**GDQ International Christian School Student Application**

|  |
| --- |
| Today’s Date |
| Child’s Full Name |
| Anticipated Grade Level |
| Anticipated Start Date |

**CHILD’S INFORMATION**

|  |
| --- |
| Name child prefers to go by |
| Male / Female | Birth date (**dd/mm/yyyy**) |
| Country of birth | Citizenship as noted on passport |
| Passport number | Passport expiration date |

**FAMILY INFORMATION**

|  |  |
| --- | --- |
| Father’s Name | Mother’s Name |
| Father’s Citizenship | Mother’s Citizenship |
| Father’s Contact Information (Email & Phone) | Mother’s Contact Information (Email & Phone) |
| Father’s Speaking English Language Proficiency  | Mother’s Speaking English Language Proficiency  |
| Explain your primary reason/role for being in Albania |

**EMERGENCY CONTACT INFORMATION**

|  |
| --- |
| Person to contact when parents are not home. Needs to be a person in the Tirana/ Durres area.  |
| Name | Phone |

**FINANCIAL INFORMATION**

|  |
| --- |
| Mission Organization or Employer Name |
| Are you a member of AEP/VUSH If yes, specify which one.  |
| Supervisor’s Name |
| Supervisor’s Email | Supervisor’s Phone |
| The above organization/business covers my child’s educational cost (Yes or No). | I would like to apply for financial aid. (Yes or No) |
| As needed, additional comments related to your financial situation and your application |

**SPIRITUAL BACKGROUND**

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| 1. Is there anything in GDQ’s statement of faith that you are uncertain about? Please explain. |
| 2. Briefly describe your child’s attitude toward / understanding of Christianity? |

**CHILD’S PLACE OF RESIDENCY BACKGROUND**

Please list all locations (city, country) where your child has lived. If more space is needed, please attach a separate sheet.

|  |  |
| --- | --- |
| Birthplace | Moved at age/grade/date |
| Residency (city, country) | Moved at age/grade/date |
| Residency (city, country) | Moved at age/grade/date |
| Residency (city, country) | Moved at age/grade/date |
| Residency (city, country) | Moved at age/grade/date |

**EDUCATIONAL BACKGROUND**

Please list the schools your child has attended (begin with first year in school). If more space is needed, please use a separate sheet. Please include any homeschooling that has taken place and note ‘homeschooling’ in the ‘School Name’ space.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Years Attended | Grade Level | School Name | Country | Language of Instruction |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Educational Background (continued)**

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| --- |
| 1. Why do you want your child to attend GDQ International Christian School? |
| 2. GDQ offers a K-12 program. How long do you expect your child to be at GDQ? Do you plan for your child to graduate grade 12 at GDQ? If not, through which grade do you plan for your child to attend? |
| 3. What do you feel are your child’s **academic** strengths? |
| 4. What do you feel are your child’s **academic** weaknesses? |
| 5. How does your child feel about school? How motivated do you feel your child is to learn? |
| 6. Has your child been suspended and/or expelled from school? If yes, please identify when and explain the reason for. If suspended, please include the length of the suspension. If expelled, please include the date your child was expelled.  |
|  Suspension | Expulsion |
| 7. Do you see that your child learns best in one of these ways? Identify if applicable. |
| Verbal explanations (Auditory) | Seeing and reading (Visual) | Hands on (Kinesthetic) | I do not know |

**LANGUAGE BACKGROUND AND FLUENCY**

*(To be completed for* ***all*** *children)*

GDQ International Christian School offers an EAL program to those students who do not have English as their academic language. Our EAL program gives students the opportunity to focus on academic vocabulary and writing skills that will equip them to succeed in the classroom at a level equal to or above their native English classmates. All non-native speaking students applying to GDQ will be tested for EAL as part of the application process.

