



Name of Applicant \_\_\_\_\_

Home City \_\_\_\_\_ Country \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Applying for School Year 20\_\_\_\_-20\_\_\_\_

Applying for Grade \_\_\_\_3 \_\_\_\_4 \_\_\_\_5 \_\_\_\_6 \_\_\_\_7 \_\_\_\_8

Referred by: \_\_\_\_\_

*International Student  
Application for Admission  
Grace Lutheran School*

2252 SE 92<sup>nd</sup> Avenue  
Portland, OR 97216  
Phone 1-503-777-8628

*Preparing Children Now and Forever*

The following two pages to be completed by Parents/Guardians:

Year applying for: \_\_\_\_\_

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

(English) Family Name: _____	First: _____
(Native) Family Name: _____	First: _____
(English) Address: _____ _____	
English Name: _____	Home Telephone: _____
Email _____	Birthdate: ____/____/____
Country of Birth: _____	Country of Citizenship: _____
Nationality _____	Religion _____
Sex: _____ Male _____ Female	Passport Number: _____
Type of Visa: _____	

Applicant's Current School: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Father's Name: _____	
Address: _____	
Telephone Number: _____	Email: _____
Occupation: _____	
Mother's Name: _____	
Address (if different) _____	
Telephone Number: _____	Email: _____
Occupation: _____	

**Agency contact**

Name of Agency: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any medical considerations or allergies the student has to food, animals, medicines, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permissions:**

The following are two permissions that need a parent/guardian signature and date to be granted. Please read carefully.

Permission is granted for GLS to use this student's name and/or photo in GLS publications, including website and/or print or video publications.

I **give** GLS permission to use my student's name and/or photo in the GLS publications stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My student is authorized to access the internet via school computers at GLS. Several classes require internet access for research and other class projects.

I **give** my student permission to access the internet via school computers while at GLS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Principal/Teacher Recommendation

\_\_\_\_\_ is a candidate for admission to Grace Lutheran School of Portland, Oregon, USA. The admissions committee would like your evaluation of this student and any observations you think might be helpful. Thank you for your time and cooperation.

1. How long have you known this student? \_\_\_\_\_
  
2. What level or range academically does the student fall compared to the other students at your school?  
 Bottom10% \_\_\_\_\_ 10-25% \_\_\_\_\_ 25-50% \_\_\_\_\_ 50-75% \_\_\_\_\_ 75-90% \_\_\_\_\_ Top 10% \_\_\_\_\_
  
3. What do you perceive as the student's strength?
  
4. To your knowledge, has the applicant ever been suspended, dismissed, or involved in any serious disciplinary action?
  
5. Are you aware of any areas (academic or social) in which this student may need assistance?
  
6. Additional comments that will assist in our admissions decision.
  
7. Please check one of the following:
  - \_\_\_\_\_ I recommend the applicant
  - \_\_\_\_\_ I recommend the applicant with reservation for the following reasons
  - \_\_\_\_\_ I do not recommend the applicant for the following reasons

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Please rate the student's language ability (please circle the appropriate area).

<b>Reading</b>	Excellent	Good	Fair	Poor
<b>Writing</b>	Excellent	Good	Fair	Poor
<b>Speaking</b>	Excellent	Good	Fair	Poor
<b>Grammar</b>	Excellent	Good	Fair	Poor
<b>Comprehension</b>	Excellent	Good	Fair	Poor

**STUDENT'S CHARACTER** (please provide brief comments about the following):

Maturity: \_\_\_\_\_

Responsibility: \_\_\_\_\_

Creativity: \_\_\_\_\_

Ability to Adapt: \_\_\_\_\_

Social Skills: \_\_\_\_\_

Signature of School Principal/Teacher: \_\_\_\_\_

School: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_