



### Student Application

Please fill out in English

<input type="checkbox"/> Winter Schooling		<input type="checkbox"/> Summer Camp	
<b>STUDENT INFORMATION</b>			
First Name:	Last Name:	English Name:	Student's picture
Address:		City:	
Province/State:	Country:	Zip code:	
Phone:	Email:		
Date of Birth:	Age in USA:	Gender:	
Communication App		Chat ID:	
School name you are applying for:			
Are you interested in studying in the USA after Camp			
Grade Applying for	Semester Applying for	What is the last grade you completed?	
City of Birth:	Country of Birth:	Country of Citizenship:	
<b>INFORMATION FOR STUDENT ENGLISH LEVEL --N/A</b>			
English Proficiency Test Score: ELTIS ____/ TOEFL ____/ TOEFL Jr. ____/ SSAT ____/ ITEP ____ or _____		How many years have you studied English?	
Have you ever studied English in an English speaking country?			
If so, Which country?	How long?	What type of visa did you have?	
Other Lanuages:		Length of study?	
<b>FAMILY INFORMATION</b>			
<i>Please list your natural parents' information</i>			
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input checked="" type="checkbox"/> Guardian <input type="checkbox"/> Other			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
Name (Father):		Occupation:	
Email:		WeChat ID:	
Cellphone:		Work Phone:	
Company Name :		Address:	
City :	Province/State:	Country:	Zip Code:
Date of Birth:		City of Birth:	
Name (Mother):		Occupation :	



Email:		Chat ID(Kakao)	
Cellphone:		Work Phone:	
Company Name :		Address:	
City:	Province/State:	Country:	Zip Code:
Date of Birth:		City of Birth:	
Address if different from applicant			
<i>Please list your siblings information</i>			
Name:		Relationship:	
Date of Birth:		Present Grade/Occupation :	
Name:		Relationship:	
Date of Birth :		Present Grade/Occupation :	
<b>STUDENT'S PREFERENCE</b>			
Religion:		How often do you attend services?	
Favorite Subject:			
Your merit:		Demerit:	
What would you like to be when you grow up?			
<b>STUDENT'S EDUCATION DATA</b>			
Current School:			
School Type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other _____			
Date Attended: From _____ To _____		Present Garde: _____	Completed?
School Address:			
City :	Province/State :	Country :	Zip Code :
Pricipal or Counselor Name:		Email:	
Phone#:		Fax:	
Previous School:			
School Type : <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other _____			
Dates Attended: From _____ To _____		Grade: From _____ To _____	
School Address:			
City:	Province/State :	Country :	Zip Code :
Has the applicant ever repeated a grade		If yes, what grade	
Has the applicant ever been suspended, expelled or withdrawn from any school for any reason?			
If yes, please provide details, including name of school, year and contact person for futher information			



**HEALTH DATA**

Have you ever had a serious injury, illness or disability?

If so, please explain

Have you ever had counseling or psychological/psychiatric evaluation or treatment?

If so, please explain

**INTEREST AND HOBBIES (CHECK ONES THAT YOU CURRENTLY ENJOY OR PARTICIPATE IN)**

**Sports:**

<input type="checkbox"/> Football	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Track	<input type="checkbox"/> Skiing
<input type="checkbox"/> Bowling	<input type="checkbox"/> Golf	<input type="checkbox"/> Badminton	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Soccer
<input type="checkbox"/> Hiking	<input type="checkbox"/> Camping	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Fishing	<input type="checkbox"/> Horseback Riding
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Kung Fu	<input type="checkbox"/> Taekwondo	<input type="checkbox"/> Swimming	<input type="checkbox"/> Tennis

Other:

**Music:**

<input type="checkbox"/> Choir	<input type="checkbox"/> Vocal	<input type="checkbox"/> Piano	<input type="checkbox"/> Violin	<input type="checkbox"/> Cello
<input type="checkbox"/> Viola	<input type="checkbox"/> Flute	<input type="checkbox"/> Clarinet	<input type="checkbox"/> Oboe	<input type="checkbox"/> Harp
<input type="checkbox"/> Guitar	<input type="checkbox"/> Saxophone	<input type="checkbox"/> Trombone	<input type="checkbox"/> Drum	

Other:

**Art:**

<input type="checkbox"/> Drawing	<input type="checkbox"/> Painting	<input type="checkbox"/> Handcrafts	<input type="checkbox"/> Cooking	<input type="checkbox"/> Dancing
<input type="checkbox"/> Photography	<input type="checkbox"/> Knitting			

Other:

**DISCLAIMER AND SIGNATURES**

I certify that my answers are true and complete to the best of my knowledge. I, the undersigned parent or guardian of \_\_\_\_\_ (student's name) and I grant only **AnB Education**, located in the state of Pennsylvania, USA the right to: Start and complete the summer camp or Winter Schooling application process, arrange host family, gain access to all other documents regarding school during his/her stay in USA on my behalf. I agree to abide by the policies of the camp sites and of **AnB Education**. I also agree to follow the law as set by the USA.

I agree that the any other fee related to the winter schooling application process and/or host family arrangement is not refundable. The fees will not be refunded if I withdraw from or cancel service for any personal reason.

Parent's Signature:	Date:
Student's Signature:	Date: