

OVERLAND CHRISTIAN SCHOOLS

International Student Application for Admission Application Fee - \$50 New Student; \$25 Returning Student

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

Country of Birth _____ Country of Citizenship _____

Address _____

Gender: M F Birthdate ____/____/____ Last Grade Completed _____

Previous School Attended (For Transcript Information) _____

Address _____

Housing: I will be residing in the KCCBS dormitory. I will be residing with my parents/relatives.

Please Indicate Your Next of Kin _____ Relationship _____

Address _____

Emergency Contact Person (if not residing in the dormitory)

Name _____ Relationship _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

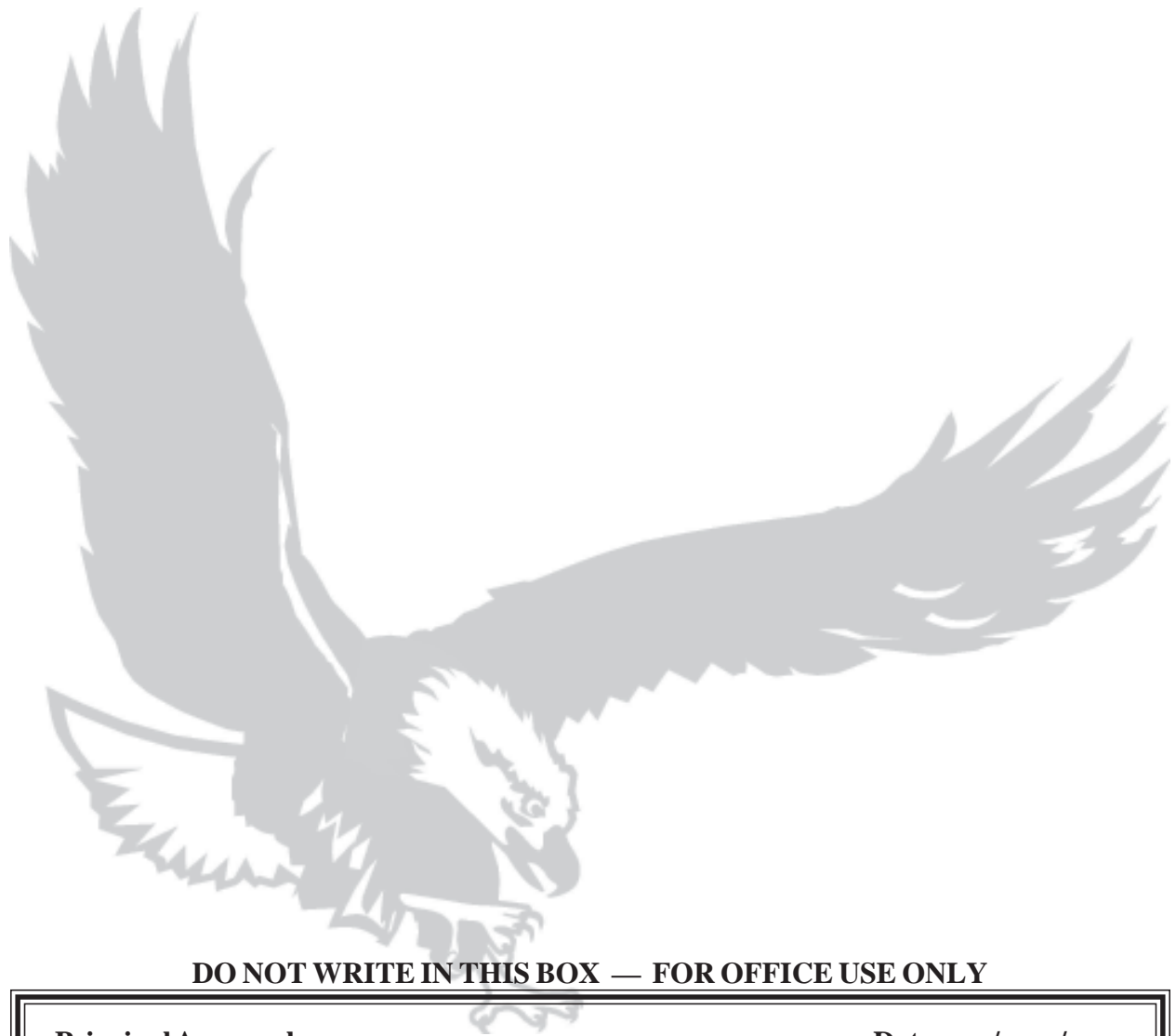
Cell Phone: () _____ - _____

(Optional)

I authorize a representative of Overland Christian School to dispense the following over-the-counter medication to my child for minor pain or discomfort as needed:

Acetamenaphin Ibuprofen Naproxem Sodium _____

I understand that Overland Christian School and its personnel assume or accept no liability for dispensing the above-mentioned medications.



DO NOT WRITE IN THIS BOX — FOR OFFICE USE ONLY

Principal Approval _____ **Date** ___ / ___ / ___

Dean of Students Approval _____ **Date** ___ / ___ / ___

Foreign Student Advisor Approval _____ **Date** ___ / ___ / ___

Testing Results: Listening Comprehension _____% Reading Comprehension _____% Overall _____%

Test Date ___ / ___ / ___ **Grade Placement Recommendation** _____

Academic Reference Form

To the Applicant:

Please complete the top portion of this page and submit this form to a previous educator (teacher or principal). Do not give this form to a relative. For the benefit of the respondent, please attach to this form a stamped envelope addressed to:

Overland Christian Schools
ATTN: Admissions Department
7401 Metcalf Avenue
Overland Park, KS 66204

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Age _____ Grade Entering: 6 7 8 9 10 11 12 Semester: Fall Spring 20_____

I willingly waive my right of access to this letter of reference once it is filed.

