



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

SPIRITUAL BACKGROUND

1. Is there anything you are uncertain about in GDQ's statement of faith? 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)

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 it. 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 allows students 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 **besides 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 advanced	Read Rate your child's reading proficiency in this language as beginner, Intermediate, or advanced	Written Rate your child's writing proficiency in this language as beginner, Intermediate, or advanced

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



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.

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 hyperactivity, anxiety, or help to focus)? If yes, please list medications.

4. Is there any other medical information our teaching staff should know?



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, and 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 available testing or analysis.

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**? If 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 develop in your child?

Are there activities 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

Student Confidential Reference Request

Students entering grades 1 through 11 must submit four adult references. Please provide names and email addresses below. GDQ will email a reference form to each.

Students entering kindergarten, submit two adult references. Please provide names and email addresses for a preschool teacher and an adult other than a family member who knows your child well.

Reference 1 – English Teacher

Table with 3 columns: Name, Relationship to student, Email

Reference 2 – Math Teacher

Table with 3 columns: Name, Relationship to student, Email

Reference 3– Teacher of Student’s Choice

Table with 3 columns: Name, Relationship to student, Email

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

Table with 3 columns: 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 incomplete until we have submitted all requested forms and 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 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 abovementioned items.

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.**

Parent of current student	
Parent of former student	
Current/former student	
GDQ staff member	
Mission organization	
Corporate personnel office	
Embassy	

WEBSITE

1. Have you visited our website (www.gdqschool.org)?



2. What information did you find helpful?

3. What information were you looking for that you did not find?