

APPLICATION FOR ADMISSION

*The Grace Lutheran Church and School in River Forest, IL, USA
Administered by the Bible school in Martin, Slovakia*

STUDENT APPLICATION

Name of Applicant:

Home City: Country of Citizenship:

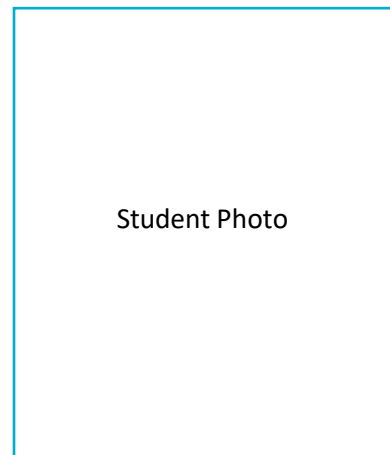
Sex: Male Female Country of Birth:

E mail:

Phone:

Grade in the school year 2022/2023:

- 2
- 3
- 4



Bible School in Martin (BSMT)
M. R. Štefánika 17
036 01 Martin, Slovakia

Date application received by BSMT

Application Procedure & Timetable

STEP 1

The following documents must be submitted to the Bible school office by the deadline

- Complete Application
 - Including Principal/Headmaster Recommendation
 - Including Class Teacher Recommendation
 - Including Súhlas so spracovaním údajov
- Motivation letter
- Transcripts (Copies in Slovak)

STEP 2

IF THE STUDENT IS ACCEPTED, Grace Lutheran will send the following:

- An Invitation Letter
- Air ticket

STEP 3

ESTA APPLICATION (needed prior to travel):

- A valid biometric Passport
- Visit <https://esta.cbp.dhs.gov/esta>

STEP 4

WHEN ESTA IS GRANTED:

- Departure for airport (Vienna or Budapest or Krakow)
- Enjoy your stay!

Application Checklist

APPLICATION FORM:

Submit the completed form

MOTIVATION LETTER.

TRANSCRIPTS:

Transcript of your courses, credits, and grades from LAMS (all previous high-school levels) are important to our review process. Copies of the transcripts may be in Slovak

RECOMMENDATIONS (Included in the Application Form):

Information from your principal and your class teachers will be used for admissions. All forms must be returned with your application. **Recommendations must be completed in English.**

SÚHLAS SO SPRACOVANÍM OSOBNÝCH ÚDAJOV (Included in the Application Form)

Send Completed Application to: Bible school in Martin
M. R. Štefánika 17
036 01 Martin

Personal Information

Please fill in ALL spaces in English unless directed otherwise.

Name of Applicant:

Family name (as appears on passport)

Family name (in native language)

First name (as appears on passport)

First name (in native language)

Middle name (as appears on passport)

Middle name (in native language)

Address: State/Province/Territory:

City: Country: Postal Code:

Address in Native Language (if different than English):

English nickname (if applicable): Applicant's Telephone:

Applicant's E-mail: Age: Date of Birth:

Height (in inches): Weight (in pounds): Eye Color:

Native Language Religion:

Sex: Male Female Passport Number: Type of Visa held (if any or applying for):

Do you have any health problems?

Family Information

Please fill in ALL spaces in English unless directed otherwise.

FATHER:

Father's Name: (in native language)

Address (if different from applicant's):

Address (in native language):

Telephone: Fax: Work Telephone:

E-mail: Age:

Occupation and Title: Company Name:

MOTHER:

Mother's Name:

Address (if different from applicant's):

Address (in native language):

Telephone: Fax: Work Telephone:

E-mail: Age:

Occupation and Title: Company Name:

SIBLINGS:

Brother/Sister Name: Age:

Brother/Sister Name: Age:

Brother/Sister Name: Age:

School Information

Please fill in ALL spaces in English unless directed otherwise.

Applicant's Current School:

School Address: State/Province/Territory:

City: Country: Postal Code:

Telephone Number: Date entered:

Current Grade Level: Out of Total Number of Grades:

Current GPA*: Last Year's GPA:

***GPA = Grade Point Average**

Student's Life *Responses must be completed in full and in English.*

1. What sports/activities are you active in?

2. What do you plan to do after you finish high school?

3. Emergency contacts **other than parents:**

In Home Country

Name: Relationship:

Telephone: Fax: E-mail:

Do they understand and speak English? Yes No

In the U.S.A.

Name: Relationship:

Telephone: Fax: E-mail:

4. How active are you religiously? Very Active Active Inactive

5. Are you a member of a youth group in your church community?

6. List and describe voluntary activities you have participated in.
.....
.....
.....
.....
.....

7. How many times have you helped with Vacation Bible school (VBS) organized by the Bible school in Martin?

8. In what occupation have you participated at the VBS?
.....
.....
.....
.....
.....

9. What languages do you speak or have you studied?

HEADMASTER OR PRINCIPAL RECOMMENDATION

Please enclose reference in envelope and secure with school seal.
The Recommendation form must be included with the student application.

The following student is a candidate for admission to a VBS training program in Grace Lutheran Church, River Forest, IL, USA. Your careful consideration and evaluation of this student would be greatly appreciated. Please include any observations you believe would be helpful to the admissions committee. Thank you for your time and cooperation.

