



# Clear Lake Christian School I-20 Application

**Please complete and return to CLCS. You must include \$300 USD per student (non-refundable) for the *International Student I-20 Fee*.**

Today's Date: \_\_\_/\_\_\_/20\_\_\_ Student's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Grade Level Applying For: \_\_\_\_\_ Semester applying for: \_\_\_ Fall 20\_\_\_\_ \_\_\_ Spring 20\_\_\_\_

Student's Family Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Student's Middle Name \_\_\_\_\_

Student's Passport Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

### ADDRESS IN HOME COUNTRY:

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

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

Parent's Email Address: \_\_\_\_\_

Phone Number (Home Country): \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

**WILL YOUR CHILD NEED A HOST HOME:** \_\_\_\_\_ Yes \_\_\_\_\_ No **U.S. ADDRESS (If you already know it):**

Host Family Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### ADDRESS YOU WANT THE I-20 MAILED TO:

Name (First and Last): \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone number (required for FedEx): \_\_\_\_\_

\_\_\_\_\_ I am transferring from another school in the U.S. and will not need a new I-20.

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

I have taken the English assessment at: [http://www.examenglish.com/leveltest/grammar\\_level\\_test.htm](http://www.examenglish.com/leveltest/grammar_level_test.htm) and my score was \_\_\_\_\_ (THIS IS REQUIRED FOR ADMITTANCE)

**Please complete and return to:**

Clear Lake Christian School  
14325 Crescent Landing Drive  
Houston, Texas 77062

Phone: 281-488-4883  
FAX: 281-480-3287  
[www.clcs.tv](http://www.clcs.tv)



# Clear Lake Christian School

## International Student Application

School Year Applying For 20\_\_\_\_ - 20\_\_\_\_

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

### Student Information

Date of Application: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Applying for Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_

**Clear Lake Christian School  
International Student Application Page -2-**

Have you ever been suspended or expelled from school? \_\_\_Yes \_\_\_No If yes, please explain:

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**Health Information**

	<b>YES</b>	<b>NO</b>	<b>If YES, please explain</b>
Are you currently under medical care?	_____	_____	_____
Are you currently taking medication?	_____	_____	_____
Are you under the care of a psychiatrist or psychologist?	_____	_____	_____
Are you allergic to any animals?	_____	_____	_____

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

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\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
**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? In what subjects do you struggle?

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

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# INTERNATIONAL STUDENT FINANCIAL AGREEMENT

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

**Grade:** \_\_\_\_\_

**REGISTRATION FEES** – Registration fees are paid each year and are non-refundable. Registration fees will not be accepted without a completed Registration Packet.

**INTERNATIONAL TUITION RATES** – International Tuition and Fees are must be paid before student may attend classes.

**TUITION INSTALLMENTS** – Tuition, International Fee, Host Fee and Lunch Fee can be paid per semester. The first payment being due before student attends first class and the final payment being due the first week in December of the current school year.

**MISCELLANEOUS SCHOOL FEES** – School statements (separate from Smart Tuition statements) are generated monthly for miscellaneous fees such as tardy fees, dress code fees, cell phone violations etc. Payment is due in the business office upon receipt.

**Dress Code Violation Fee:** A \$10.00 fee will be charged to a student for every 3<sup>rd</sup> dress code violation he/she receives. The CLCS Handbook delineates the proper dress code guidelines.

**Tardy Fee:** A \$10.00 fee will be charged to student every 5th unexcused tardy received. Grades K-5: considered tardy if not in designated classroom by 8:30 a.m. Grades 6-12: attendance taken each class period; students are considered tardy if not in designated classroom when tardy bell rings.

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

**Date:** \_\_\_\_/\_\_\_\_/20\_\_\_\_



## Clear Lake Christian School International Student Application 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.clcs.tv**

**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:** \_\_\_\_/\_\_\_\_/20\_\_\_\_



# Clear Lake Christian School International Student Application 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 printed programs sponsored by TCAL 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 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. Understanding that Clear Lake Christian School is interdenominational and 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

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

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

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

**\* RETURN THIS PAGE TO CLCS**



# Clear Lake Christian School

## International Student Application

### 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.

Birth City and Country: \_\_\_\_\_

I do  I do not authorize any such treating physician or medical personnel to administer blood or blood products to my child.

**MEDICAL HISTORY**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Tetanus Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Student wears contacts?  YES  NO

Allergies to medications \_\_\_\_\_

Other allergies \_\_\_\_\_

Daily medications \_\_\_\_\_

Pertinent information about illness, surgery, or chronic conditions:  
\_\_\_\_\_

**Check if your child has had any of the following:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> asthma          | <input type="checkbox"/> diabetes            | <input type="checkbox"/> frequent sore throat  | <input type="checkbox"/> kidney disorder     |
| <input type="checkbox"/> chicken pox     | <input type="checkbox"/> frequent earaches   | <input type="checkbox"/> frequent stomachaches | <input type="checkbox"/> hearing loss        |
| <input type="checkbox"/> cerebral palsy  | <input type="checkbox"/> frequent headaches  | <input type="checkbox"/> muscular dystrophy    | <input type="checkbox"/> rheumatic fever     |
| <input type="checkbox"/> cystic fibrosis | <input type="checkbox"/> frequent nose bleed | <input type="checkbox"/> heart disease         | <input type="checkbox"/> scarlet fever       |
| <input type="checkbox"/> seizures        | <input type="checkbox"/> surgery             | <input type="checkbox"/> tuberculosis          | <input type="checkbox"/> past skull fracture |
| <input type="checkbox"/> hepatitis       | <input type="checkbox"/> past concussion     | <input type="checkbox"/> mental disorders      | <input type="checkbox"/> other: _____        |

