

New Hope Christian Schools

Education with Eternal Benefits

5961 New Hope Rd ♦ Grants Pass, OR 97527 ♦ 541-476-4588 ♦ (fax) 541-474-7626

nhcs@newhopechristian.net ♦ www.newhopechristian.net

INTERNATIONAL STUDENT/PARENT INFORMATION AND APPLICATION

NHCS Application – Admission Information - Updated 4/02/2010

APPLICATION PROCESS FOR 8TH THRU 12TH GRADE STUDENTS

1. Return the completed application packet in which sample forms have been provided:
Parent/Student Information
School Transcript/Grades (English translation)
Activity Interests and Preference Form (this is used to find Host family and choose student's elective classes)
1 Personal Reference and 2 Academic Teacher References (returned separately to the Program Director)
(Please make sure reference information available for International Director to contact these 3 people)
Immunization Record
Student Health Questionnaire and Health Insurance Information
Medical Evaluation
Various School Release Forms
Affidavit of Support
Liability Waiver for Use of Cell Phone
Student biography and picture(s) and photo page from student's passport
SLEP (Secondary Level English Proficiency Test)
Non-refundable Application fee of \$250
(Upon acceptance this fee goes toward fulfillment of NHCS Tuition Fee)
2. *The application packet will be reviewed by NHCS staff.*
3. *The INS Form I-20, needed to obtain your visa from the U. S. Consulate, will be issued after receipt of all forms, as well as the application fee. You will also be sent a Letter of Acceptance, a Host Family Letter, and any other pertinent information.*
4. *For the 2010-2011 school year, New Hope is offering a \$1,000 discount from the \$15,000 International Student fee, provided we receive the full year's payment by July 1, 2010. Information is available for alternate payment plan. Students are NOT allowed to begin classes in any term in which their tuition has not been paid. International student families are asked to send an additional \$50 for the student's IS Memory Book of their year at New Hope Christian Schools. The fee for a single semester is \$7,550 and is due following F-1 Visa issuance by the U.S. Consulate.*

Students who have been approved and do not come to New Hope Christian Schools, upon arrival in the states forfeit a semester of tuition and fees. (Please see page 8 for complete details.) Agents using their own forms are asked to have pages 3 (Activity Interests and Preference Form or agent's equivalent form), 8 (New Hope Christian Schools Refund Policy), 9 (various school release forms), 10 (Affidavit of Support), 11 (Cell phone Usage), and 12 (Student bio). Agents may use their own personal and academic teacher reference forms rather than New Hope's. Thank you.
5. *Obtain your visa, arrange travel, contact host family, and prepare to arrive in the United States. Please see that the International Director has the family's email so host family can begin their correspondence with you.*
6. *Following your arrival, you may be required to take Math and English achievement tests at the school to more accurately determine your proper placement.*

FOR OFFICE USE ONLY:

Application Received _____
Approved _____

Application Fee Received _____
Disapproved _____

Application Complete _____
Notification _____

STUDENT DATA

Date _____

Full Name _____ Sex: Male ___ Female ___ Nickname _____

Applying for grade _____ Birthdate _____ Birth place _____

Desired Start Date: September, 20__ January, 20__ Immediate

Describe your religious beliefs and what you know about the Bible? _____

PARENT/STUDENT INFORMATION

To be filled out and signed by parents and student.

1. Name _____ (As it will appear on visa)

2. Mailing Address _____

Street Address, City, Precinct, Country, and Postal Code

3. Home Telephone No. _____ E-Mail _____

4. Fax No. _____ Parent's Cellular Telephone No. _____

5. FATHER'S NAME _____

ADDRESS _____

Employed by: _____

Occupation: _____ Bus. Phone _____

6. MOTHERS' NAME _____

ADDRESS _____

Employed by: _____

Occupation: _____ Bus. Phone _____

7. Emergency contact person: (Phone No.) _____ Country _____

Name: _____ Relationship _____

Address: _____

8. BROTHERS and/or SISTERS

Name: _____ Age: _____ Sex: (____)

