education achieved _____ Degrees held _____

Home Phone: _____ Cell Phone: _____

Mother's name _____ E-mail address _____

Nationality _____ Birth place _____

Highest level of education achieved _____ Degrees held _____

Home Phone: _____ Cell Phone: _____

Occupation of Mother _____

Occupation of father, parent, or guardian _____

Position _____ Years of service _____

Name of organization or company _____

Address _____ phone number _____

Guatemala address _____ phone number _____

Immediate supervisor _____ phone number _____

Older brothers or sisters and ages _____

Younger brothers or sisters and ages _____

Type of Guatemalan visa _____

What is your projected length of stay in Guatemala? _____

Length of stay at Christian Academy of Guatemala, if accepted _____



REFERENCES

Please provide the following references (excluding family members) that are well acquainted with you. These people should have known you for at least two years. Please use title: Rev/Dr/Mr/Mrs/Ms. All information on these forms will be available only to Administrative personnel and will be held in strictest confidence.

Pastor or spiritual leader who knows you best*

Name _____
Address _____
City _____ State/Prov. _____
Zip/Postal Code _____
Phone _____
Email _____

Friend

Name _____
Address _____
City _____ State/Prov. _____
Zip/Postal Code _____
Phone _____
Email _____

Employer

Name _____
Address _____
City _____ State/Prov. _____
Zip/Postal Code _____
Phone _____
Email _____

Friend

Name _____
Address _____
City _____ State/Prov. _____
Zip/Postal Code _____
Phone _____
Email _____

*This should be the person in your home/sending church who is directly responsible for your spiritual care and development.

List of Missionaries with whom you are well acquainted: _____

Guatemala Church

Name _____
Address _____ phone number _____
Pastor's name _____ phone number _____
E-mail address _____

If applicable (Missionary status)



Sending Church

Name _____

Address _____

City _____ State/Prov. _____ Zip/Postal Code _____

Phone _____ FAX _____ E-Mail _____

Name and title of contact person _____

CHRISTIAN EXPERIENCE AND SERVICE

Please list the types of Christian service you have been involved in and the length of time you served. You may be asked to provide contact information of people you served with.

How did you learn of/hear about C.A.G.? _____

Why do you wish to enroll your child at C.A.G.? _____

ACADEMIC INFORMATION

Please submit with this application:

School Records:

1. Previous grades transcripts or report cards (if applicable)
2. Homeschool records (if applicable)
3. Request the "Transcript Request Form" (if required by previous school)
4. For secondary students, a transcript from the previous school is required. If you are requesting transfer from a school in Latin America, please submit a letter of "buena conducta" along with a transcript of completed work.
5. Standardized testing scores or other test results (if applicable)



A -SCHOOL HISTORY

List in chronological order all schools the child has attended

Dates From/To (MM/YYYY)	Name Address of School	Grades/ Levels Completed	Reason(s) for Leaving

Please check the boxes below that apply to your child:

- repeated grade(s): if so, grade(s) repeated _____
- skipped grades, if so, which grade? _____
- had difficulty adjusting
- began Kindergarten late
- enrolled in special class
- suspended for disciplinary action
- Diagnosed with a learning disability
- Diagnosed with a physical condition

Please explain any item checked above (use additional sheet if necessary)



B - GENERAL INFORMATION

Country where student plans to attend college or university _____

Does the child have any physical limitations that would affect his/her learning situation in school and/or affect adjustment with his/her peers? If so, please describe: _____

Is there any home situation that might affect the learning progress of the child in school? If so, please describe: _____

C - FAMILY HISTORY

Has the child made a profession of faith in Christ as Savior? _____ If so, when? _____

Student's proficiency in English: Excellent [] Good [] Fair [] Poor []

Father's proficiency in English: Excellent [] Good [] Fair [] Poor []

Mother's proficiency in English: Excellent [] Good [] Fair [] Poor []

Language spoken in the home: English [] Spanish [] Other _____

This child is: [] adopted [] foster [] biological

Living with: [] natural mother [] natural father [] stepmother [] stepfather
[] legal guardian [] adoptive mother [] adoptive father

New Student Information

Adjustment

1. How long has the child been in Guatemala? _____. If longer than 6 months, please check any of the following behaviors that you have observed during the child's adjustment to living in a foreign country.