PLEASE RESPOND IN ENGLISH

Name of Applicant

1. How long have you known this student?

2. Briefly describe the applicant's behavior and attitude.

3. To your knowledge, has the applicant ever been suspended, dismissed or involved in any serious disciplinary action? If yes, please explain.

4. Are you aware of any areas in which this student may need assistance: academic or social? If yes, please explain.

5. Please check one of the following:

I recommend the applicant.

I recommend the applicant with reservation for the following reasons:

.....

I do not recommend the applicant for the following reasons.

.....

Signature Title

School Date

Address FAX

CLASS TEACHER RECOMMENDATION

Please enclose the reference in an envelope and secure with school seal.
The Recommendation form must be included with the student application.

The following student is a candidate for admission to a VBS training program in Grace Lutheran Church, River Forest, IL, USA. Your careful consideration and evaluation of this student would be greatly appreciated. Please include any observations you believe would be helpful to the admissions committee. Thank you for your time and cooperation.

PLEASE RESPOND IN ENGLISH

Name of Applicant

How long have you known this student?

Number of years the student has studied English.

Please rate the applicant. **1=Unacceptable 2=Below Average 3=Average 4=Good 5=Superior**

ACADEMIC ACCOUNTABILITY

Achievement	1 2 3 4 5	Attitude	1 2 3 4 5
Accountability	1 2 3 4 5	Effort	1 2 3 4 5
Motivation	1 2 3 4 5	Conduct	1 2 3 4 5
Responsibility	1 2 3 4 5	Creativity	1 2 3 4 5

ENGLISH LANGUAGE ABILITY

Proficiency	1 2 3 4 5	Reading	1 2 3 4 5
Writing	1 2 3 4 5	Speaking	1 2 3 4 5
Grammar	1 2 3 4 5	Comprehension	1 2 3 4 5

GENERAL CHARACTER

Integrity	1 2 3 4 5	Honesty	1 2 3 4 5
Ambition	1 2 3 4 5	Leadership	1 2 3 4 5
Confidence	1 2 3 4 5	Sociability	1 2 3 4 5
Compassion	1 2 3 4 5	Cooperation	1 2 3 4 5
Maturity	1 2 3 4 5		

COMMENTS

Please share your observations or evaluation of the applicant, in and outside of the classroom. Include comments about the applicant's attendance record, study habits, general attitude, personality strengths and weaknesses. (Please attach separate letter if additional space is needed.)

Signature Title

School Date

To be filled out in English. All information is confidential and will not affect acceptance into program.

MEDICAL INFORMATION

YEAR

Name Grade Sex: M or F
Address (home country)
.....
Phone

EMERGENCY: Does student have a health problem which could result in an emergency while at school (insect sting, seizure, diabetes, bleeding problems, heart condition, other)? Yes No If yes, please describe:

MEDICATIONS taken regularly at home and/or school and reason:

If medication needs to be administered by the host family, the parent must complete a school consent form and have it signed by the licensed prescriber.

ORTHODONTIST/TEETH CONCERNS

VISION: glasses or contacts

HEARING:

ALLERGIES (i.e., pets, foods, medications, etc.):

ASTHMA: need emergency medication (Inhaler or EpiPen)?.....

HEART PROBLEMS?

SPEECH/LANGUAGE CONCERNS:

ATTENTION DEFICIT/HYPERACTIVITY DISORDER? When diagnosed?.....

NUTRITION (special diet, food allergies, diabetes, etc.):

EMOTIONAL PROBLEMS (recent death, depression or other):

PHYSICAL PROBLEMS OR DISABILITIES:

NERVOUS SYSTEM (seizures, weakness, other):

CHICKEN POX? Yes No Date of last Tetanus

OTHER (skin problems, headaches or other concerns the host family should be aware of):

DO YOU SMOKE? Yes No If yes, please be aware Grace Lutheran Church and School will not accept students who smoke as it is illegal for anyone to smoke under the age of 18 in the U.S.

I HEREBY GIVE PERMISSION TO AN AUTHORIZED GRACE LUTHERAN CHURCH AND SCHOOL OFFICIAL TO OBTAIN MEDICAL ATTENTION FOR MY CHILD IN CASE OF INJURY OR ILLNESS.

Parent/Guardian signature:

We authorize Grace Lutheran Church and School nurse/administration to assist in the dispensing of:

Tylenol or cough drops under the instruction of the school nurse and/or administration.

I do not want any medication administered to my student.

- In consideration of this authorization made at our request, we do hereby agree to indemnify and save harmless the Board of Regents, the individual members thereof and any officials or employees in charge of dispensing medication from any claims or liability for injury or damages caused or claimed to be caused or to result from the dispensing of "over the counter" medication.

Parent/Guardian signature:

Temporary Guardianship Agreement

I, the undersigned parent of hereafter referred to as
Student's Name

....., who is a student at Lutheran Academy Martin, Slovakia do hereby grant Grace
Student's First Name

Lutheran Church and School, River Forest, IL, USA , the authority to take temporary care of the minor child,

....., for the time of his/her their stay in the USA.
Student's First Name

The above named Grace Lutheran Church and School shall have full authority to make routine healthcare
decisions for
Student's First Name

Dated:

Parent/Guardian Name (Printed):

Parent/Guardian Signature:

Witnessed by: