



# ST. STANISLAUS

## APPLICATION FOR ADMISSION

### 2012 ESL Summer Camp

**Please type or print clearly. Complete all information in detail.**

Applicant's English Proficiency Level: Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>			
<b>Applicant's Full Name</b>	Last Name	First Name	Preferred Name
Date of Birth	Age	Citizenship	Gender
Home Address			
City	State/Province	Postal Code	Country
E-mail Address			Cell Phone ( )
Occupation		Employer's Name	
Does the applicant have a valid U.S. Tourist Visa? <input type="checkbox"/> YES <input type="checkbox"/> NO			
In order for an applicant to attend the ESL Summer Camp, he/she must obtain a B-2 Tourist Visa from a U.S. consulate in his/her country. You can find out how to apply for a B-2 Tourist Visa at your country's U.S. consulate website. Please visit <a href="http://www.usembassy.gov">www.usembassy.gov</a> for a directory of U.S. consulates in your area.			

<b>APPLICANT LIVES WITH:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other: _____			
<b>PARENTS ARE:</b> <input type="checkbox"/> Together <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <b>CUSTODY:</b> <input type="checkbox"/> Joint <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other			
<b>Mother's Full Name</b>	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Last Name	First Name
Home Address		E-mail	Fax
City	State/Province	Post Code	Country
Occupation		Employer's Name	Employer's City and State
<b>Father's Full Name</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Last Name	First Name
Home Address		E-mail	Fax
City	State/Province	Post Code	Country
Occupation		Employer's Name	Employer's City and State

#### FOR OFFICIAL USE ONLY

Application Fee: \_\_\_\_\_  
 Amount                                      Check #/Cash                                      Date Received                                      Received By

**If applicable, complete the following section.**

<b>Step-father's Full Name</b>	<input type="radio"/> Mr. <input type="radio"/> Dr.	First	Middle	Last	Home Phone	Work Phone
	<input type="radio"/> Other _____				(    )	(    )
Home Street Address			E-mail			Fax
City		State/Province		Post Code	Country	Cell Phone
						(    )
Occupation		Employer's Name			Employer's City and State	
<b>Step-mother's Full Name</b>	<input type="radio"/> Ms. <input type="radio"/> Dr.	First	Middle	Last	Home Phone	Work Phone
	<input type="radio"/> Mrs.				(    )	(    )
Home Street Address			E-mail			Cell Phone
City		State/Province		Post Code	Country	
						(    )
Occupation		Employer's Name			Employer's City and State	

**Information for Emergency or Medical Care**

Emergency Contact (In case parents or guardians cannot be reached)			Home Phone	Work Phone
			(    )	(    )
Relationship to Student:		Email		Cell Phone
				(    )
Occupation		Employer's Name	Employer's City and State/Province	

Insurance Information (Policy Holder)		Secondary Insurance Information	
Name of Primary Policy Holder		Name of SECONDARY Policy Holder	
Date of Birth	Social Security #	Date of Birth	Social Security #
ID #	Group #	ID #	Group #
Insurance Company		Insurance Company	
Address		Address	
City	State/Province	Post Code	
City		State/Province	
Benefits/Claims Phone #		Benefits/Claims Phone #	

Applicant's Brothers		Applicant's Sisters	
Name	Age	Name	Age
Name	Age	Name	Age
Name	Age	Name	Age

School History				
Current School Name		Catholic <input type="radio"/>	Public <input type="radio"/>	Independent <input type="radio"/>
School Address	City	State/Province	Post Code	
Principal	Telephone	Country		
Principal Email Address				
Previous Schools				
Name of School			City, State	

Please check each activity below in which your son/daughter/self either has experience or in which he/she/you may want to participate. In the space provided, please explain the extent of that experience and any awards, honors, recognition, etc. for each:				
Sailing <input type="radio"/>	Robotics <input type="radio"/>	Bowling <input type="radio"/>	Archery <input type="radio"/>	
Water Ski <input type="radio"/>	Soccer <input type="radio"/>	Billiards <input type="radio"/>	Riflery <input type="radio"/>	
Baseball <input type="radio"/>	Football <input type="radio"/>	Ping Pong <input type="radio"/>	Other <input type="radio"/>	
Basketball <input type="radio"/>	Lazer Tag <input type="radio"/>	Volleyball <input type="radio"/>	Magic <input type="radio"/>	
Swimming <input type="radio"/>	Art <input type="radio"/>	Fishing <input type="radio"/>	Computers <input type="radio"/>	

How did you find out about the St. Stanislaus ESL Summer Camp?
Please describe any special health needs of your son/daughter:
How many years has your son/daughter studied English?
Why do you want your son/daughter to attend the St. Stanislaus ESL Summer Camp?



I hereby apply to register my son/daughter/self as a participant at the St. Stanislaus ESL Camp.

I understand that the application fee is NON-REFUNDABLE. I agree to the timely payment of all fees and expenses. I understand that my son/daughter/self will not be able to participate in ESL classes, sports activities, nor field trips if accounts are not paid in full. If my son/daughter/self withdraws or is dismissed for any reason, I agree to pay all outstanding charges including all departure fees outlined in the Financial Data Sheet.

I give my son/daughter permission to participate in any inter-school or intra-school curricular, co-curricular, or athletic event in which he/she is a member of a St. Stanislaus activity, organization, or team. I understand that such events may take place away from the school campus and that my son/daughter will be under the supervision of a designated school employee.

I understand that these activities may, among other things, involve the taking and circulation of group and/or individual photographs for promotional purposes.

I have read and agree to the above as signified by signatures below.

Signature of Applicant <b>X</b>	Date	<b>MUST ATTACH RECENT PHOTO HERE</b>
Print name of Applicant		
Signature of Parent/Guardian <b>X</b>	Date	
Print name of Parent/Guardian		
Signature of Parent/Guardian <b>X</b>	Date	
Print name of Parent/Guardian		

**Return with \$100 Application Fee to:**

**ST. STANISLAUS  
ESL Director**

**304 South Beach Boulevard  
Bay St. Louis, MS 39520-4301**

**Phone: 228-467-9057 Ext. 226 / Fax: 228-466-2972 / [esl@ststan.com](mailto:esl@ststan.com) / [www.ststan.com](http://www.ststan.com)**