**EMERGENCY CONTACT INFORMATION:**

1st:	_____	_____	_____
	NAME	RELATIONSHIP	PHONE NUMBER
2nd:	_____	_____	_____
	NAME	RELATIONSHIP	PHONE NUMBER
3rd:	_____	_____	_____
	NAME	RELATIONSHIP	PHONE NUMBER

**\* RETURN THIS PAGE TO CLCS**





## Clear Lake Christian School International Student Application Medication Release

The school supplies the items listed below which cannot be administered to students without parental consent. Please check only the items that you will allow to be administered. If your child is currently on a daily medication (i.e. Ritalin, Amoxicil, Penicillin, etc.), please consult with your doctor to make certain that none of the items listed below, when administered, will conflict, in any way, with the medication. This would also apply to any medication given throughout the school year. Medication will be given in compliance with the directions on the product.

- Acetaminophen (i.e. Tylenol, etc.)
- Ibuprofen (i.e. Advil, Motrin, etc.)
- Antacid (i.e. Tums, etc.)
- Benadryl
- Insect Repellant

I am giving my permission for the health station attendant to give my child the medication I have indicated. I understand that I must provide all other medication prescription or non-prescription, if my child is to be given them at school.

**I understand that all medication I send to school during the school year must be in the original container and will be accompanied by a written request which will include the following:**

1. Date to be given
2. Student's name
3. Name of medication
4. Dosage, which must include a physician's written direction if different from the recommended dosage of the manufacturer
5. Time to be given or how often
6. Signature of parent or guardian

If these criteria are not met, I understand that the school reserves the right not to administer medication to my child.

I understand that it is my child's responsibility to report to the designated area in the health station to take his/her medication. I also understand that all medications are to be turned in to the health stations and are not to be carried in the student's possession or stored in his/her locker.

I hereby indemnify Clear Lake Christian School and hold it harmless on behalf of myself, my spouse, if any, and my child against any and all loss, damage (economic or otherwise), health care provider or emergency transportation expense, or other costs and expenses, including but not limited to reasonable compensation of employees, agents and counsel in defending itself against claims or liabilities, arising out of or related to the administration of medication as requested and authorized herein, unless it is proved that CLCS staff members or volunteers acted willfully or in reckless disregard of my child's health.

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

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

**(Unless this form is dated, signed, and properly completed, your child will not be given medication during the school year.)**

**\* RETURN THIS PAGE TO CLCS**



## Clear Lake Christian School International Student Application 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: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### 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.

**\* RETURN THIS PAGE TO CLCS**



# Clear Lake Christian School International Student Application Media Release

**STUDENT NAME:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

By enrolling at Clear Lake Christian School (CLCS), students and their parents/guardians acknowledge and agree that any photos, videos, pictorial images, voice recordings, or quotations, including those of student taken or created by CLCS (including without limitation any taken by any photographer or videographer paid by or volunteering for CLCS) during or related to the current attending School Year, are the sole property of CLCS and may be used in future CLCS publications, web pages, promotions, advertisements, and exhibitions (or any other person authorized to use such images by CLCS) without the need of any additional permissions from the student or guardian. By enrolling at CLCS, students and their guardians agree to release and waive for the student, and anyone claiming through the student, all claims based on the right of privacy, right of publicity, moral rights, or any other intellectual property rights related to the rights granted by the student to CLCS. Photographs and other personally identifiable information, such as age or name, may be published by CLCS in any future publications, web pages, promotions, advertisements, or exhibits. By enrolling at CLCS, parents/guardians agree to release CLCS and its agents and waive for the student all claims based on right of privacy, publicity, and any other intellectual property rights.

Parents/guardians may opt-out of this media/information release without affecting their child's enrollment at CLCS by requesting a Media/Information Waiver Form from the School Administrator.

I consent and agree, individually and, as a parent or guardian of the student names above, to the foregoing terms and provisions. By signing below, I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

Date

**\* RETURN THIS PAGE TO CLCS**



# Clear Lake Christian School International Student Application 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: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_



# Clear Lake Christian School International Student Application Teacher Recommendation (Current Academic Teacher)

This student is applying for admission to Clear Lake Christian School, 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:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

### 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:

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

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

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

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

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

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**Clear Lake Christian School  
International Student Application  
Teacher Recommendation (Current Academic Teacher) Page -2-**

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:

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

TEACHER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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.clcs.tv](http://www.clcs.tv)



# Clear Lake Christian School International Student Application Personal Reference Form

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

Student Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

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

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

**FAX OR MAIL DIRECTLY TO:**

**Clear Lake Christian School  
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## Clear Lake Christian School 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 a monthly stipend 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.





# Clear Lake Christian School Student Application Check List

**Please ensure that the following are included with your application:**

- (1) I-20 Fee of **\$300 USD**.
- (1) I-20 Application form completed and signed.
- (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 translated by certified translator.
- (1) Photo.
- (1) \$170 for Spantran Evaluation.
- (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.

**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.
7. All new students must take the online language assessment at:  
[http://www.examenglish.com/leveltest/grammar\\_level\\_test.htm](http://www.examenglish.com/leveltest/grammar_level_test.htm) and turn in the results with the International Student Application.

### Financial Policy

1. Students that receive their I-20 through CLCS are financially responsible for the entire academic year's enrollment tuition and fees. Students who do not complete the entire school year are not released from their financial obligation.
2. Tuition and fees must be received before the student will be admitted to classes.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Parent(s) Signature(s) Date

**\* RETURN THIS PAGE TO CLCS**