Name: _____ Age: _____ Sex: (____)

Name: _____ Age: _____ Sex: (____)

Name: _____ Age: _____ Sex: (____)

9. One Personal Reference:

#1 _____ Email _____

10. Two Academic Teacher References:

#1 _____ Email _____

#2 _____ Email _____

11. Have you ever skipped a grade? _____ Have you ever repeated a grade? _____

12. Have you ever been suspended, dismissed, or refused admission from school? _____ Explain _____

13. Have you ever had any disciplinary problems in school? _____ Explain _____

ACTIVITY INTERESTS AND PREFERENCE FORM

Student's Name _____ Date _____

How would you like students and adults to address you (name, nickname)? _____

As much as is possible, we would like to match you with a family who enjoys similar activities, foods, lifestyle as you. Please complete this form and send back with your application packet.

Number the sports, hobbies, and activities you enjoy using "1" for Very interested, "2" for Interested, "3" for Slightly Interested. Leave blank if you are not interested in an item listed. Feel free to add other items on blank lines.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Cross Country/Running | <input type="checkbox"/> Musical Instrument (list) | |
| <input type="checkbox"/> Art/painting | <input type="checkbox"/> Family | _____ | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Back packing | <input type="checkbox"/> Fishing | <input type="checkbox"/> Photography | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Picnics | <input type="checkbox"/> Table games |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Raising animals | <input type="checkbox"/> Taekwondo/Karate |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Hiking | <input type="checkbox"/> Reading | <input type="checkbox"/> Tennis/Table tennis |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> History | <input type="checkbox"/> Relatives/visiting | <input type="checkbox"/> Track |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Hunting | <input type="checkbox"/> Riding Horses | <input type="checkbox"/> Voice/Singing |
| <input type="checkbox"/> Church Activities | <input type="checkbox"/> Ice Hockey/Hockey | <input type="checkbox"/> Sailing/Boating | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Community work | <input type="checkbox"/> Jogging | <input type="checkbox"/> Sewing | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Movies | <input type="checkbox"/> School Activities | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Museums | <input type="checkbox"/> Shopping | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Snow sports | <input type="checkbox"/> Writing |

Please check foods you enjoy:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Beef/Hamburgers | <input type="checkbox"/> Pork/Ham/Bacon | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Pizza | <input type="checkbox"/> Spaghetti | <input type="checkbox"/> Chinese Food | <input type="checkbox"/> Mexican Food (tacos, etc.) |
| <input type="checkbox"/> Pasta Dishes | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Hot dogs | <input type="checkbox"/> Fruits |
| <input type="checkbox"/> Pastries/Ice Cream | <input type="checkbox"/> Popcorn | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Are there any foods you are allergic to? _____

Any other allergies that host family should be aware of? _____

What kind of host family do you prefer? (Note: Preferences cannot always be fulfilled)

- | | | | |
|-----------------------------------|-----|----|---------------|
| A host family with small children | Yes | No | No preference |
| A host family with teenagers | Yes | No | No preference |
| A host family with no children | Yes | No | No preference |
| A host family with household pets | Yes | No | No preference |

HEALTH QUESTIONNAIRE AND INSURANCE INFORMATION

HEALTH QUESTIONNAIRE

Physician's Name: _____

Student's Name: _____

Address: _____

City: _____ Country _____

Telephone: _____

1. MEDICAL HISTORY – Please circle the appropriate responses.

| | | |
|----------------------------------|--|--|
| No Yes...Measles | No Yes...Concussion | No Yes...Sexually Transmitted Disease |
| No Yes...Mumps | No Yes...Rheumatic Fever | No Yes...Heart Disease |
| No Yes...Strokes | No Yes...Chickenpox | No Yes...Diabetes |
| No Yes...Tuberculosis | No Yes...Epilepsy | No Yes...Cancer |
| No Yes...Rubella | No Yes...Broken Bones | No Yes...Mental or other medical problem |
| No Yes...Ever been hospitalized? | No Yes...Been under extended medical care? | No Yes...Had surgery? Please explain any |

'yes' answers _____

2. SYSTEMIC REVIEW – Please circle the appropriate responses.

| | | |
|--------------------------|--|-------------------------------|
| No Yes...Eye disease | No Yes...Impaired hearing | No Yes...Do you wear glasses? |
| No Yes...Double vision | No Yes...Headaches | No Yes...Glaucoma |
| No Yes...Nosebleeds | No Yes...Sinus trouble | No Yes...Ear disease |
| No Yes...Hearing aids | No Yes...Dizziness | No Yes...Skin disease |
| No Yes...Infections | No Yes...Jaundice | No Yes...Stiff neck |
| No Yes...Thyroid trouble | No Yes...Enlarged glands | No Yes...Chronic cough |
| No Yes...Asthma | No Yes...Are you in good general health? | |

Please explain any 'yes' answers2 _____

HAVE YOU HAD ANY ALLERGIC OR SENSITIVE REACTIONS TO ANY OF THE FOLLOWING?

| | |
|---|---|
| No Yes...Penicillin or other antibiotics | No Yes...Novocain or other anesthetics |
| No Yes...Morphine, Codeine, Demerol, etc. | No Yes...Sulfa drugs |
| No Yes...Aspirin, or other pain remedies | No Yes...Adhesive tape or latex |
| No Yes...Tetanus, antitoxin, other serums | No Yes...Iodine or merthiolate |
| No Yes...Foods _____ | No Yes...any other drug or medication _____ |
| No Yes...Pets/Animals | |

Failure to identify a medical problem student has, or had in the past, would prompt school to deny application and/or lead to return of student to her homeland and forfeiture of tuition. We respect your honesty as it helps us serve your child the best.

.....

HEALTH INSURANCE INFORMATION

Health Insurance Company student is insured under _____

Policy Number _____ Effective Dates of Policy _____

Contact Person _____ Phone _____

Email _____ Other pertinent data _____

IMMUNIZATION RECORD

IMMUNIZATION REQUIRED FOR SCHOOL ATTENDANCE: *Students enrolled in school in the United States are required to have written proof on file at the school that they have been immunized against DPT (diphtheria, pertussis, tetanus), poliomyelitis, measles, mumps & rubella, Hepatitis B, and Varicella. Failure to do so is cause for exclusion from school.*

MINIMUM IMMUNIZATION REQUIREMENTS:

Five or more doses of DPT, DT (Pediatric), TD (Adult) vaccine, or combination thereof.

Three or more doses of trivalent oral polio vaccine (TOPV)

Two doses measles vaccine

Two doses mumps vaccine

Two doses rubella vaccine

Three doses of Hepatitis B vaccine

Two doses of Varicella vaccine required if first dose issued after 13th birthday)

If the final dose of any of the above vaccines occurs before the 3rd birthday, a booster shot is required.

IMMUNIZATIONS:

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| DPT/DT | _____ Date | _____ Date | _____ Date | _____ Date | _____ Date | _____ Date |
| TOPV | _____ Date | _____ Date | _____ Date | _____ Date | _____ Date | |
| MEASLES | _____ Date | _____ Date | _____ Date | _____ Date | | |
| MUMPS | _____ Date | _____ Date | _____ Date | _____ Date | | |
| RUBELLA | _____ Date | _____ Date | _____ Date | _____ Date | | |
| VARICELLA (chickenpox) | _____ Date | _____ Date | _____ Date | _____ Date | | |
| HEPATITIS B | _____ Date | _____ Date | _____ Date | | | |
| BCG (TB vaccine) | _____ Date | _____ Date | | | | |
| | _____ Date | _____ Date | _____ Date | _____ Date | | |

Signature of Physician: _____ Date _____

Title _____ Email _____

Any immunizations not available in your country are available here, but they are more expensive and are not covered by insurance. The student must be prepared to pay for any immunizations they receive in the United States. Please make every effort to obtain all immunizations before coming to America.

If the student will be participating in the school's sports program, he/she will need a Sports Physical that must be done in the United States. It is good for 2 years.

MEDICAL EVALUATION
(To be completed by family Physician)

Student's Name _____

| CHECK EACH ITEM | NORMAL | ABNORMAL | CHECK EACH ITEM | NORMAL | ABNORMAL |
|-------------------------|--------|----------|--|--------|----------|
| Head, face, neck, scalp | | | Upper Extremities | | |
| Nose | | | G - U System | | |
| Sinuses | | | Endocrine System | | |
| Mouth and Throat | | | Anus and Rectum | | |
| Ears - General | | | Pelvic (female only) vaginal or rectal | | |
| Ear drums (perforated) | | | Lower Extremities | | |
| Eyes | | | Feet | | |
| Ophthalmoscopic | | | Spine, Musculoskeletal | | |
| Pupils | | | Body marks, scars | | |
| Ocular Motility | | | Skin, Lymphatic | | |
| Lungs and Chest | | | Abdomen and Viscera | | |
| Heart | | | Neurologic | | |
| Vascular System | | | Psychiatric | | |

MEASUREMENTS AND OTHER FINDINGS

Height: _____

Weight: _____

Color Hair: _____

Color Eyes: _____

Build: _____

BLOOD PRESSURE

Sitting: _____

Recumbent: _____

Standing: _____

PULSE

Sitting: _____

After Exercise: _____

2 Minutes after: _____

Recumbent: _____

After standing 3 minutes: _____

Diagnosed learning disabilities such as dyslexia, ADHD, etc. _____ requiring special treatment and/or therapy. Explain _____

LABORATORY FINDINGS

Urinalysis (A. Specific Gravity) Albumin _____ Sugar _____

Serology (Specific Test) _____ Blood Type & RH Factor _____

Tuberculosis (clearance must be within 6 months) BCG (TB Vaccine) Date _____

Skin Test Date _____ Positive or Negative _____

Chest X-Ray Date _____ Positive or Negative _____

Print Name of Physician _____

Address _____

Email Address _____

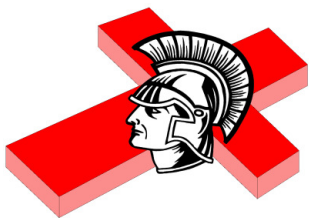
Signature of Physician _____ Date _____

Hospital/Clinic name and address where testing/x-ray done if different than listed above _____

We certify that the information supplied is true and complete to the best of our knowledge. We authorize any of the doctors, hospitals, or clinics mentioned to furnish a complete transcript of medical records for purposes of processing this application.

Signature of Student _____ Date _____

Signature of Parent _____ Date _____



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Date _____

Study in the United States

This is my first time to attend school in the United States Yes No
If no, where did you attend previously and what year(s) _____

Have you ever applied for a F1 Visa to come to the United States Yes No
If yes, when did you apply? _____ Were you accepted? _____ If accepted, where and how long did you attend? _____

If denied, why were you denied? _____

How many times have you applied for a Visa? _____ Do you realize you need to be at our school for at least a year prior to asking for a transfer, unless of course there are situations that arose that were above our control?

To enable the student to be placed in the correct Math and Science classes from the onset of his/her studies here at New Hope Christian Schools, PLEASE indicate all Math and Science classes below and requested information. Our DECC program allow students to take college courses and receive high school credit for them. This program does require additional fee.

| Specific Subject | Date Class Taken | Grade Received |
|--|-------------------------|-----------------------|
| Pre-Algebra _____ | | |
| Algebra I _____ | | |
| Algebra II _____ | | |
| Geometry _____ | | |
| Trigonometry/Pre-Calculus _____ | | |
| Calculus _____ | | |
| Physical Science/Biology _____ | | |
| Chemistry _____ | | |
| Physics _____ | | |

New Hope Christian Schools Refund Policy

We, as parents of the undersigned student, understand the International Student refund policy. The first semester tuition and fees are due following the consulate approval and issuance of an F-1 visa. Fees are considered delinquent if not paid prior to four (4) weeks before the start of a semester. If the student has been approved and granted a VISA and does not register and attend this school, the tuition and fees are forfeited for any reason other student's surgery, death of a member of his/her immediate family, or other extenuating circumstances. Should the latter happen, verification is needed of the circumstances.

