



# Application for Admission

www.cono.org

*Real grace.*

3269 QUASQUETON AVE. · WALKER, IOWA 52352 · TEL. 319-448-4395 · FAX 319-448-4397

## Biographical Information

Application Fee is required with this form: \$45.00 U.S. Citizen; \$175.00 International

Name of Student: \_\_\_\_\_ Male  Female

Home Address: \_\_\_\_\_

Address (continued): \_\_\_\_\_ Home Telephone \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

School district (if Iowa resident): \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Date to enter Cono: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City, State, Country) \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Childhood Language: \_\_\_\_\_

Passport Expiration \_\_\_\_\_ Current U.S.A. Visas \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Full Address of School: \_\_\_\_\_

Reason for leaving School: \_\_\_\_\_

### Scholastic Grades:

- Superior - 93%+
- Above Average - 86% - 92%
- Average - 78% - 85%
- Below Average - 70% - 77%
- Failing - Below 70%

### Interests:

- Reading
- Soccer
- Computers
- Fishing
- Sports
- Cars
- Guitar
- Writing
- Chess
- Piano
- Music
- Singing
- Drawing
- Computer
- Other \_\_\_\_\_

### Habits and Traits:

- Respectfulness
- Promptness
- Flirtatious
- Helpfulness
- Disrespectful to Others
- Fearfulness
- Aggressiveness
- Cleanliness
- Lying
- Cheating
- Modesty
- Foul or Abusive Language
- Procrastination
- Responsible
- Smoking
- Honesty
- Skipping Classes
- Chronic Lateness
- Moodiness
- Other \_\_\_\_\_

# Student Section

# A2

In what areas do you excel? Check as many as apply.

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Art            | <input type="checkbox"/> Math        |
| <input type="checkbox"/> Sciences       | <input type="checkbox"/> Language    |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Singing     |
| <input type="checkbox"/> Music          | <input type="checkbox"/> Dance       |
| <input type="checkbox"/> Literature     | <input type="checkbox"/> Drama       |
| <input type="checkbox"/> Athletics      | <input type="checkbox"/> Other _____ |

What church do you attend? \_\_\_\_\_ Are you a member? \_\_\_\_\_

Where is your church (city, state, country) \_\_\_\_\_

What church activities do you participate in (check as many as apply)?

- |  |   |
|--|---|
| <input type="checkbox"/> Youth Group   | How would you characterize your church attendance?        |
| <input type="checkbox"/> Choir         | <input type="checkbox"/> Regular (nearly every meeting)   |
| <input type="checkbox"/> Sunday school | <input type="checkbox"/> Often (one or two times a month) |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Rarely (a few times per year)    |

Check any that apply?

- I have used alcoholic beverages (including beer and wine coolers)
- I have used drugs (controlled substances)
- I have used tobacco

If you checked any of the above, did you have behavioral or legal problems resulting from their use? If so, please explain.

If you had any problems involving the use of these substances at school or with a law enforcement agency, please list the names and the phone numbers of the authorities involved.

Do you now, even if only occasionally, use any of these substances? \_\_\_\_\_

Do your parents require you to tell them which movies you see? \_\_\_\_\_

Do your parents monitor the amount and type of television shows you watch? \_\_\_\_\_

How? \_\_\_\_\_

Do your parents monitor your computer use? \_\_\_\_\_ How? \_\_\_\_\_

# Parents' Section

# A3

Father's Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Has either parent been married more than once? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Describe your child's relationship with the Lord Jesus \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ At what age was he/she adopted? \_\_\_\_\_

What is the church affiliation of each of the parents (or guardian)?

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Describe the father's church attendance:

- Regular (nearly every time there is church)
- Often (1 or 2 times a month)
- Rarely (a few times a year)

Describe the mother's church attendance:

- Regular (nearly every time there is church)
- Often (1 or 2 times a month)
- Rarely (a few times a year)

Does your family: (check all that apply)

- Read the Bible together at home
- Attend worship together
- Other \_\_\_\_\_
- Include prayer in family meals.

Why do you want your child to attend Cono Christian School?

What do you hope your child will learn at Cono Christian School?

Following are some reasons people enroll their children at Cono. Please rank them in order from 1 (the most important) to 10 (the least important).

- |  |  |
|--|--|
| ___ Cono's emphasis on high academic standards           | ___ Cono's international student body    |
| ___ Cono is a positive alternative to the public schools | ___ Cono's work program                  |
| ___ Cono's strong emphasis on moral education            | ___ Cono's family style boarding program |
| ___ Cono's strong spiritual emphasis                     | ___ Cono's music program                 |
| ___ Cono's standards of discipline                       | ___ Other _____                          |
| ___ Cono is near our home.                               |  |

List two references. One should be a pastor or Christian worker. Neither should be a relative. Please give each a reference form to send separately to the school (sheets marked "R1" and "R2")

Reference #1 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Full Address: \_\_\_\_\_

Reference #2 Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Full Address: \_\_\_\_\_

# Christian Testimony of the Parents or Guardian

A4

Father: Do you follow the Lord Jesus Christ as your personal Savior? \_\_\_\_\_

Mother: Do you follow the Lord Jesus Christ as your personal Savior? \_\_\_\_\_

Guardian: Do you follow the Lord Jesus Christ as your personal Savior? \_\_\_\_\_

If yes, describe how you came to this faith and obedience in the Lord Jesus Christ:

Father:

Mother:

Guardian:

In making this application, we hereby grant express permission for the student to be taken on field trips, outings, competitive athletic events, choir tour or other promotional work. We hereby expressly acknowledge that full responsibility rests with us for insuring the student against injury, sickness, or death, while the student is engaged in activity either for or related to school work, or while under care of the school. We hereby grant permission to the school to admit the student to a hospital for medical care should the school deem necessary.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

Additional comments from parents (Please use additional paper if necessary):

# Christian Testimony of the Student

Required of all students grade 7 and higher.

A5

Do you follow the Lord Jesus Christ as your personal Savior? \_\_\_\_\_

If yes, describe how you came to this faith and obedience in the Lord Jesus Christ.

Whether or not you are a Christian, what does being a Christian mean to you?

Do you want to attend Cono? Why or why not?

Are you willing to be governed by all of the rules of this school and to cooperate wholeheartedly in the school program?

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Student's Signature

Date

List other children in your family, starting with the oldest

Name	Age	Grade	Present School

How did you learn about Cono Christian School? \_\_\_\_\_

Have you applied to Cono Christian School in the past?  Yes  No (if yes, student and grade \_\_\_\_\_)

Do you have an association with Cono Christian School (e.g. a graduate)  Yes  No

If yes, explain \_\_\_\_\_

Please list any relatives who are now attending or have attended Cono Christian School:

Name	Years	Relationship
<b>INTERNATIONAL STUDENTS</b> (if English is your second language)		
Language spoken at home _____		
Years student has studied English _____ Where _____ Last score TOEFL (Ibt) _____		
Do you think the student will be a candidate for English as Second Language courses (7-12) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide name of a person in the USA who will serve as a contact:		
Name	Address	Phone

Parent's Signature

Date

Cono Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges and activities available to students at the school.

In Christ Jesus' name we offer hope through relationships and structure in an international boarding and day school environment, preparing young people to unite faith and life.