_____ Angry

_____ Excited about change

_____ Extremely homesick

_____ Adjusting well

_____ Sad and tearful

_____ Happy disposition

_____ Trouble sleeping

_____ Feels Accepted

_____ Fearful of going out

_____ Feeling overwhelmed

_____ Feeling isolated

_____ _____

Please elaborate your comment if necessary. _____



Interpersonal

- | | | |
|------------------------------------------------------------------------------|-----|----|
| 1. Does the child make friends easily? | YES | NO |
| 2. Has the child ever had issues with bullying or been a victim of bullying? | YES | NO |
| 3. Does he/she enjoy group activities? | YES | NO |
| 4. Is the child disrespectful toward parent or teacher/authority? | YES | NO |
| 5. Does child participate regularly in youth group activities? | YES | NO |
| 6. If child has siblings, how do they get along? | | |
-
-

Please check those behaviors that apply to your child:

Child is more comfortable in:

- School
- Youth activity/spiritual environment
- Sports
- Music
- Art
- Small group (less than 3 people)
- Large group (more than 5 people)
- Alone

What other areas does your child have an interest in? _____

Psychological

Has your child ever been seen by the following professional/caretaker for behavior or emotional support?

- Pastor
- School counselor
- Social Worker
- Psychologist
- Psychiatrist

If any of the above are checked off, please elaborate. _____

Please list any and all medications your child is taking or has taken:

Emotion & Behavior

Please check off any of the following that apply to your child:

- Cries easily
- Sad Countenance
- Peacemaker
- Withdrawn
- Energetic
- Easily frustrated
- Wants to please others
- Acts out physically
- Very opinionated
- Easily Angered
- Follows Others
- Leads Others

Please elaborate on any information that will help us understand your child more:

Academic

Has your child ever received tutoring or special services for academic support in the following areas:

- Reading
- Writing
- Math

Other _____

Statement of Faith

POLICY 4.1.1 We believe that the Scriptures of the Old and New Testaments are inspired by God and inerrant in the original writings, and that they are of supreme and final authority in faith and conduct.

Accordingly, we believe in:

1. The inspiration of the Bible, equally in all parts and without error in its origin;
2. The One God, eternally existent, Father, Son and Holy Spirit, Who created man by a direct, immediate act;
3. The pre-existence, incarnation, virgin birth, sinless life, miracles, substitutionary death, bodily resurrection, ascension to heaven and the second coming of the Lord Jesus Christ.
4. The fall of man, the need of regeneration by the operation of the Holy Spirit on the basis of grace alone, and the resurrection of all, to life or damnation;
5. The spiritual relationship of all believers in the Lord Jesus Christ, living a life of righteous works, separated from the world and witnessing of His saving grace through the ministry of the Holy Spirit.
6. The sanctity of marriage according to biblical precepts stating that God created humans as man and woman as defined by the XX & XY Chromosomes. God defines marriage as being between one woman and one man. Likewise, sexuality should be practiced within the sanctity of marriage.

I agree with the above Statement of Faith and certify that my answers on this application are true to the best of my knowledge.

(signature of student)

(date)

(signature of father)

(signature of mother)



A written testimony of your Christian experience and relationship with God is required for each parent and each student 10 years of age and older. Please feel free to attach additional sheets if needed in order to give a complete testimony of your Christian experience.

Students' Testimony

Father's Testimony

Mother's Testimony

Mission Statement: "Providing a Biblically Based Quality English Education To Prepare Lives for Christian Service"

Disclaimer: C.A.G. reserves the right to immediately discontinue application process in the event that any information provided by the applicant(s) is found to be untruthful.