We acknowledge that we have read the above statements.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

PROGRAM RELEASE

MEDICAL AND LIABILITY RELEASE AUTHORIZATION

We, as parents of the undersigned student, do hereby authorize New Hope Christian Schools (NHCS), school staff, and/or the host parents, as agents of the undersigned parents, to consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the clinic of said physician, surgeon, or hospital.

I agree that NHCS, school staff, or its agents can take any action whatsoever in regards to my child's health and safety without incurring any liability or expense. This may include, but is not limited to, placement in a hospital, use of doctor's services, and transportation to my home country at my expense. This authorization shall be valid for the entire duration of the NHCS International Program in which my child is participating.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

TRAVEL AUTHORIZATION

We, as parents of the undersigned student, do hereby authorize NHCS, the school staff, its agents, and the host parents, as agents of the undersigned parents, to make the determination for student travel for the duration of student's participation in NHCS's International Program.

It is understood that this authorization is given in advance only when the student is travelling and supervised by a host parent or school staff member. We understand that the student may not travel unsupervised without parent permission.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

PUBLICATION RELEASE

I give my permission for the school to use photographs of my son/daughter to promote student exchange on the school web site or any other NHCS or school publication.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

PROGRAM DURATION

We, as parents of the undersigned student, understand that the Academic International Student Program terminates no more than one week following the closure of school, or earlier if requested by the host family or needed due to transportation arrangements.

Signature of Parent: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Student: _____ Date: _____

AFFIDAVIT OF SUPPORT

I, the undersigned, duly swear and guarantee that I will be fully responsible for all the expenses including tuition, fees, round trip air fare and baggage handling, all accommodation/home stay fees and other expenses of study in the United States, caused by the below named person during his/her study in the United States.

Applicant

Name in Full: _____

Date of Birth: _____

Address: _____

Guarantor:

Name in Full: _____

Date of Birth: _____

Address: _____

Email: _____

Relationship: _____

This affidavit of support is made for the purpose of assuring the U. S. government that this applicant will not in any way become a public charge in the event he/she is admitted to the U. S. for the purpose of study at New Hope Christian Schools.

Date: _____

Guarantor's Signature: _____

(This form must be notarized and submitted with application materials prior to issuance of the I-20 form)

LIABILITY WAIVER FOR USE OF CELL PHONE

We, the parents/guardians of _____, do hereby grant permission for our child to use his/her cell phone while in New Hope Christian School's International Student Program. We have read all of the accompanying guidelines and agree to abide by them. We also hereby release New Hope Christian Schools and my child's host family from any liability of excesses in phone charges which may occur, and we realize that this falls solely under our responsibility.

Parent/Guardian Signature

Date

CELL PHONE GUIDELINES

- *The use of cell phones is limited to lunch, before/after-school hours. Cell phones shall not be used in class, even for text messaging. If used, the phone will be taken and turned into school office for retrieval by student's host parent.*
- *On evenings and weekends, your child may use their cell phone, but ask they be respectful of host family guidelines.*
- *Cell phones will not be allowed during chapel, church, and other meetings. If your child's cell phone rings during those times, it will be taken for a period of time.*
- *Under no circumstances are International Students to loan their phone or borrow another's to make long distance phone calls without the consent of their host family.*
- *All phones, batteries, chargers, and related equipment shall have student's name on them to avoid problems of theft or confusion.*

New Hope Christian Schools and/or your child's host parent will monitor your child as closely as possible with their cell phone. However, we cannot monitor every conversation, or the amount of minutes being used; so please use discretion when authorizing your child to have a cell phone. If you desire for your child to be able to use a cell phone while at NHCS, please sign this waiver and send it back to our office. We must have this on the file before your child will be allowed to use their cell phone.