Signature _____ Date: ____/____/____

To the Respondent:

The student named above is applying for admission to Overland Christian Schools and is asking you to supply information as to his/her academic ability. OCS is a Christian institution with definite Christian goals. Our desire is to admit student who will profit the most from their enrollment here. The administration finds candid, thorough evaluations invaluable in the decision-making process, so please be frank, fair, and accurate in your remarks and estimates. Please return the form directly to the school in the envelope provided by the student. Please do not return it to the applicant. Thank you for taking your time to give this evaluation.

1. How long have you known the applicant? _____

How well? slightly casually well

In what relationship? _____

2. Do you consider the applicant to be a sincere Christian? Yes No

3. Are you related to the applicant? Yes No

4. Do you recommend this applicant for admission?

Yes, with confidence. Yes, with the following reservations. No. (Please explain.)

5. To your knowledge, has the applicant ever been expelled or suspended from any school?

Yes No

6. To your knowledge, does the applicant drink, smoke, or take illegal drugs?

No Yes (explain) _____

Please rate the applicant by circling the category that best describes him or her.

COOPERATION Willingness to work with people in various capacities	Outstanding	When convenient	Indifferent	Unwilling	Not observed
EMOTIONAL STABILITY Reactions in various situations when stress is likely	Very stable	Fairly Stable	Easily elated or depressed	Unresponsive	Not observed
INITIATIVE Ability to see things that need to be done; resourcefulness; assertiveness	Seeks additional tasks	Willingly does more than expected	Does assigned tasks	Needs prodding	Not observed
JUDGEMENT AND COMMON SENSE Ability and foresight in decisions in everyday situations	Sound decisions	Fair deductions	Poor results	Lacks ability	Not observed
LEADERSHIP Ability to lead others	Consistently a leader	Usually a leader	Leads occasionally	Seldom or never leads	Not observed
ACCEPTANCE BY OTHERS Mannerisms and appearance; general impression on others	Well liked	Accepted	Tolerated	Rejected	Not observed
RELIABILITY Dependability, willingness, and consistency	Conscientious	Usually reliable	Erratic	Unreliable	Not observed
INFLUENCE Consider both positive and negative influence on others	Unusually wholesome	Consistently good	Varying influence	Passive, or negative	Not observed
COMMUNICATION SKILLS Ability to present thoughts with logic and clarity	Outstanding	Good	Has difficulty	Unable to communicate clearly	Not observed
WORK ETHIC Punctual, present, and committed to goals; uses time well	Excellent	Good	Erratic	Has difficulty	Not observed
RESPECT FOR AUTHORITY Response to and attitude toward established authority	Unusually respectful	Good attitude	Indifferent to authority	Shows disrespect	Not observed

Signature _____ Date _____ / _____ / _____

Print Name _____ Title _____

Name of Organization _____

Address _____

City, State, Zip _____

Phone (_____) _____ - _____ E-mail address _____

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Pastor/Youth Pastor Reference Form

To the Applicant:

Please complete the top portion of this page and submit this form to the pastor or youth pastor of your church. If the pastor is a relative, is new and therefore does not know you well, or if your church does not currently have a pastor, give this form to a church leader. Do not give this form to a relative. For the benefit of the respondent, please attach to this form a stamped envelope addressed to:

Overland Christian Schools
ATTN: Admissions Department
7401 Metcalf Avenue
Overland Park, KS 66204

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Age _____ **Grade Entering:** 6 7 8 9 10 11 12 **Semester:** Fall Spring 20_____

I willingly waive my right of access to this letter of reference once it is filed.

Signature _____ **Date:** ____/____/____

To the Respondent:

The student named above is applying for admission to Overland Christian Schools and is asking you to supply information as to his/her academic ability. OCS is a Christian institution with definite Christian goals. Our desire is to admit student who will profit the most from their enrollment here. The administration finds candid, thorough evaluations invaluable in the decision-making process, so please be frank, fair, and accurate in your remarks and estimates. Please return the form directly to the school in the envelope provided by the student. Please do not return it to the applicant. Thank you for taking your time to give this evaluation.

1. How long have you known the applicant? _____

How well? slightly casually well

In what relationship? _____

2. Do you consider the applicant to be a sincere Christian? Yes No

Are the applicant's activities distinctively Christ-honoring? Yes No

3. Are you related to the applicant? Yes No

4. Has the applicant been consistent in attendance at church? Yes No

In what church activities has the applicant participated? _____

5. Do you recommend this applicant for admission?

Yes, with confidence. Yes, with the following reservations. No. (Please explain.)

6. To your knowledge, does the applicant drink, smoke, or take illegal drugs?

No Yes (explain) _____

Please rate the applicant by circling the category that best describes him or her.

COOPERATION Willingness to work with people in various capacities	Outstanding	When convenient	Indifferent	Unwilling	Not observed
EMOTIONAL STABILITY Reactions in various situations when stress is likely	Very stable	Fairly Stable	Easily elated or depressed	Unresponsive	Not observed
INITIATIVE Ability to see things that need to be done; resourcefulness; assertiveness	Seeks additional tasks	Willingly does more than expected	Does assigned tasks	Needs prodding	Not observed
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Signature _____ Date ____/____/____

Print Name _____ Title _____

Name of Organization _____

Address _____

City, State, Zip _____

Phone (____) _____ - _____ E-mail address _____

Character Reference Form

To the Applicant:

Please complete the top portion of this page and submit this form to an adult who knows you well. Do not give this form to a relative. For the benefit of the respondent, please attach to this form a stamped envelope addressed to:

Overland Christian Schools
ATTN: Admissions Department
7401 Metcalf Avenue
Overland Park, KS 66204

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

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No Yes (explain) _____

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City, State, Zip _____

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