



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: _____