



### International Student Application

*Please provide complete, legible information. Submission of this application is non-binding.*

#### **Student Information**

Name: \_\_\_\_\_ Grade next year: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ (mm/dd/yyyy)

Mailing Address:

\_\_\_\_\_ Complete Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Country

\_\_\_\_\_ Zip Code

Parents: Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Email: Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

#### **Application Submission**

There is a non-refundable registration/prepaid tuition fee of \$2,500. This fee covers a \$300 re-enrollment fee and \$2,200 toward the fall tuition to reserve your slot as a student of UBCS. This fee must be turned in with this application to confirm your registration for next year. **Registration/prepaid tuition fee is to accompany this application.**

Mail to: Upper Bucks Christian School  
754 East Rockhill Road  
Sellersville, PA 18960

#### **Medical Information**

Please see the attached form "Medical Requirements" which outlines the medical information we need as well as the deadlines to hand in necessary items.

Signature of Parent: \_\_\_\_\_

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

Signature of Agent/Agency: \_\_\_\_\_

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