1. Please list the languages your child speaks, reads, and writes **other than English**. Then rate your child’s level as **beginner, intermediate, or advanced**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Language**Please state the languages your child speaks, reads and understands. | **Spoken**Rate your child’s speaking proficiency in this language as **beginner**, **Intermediate**, or **advance**d | **Read**Rate your child’s reading proficiency in this languageas **beginner**, **Intermediate**, or **advance**d | **Written**Rate your child’s writing proficiency in this language as **beginner**, **Intermediate**, or **advance**d |
|   |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. Please rate your child’s **English** proficiency by placing an X in the appropriate column

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| English Proficiency | Fluent | Needs some help | Needs EAL instruction | Not sure |
| Spoken |  |  |  |  |
| Written |  |  |  |  |
| Comprehension |  |  |  |  |

3. Please rate your child’s **reading comprehension ability** in **English** by placing an X in the appropriate column

|  |  |  |  |
| --- | --- | --- | --- |
| Above grade level | Grade level | Below grade level | Not sure |
|  |  |  |  |

**Language Background and Fluency (continued)**

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| --- |
| 1. What is your child’s **first** language?  |
| 2. Can your child read at grade level in his/her **first** language? |
| 3. What languages are spoken in your home?  |
| 4. In which language does your child primarily speak with you? |
|  Father | Mother |
| 5. Is the script of your child’s first language the same or different from English? |
| 6. If the script is different, in which direction is it read? |
| 7. Additional comments that would be helpful for us to know concerning your child’s English ability. |

**SPECIAL NEEDS BACKGROUND**

*(To be completed for all children)*

GDQ International Christian School is open to accepting a child with special needs provided the school has the specialized staff and resources necessary to address the child’s needs. GDQ reserves the right to cancel a child’s place if information regarding the child’s academic, behavioral, social or emotional needs was knowingly withheld from the school at the time of enrollment. This includes any relevant testing and evaluations, along with parent observations, that would have assisted the school in determining appropriate placement and services.

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| **PHYSICAL**  |
| 1. Does your child have any **physical limitations** that would affect his/her participation in athletic activities or his/her ability to move around the school building? If yes, please explain. |
| **MEDICAL/ MEDICATIONS** |
| 2. Is your child **currently** taking any **medications**? If yes, please list medications and reason for use. In what way, if any, could this medication affect learning or other activities?  |
| 3. At **any time** has your child taken **medication**, even on a trial basis, for **behavioral reasons** (for example hyper activity, anxiety, or help to focus)? If yes, please list medications. |
| 4. Is there any other medical information that our teaching staff should be aware of? |

|  |
| --- |
| **LEARNING**  |
| 5. Has your child been **formally identified** as having a **disability that affects his/her learning**? If yes, by whom? When? What disability? Please include all psychological reports and IEPs (current and past). |
| 6. Has your child **received** special school services? These could include (but are not limited to) an IEP, a 504 plan, a gifted and talented program, speech and language assistance. If yes, which program and when serviced? |
| 7. Does your child have any physical, emotional, or learning difficulties that may affect his/her **ability to learn and progress** in a classroom setting? If yes, please explain and attach any testing or analysis that is available. |
| 8. Thinking back on your child’s learning history, do you **suspect** he or she may have some **learning needs** and **may benefit from learning support**? Is yes, please explain your concerns.  |

**PARENT/CHILD RELATIONSHIP**

|  |
| --- |
| Describe the relationship between you and your child. |
| Father |  |
| Mother |  |
|  |  |
| How does your child respond to your discipline? Give an example of what works best. |
| Father |  |
| Mother |  |

|  |
| --- |
|  |
| What are your major expectations for your child while he/she attends GDQ? |
| What special gifts or abilities have you been seeking to developin your child? |
| Are there activities in which you would **NOT** want your child to participate in while at school? |

Please rate your child from 1 to 5 in the following areas, with 1 being low and 5 being high. *(Place an* ***X*** *in the appropriate column.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| Attitude toward school |  |  |  |  |  |
| Motivation toward academic learning |  |  |  |  |  |
| Self-discipline |  |  |  |  |  |
| Respect for authority |  |  |  |  |  |
| Decision-making |  |  |  |  |  |
| Academic promise |  |  |  |  |  |
| Patience |  |  |  |  |  |
| Self-image |  |  |  |  |  |
| Productive use of leisure time |  |  |  |  |  |
| Spiritual maturity |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Organizational skills |  |  |  |  |  |
| Concern for others |  |  |  |  |  |
| Adaptability |  |  |  |  |  |
| Respect from peers |  |  |  |  |  |
| Ease in relationships |  |  |  |  |  |
| World awareness |  |  |  |  |  |

**REFERENCE REQUESTS**

**Middle School Student Confidential Reference Request**

Students entering grades 6-8 are required to submit **three adult references**. Please provide below names and email addresses. GDQ will email a reference form to each.

Reference 1 -- Teacher

|  |  |  |
| --- | --- | --- |
| Name | Relationship to student | Email |
|  |  |  |

Reference 2 – Adult friend (not a relative)

|  |  |  |
| --- | --- | --- |
| Name | Relationship to student | Email |
|  |  |  |

Reference 3 – Pastor or Youth Leader OR another adult who knows the student well

|  |  |  |
| --- | --- | --- |
| Name | Relationship to student | Email |
|  |  |  |

**High School Student Confidential Reference Request**

Students entering grades 9-12 are required to submit **four adult references**. Please provide below names and email addresses. GDQ will email a reference form to each.

Reference 1 – English Teacher

|  |  |  |
| --- | --- | --- |
| Name | Relationship to student | Email |
|  |  |  |

Reference 2 – Math Teacher

|  |  |  |
| --- | --- | --- |
| Name | Relationship to student | Email |
|  |  |  |

Reference 3– Teacher of Student’s Choice

|  |  |  |
| --- | --- | --- |
| Name | Relationship to student | Email |
|  |  |  |

Reference 4 – Pastor or Youth Leader OR another adult who knows the student well

|  |  |  |
| --- | --- | --- |
| Name | Relationship to student | Email |
|  |  |  |

**PARENT DECLARATION**

As parents interested in enrolling our child at GDQ International Christian School, we

* Agree to support the teachers and staff in the training and education of our child.
* Recognize that this application is not complete until we have submitted **all** requested forms and have paid the application fee.
* Will assume the financial obligations for our child's education.
* Grant GDQ permission to investigate our status with our mission or employer in order to determine our tuition category.
* Agree to have our child tested for his/her English proficiency if he/she is not a native English speaker.
* Understand that GDQ International Christian School is accredited with the Association of Christian Schools International (ACSI) and Middle States Association (MSA) and will not hold GDQ International Christian School responsible should our child’s GDQ high school diploma not be recognized by other institutions.
* Confess that all the information provided is accurate to the best of our knowledge; and understand that providing inaccurate, incomplete, or falsified information will result in the delay or withdrawal of the application now, or in the future, even after our child has been accepted.

Our names below affirm that we have read, understood and agree to the items noted above

|  |
| --- |
| Father’s Name |
| Mother’s Name |
| Today’s Date |

**HELPFUL INFORMATION FOR US**

Please let us know **how you learned about GDQ** International Christian School.

|  |  |
| --- | --- |
|  | Individual’s name |
| Parent of current student |  |
| Parent of former student |  |
| Current / former student |  |
| GDQ staff member |  |
|  |  |
|  | Mission / Organization / Embassy name |
| Mission organization |  |
| Corporate personnel office |  |
| Embassy |  |

**WEBSITE**

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| --- |
| 1. Have you visited our website ([www.gdqschool.org](http://www.gdqschool.org))?
 |
| 1. What information did you find helpful?
 |
| 1. What information were you looking for that you did not find?
 |