

International Student Application for Admission

2018-2019



| APPLICANT INFORMATION | | | |
|---|---------------------|---|-------------------------|
| Name: (Family Name, Given Name) | | | Referred By: |
| School Year: | Gender: | Date of Birth: | Age: |
| Term Applying for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring | Current Grade: | Place of Birth: | Country of Citizenship: |
| Date of Application: | Grade Applying For: | Residential Program Applying for: <input type="checkbox"/> Homestay <input type="checkbox"/> Other (Relatives) | |

| STUDENT CONTACT INFORMATION | | | |
|-----------------------------|-----------------|--------------------|--------------------|
| Street Address: | | Home Phone Number: | Cell Phone Number: |
| City: | State/Province: | Email Address: | Skype ID: |
| Postal Code: | Country: | WeChat ID: | Kakao Talk ID: |

| SCHOOL HISTORY | |
|---|---|
| Last School Attended: | <p>Have you ever been:</p> <p>Expelled or suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Used drugs, alcohol, or tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Prescribed a daily medication we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Repeated a grade level during your educational career? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Experienced any disciplinary issues during your school career? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Experienced difficulty completing homework or class assignments/projects? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you answered "Yes" to any of the questions above, please use this section to explain in detail:</i></p> |
| GPA: | |
| School's Phone Number: | |
| School's Address: | |
| List your strongest subjects: | |
| List your weakest subjects: | |
| Is there any information we would need to know to help you become a successful student? | |

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| STATEMENT OF INTENT | |
|---|--|
| Please state the reason(s) you desire to attend Fairfax Baptist Temple Academy: | |
| | |

| FAMILY INFORMATION: PARENT(S) / LEGAL GUARDIAN(S) | | | |
|--|----------------|----------------------------------|----------------|
| FATHER or Male Legal Guardian | | MOTHER or Female Legal Guardian | |
| Full Name: (Last, First, Middle) | | Full Name: (Last, First, Middle) | |
| Address: | | Address: | |
| Home Phone: | Cell Phone: | Home Phone: | Cell Phone: |
| Email Address: | Skype ID: | Email Address: | Skype ID: |
| WeChat ID: | Kakao Talk ID: | WeChat ID: | Kakao Talk ID: |
| Place of Employment: | | Place of Employment: | |
| Position: | Work Phone: | Position: | Work Phone: |
| Marital status of parents listed above: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together | | | |
| If separated or divorced, please explain legal custody and rights information: <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | | | |

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| EXTRACURRICULAR ACTIVITIES/GOALS |
|---|
| List any extracurricular activities with which you have been involved (sports, student leadership, clubs, etc.) |
| List any community service projects or employment you have experienced: |
| What are your post-high school goals? (What kind of college do you hope to attend? What work-related interests might you pursue?) |

| CURRENT CHURCH MEMBERSHIP/ACTIVITY | |
|---|---|
| Fairfax Baptist Temple Academy believes and teaches that salvation (being Born Again) is a personal decision. When an individual accepts by faith the death, burial, and resurrection of Jesus Christ, and when the individual confesses/repents to God of sin, then as that person asks God for salvation that person may be saved. Baptism by immersion is an act of personal obedience and identification with Christ after salvation. | |
| On the basis of the above definition, do you believe that the student is Born Again? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure | |
| Have you and your parents read the FBTA Mission & Faith Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No and do you support that Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Church of Attendance: | Are you a member of this church? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Church Address: | |
| Pastor's Name: | Pastor's Phone Number: |
| Pastor's Email Address: | |

How did you hear about FBTA?

Friends Family Pastor Other: _____

*Thank you for your interest in Fairfax Baptist Temple Academy.
Please submit this completed form, along with the other required forms, to the administrative office
at international@FBTministries.org to be considered for enrollment.*