

New Hope Christian School



5961 New Hope Rd.
Grants Pass, OR 97527

IS@newhopechristian.net

*Equipping for a life that pleases Jesus
with a quality Christian-based education.*

541-476-4588
(fax) 541-474-7626

www.newhopechristian.net

*"Thy Word is a Lamp unto my feet
and a Light unto my path." Psalm 119:105*

*Accredited with Northwest Accreditation Commission, an accreditation division of AdvancEd
Member of Association of Christian Schools, Int'l and Oregon Federation of Independent Schools*

STUDENT DATA

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

Full Name _____ Sex: Male __ Female __ Nickname _____

Applying for grade _____ Birthdate/Place _____ Skype Name _____

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 appears on passport)*

2. Mailing Address _____

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

3. Student's Cell No. _____ Student's E-Mail _____

4. Fax No. _____ Parent's E-Mail _____

5. FATHER'S NAME _____ Home Telephone _____

ADDRESS _____

Employed by: _____

Occupation: _____ Cell or Bus. Phone _____

6. MOTHERS' NAME _____

ADDRESS _____

Employed by: _____

FOR OFFICE USE ONLY:

Application Received _____ Application Fee Received _____ Skype Date _____ Immunization Complete _____
Approved/Disapproved _____ Medical Insurance Rec'd _____ Visa Date _____ Student Grade/ID No. _____

Occupation: _____ Cell or Bus. Phone _____

7. Emergency contact person: (Phone No.) _____ U. S., if possible

Name: _____ Relationship _____

Address: _____

8. BROTHERS and/or SISTERS

Name: _____ Age: _____ Sex: (____)

Name: _____ Age: _____ Sex: (____)

Name: _____ Age: _____ Sex: (____)

Name: _____ Age: _____ Sex: (____)

9. One (1) Personal Reference:

#1 _____ Email _____

10. Two (2) Academic Teacher References:

#1 _____ Email _____

#2 _____ Email _____

NEW HOPE CHRISTIAN SCHOOL

ACTIVITY INTERESTS AND PREFERENCE FORM

Student's Name _____ Date _____

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

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/Relatives | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Back packing/Hiking | <input type="checkbox"/> Fishing | <input type="checkbox"/> Picnics |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Golf | <input type="checkbox"/> Raising animals |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Handball | <input type="checkbox"/> Riding Horses |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> History | <input type="checkbox"/> Sailing/Boating |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Hunting | <input type="checkbox"/> School Activities |
| <input type="checkbox"/> Church Activities | <input type="checkbox"/> Ice Hockey/Hockey | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Community work | <input type="checkbox"/> Jogging/track | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Collecting (_____) | <input type="checkbox"/> Movies | <input type="checkbox"/> Snow sports |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Museums | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music (listening to) | <input type="checkbox"/> Stars/Astronomy |
| | | <input type="checkbox"/> Swimming |
| | | <input type="checkbox"/> Table games |
| | | <input type="checkbox"/> Taekwondo/Karate |
| | | <input type="checkbox"/> Tennis/Table tennis |
| | | <input type="checkbox"/> Voice/Singing |
| | | <input type="checkbox"/> Volleyball |
| | | <input type="checkbox"/> Water Skiing |
| | | <input type="checkbox"/> Walking |
| | | <input type="checkbox"/> Woodworking |
| | | <input type="checkbox"/> Writing |
| | | _____ |
| | | _____ |

Please check foods you enjoy:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Asian Food | <input type="checkbox"/> Beef/Hamburgers | <input type="checkbox"/> Chicken | <input type="checkbox"/> Fish |
| <input type="checkbox"/> Fruit | <input type="checkbox"/> Hot dogs | <input type="checkbox"/> Mexican Food (tacos, etc.) | <input type="checkbox"/> Pasta Dishes |
| <input type="checkbox"/> Pastries/Ice Cream | <input type="checkbox"/> Spaghetti | <input type="checkbox"/> Popcorn | <input type="checkbox"/> Port/Jam/Bacon |
| <input type="checkbox"/> Seafood | <input type="checkbox"/> Spaghetti | <input type="checkbox"/> Vegetables | <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 |

What kind of fears, if any, do you have that the host family should be aware of? _____

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... Ear disease | No Yes... Infections |
| No Yes... Glaucoma | No Yes... Hearing aids | No Yes... Headaches |
| No Yes... Sinus trouble | No Yes... Dizziness | No Yes... Skin disease |
| No Yes... Nosebleeds | No Yes... Jaundice | No Yes... Stiff neck |
| No Yes... Chronic cough | No Yes... Enlarged glands | No Yes... Thyroid trouble |
| 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 _____

American address to process claims: _____

IMMUNIZATION RECORD for _____

IMMUNIZATION REQUIRED FOR OREGON 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 A and B, and Varicella. Failure to do so is cause for exclusion from school.*

MINIMUM IMMUNIZATION REQUIREMENTS (13 – 18 yrs. of age):

- 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 A and B vaccine*
- Two doses of Varicella vaccine required if first dose issued after 13th birthday)*
- One does of Meningococcal (MCV4) for all International Students coming into the United States.*
- 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
DTap Booster	Date					
TOPV	Date	Date	Date	Date	Date	
MEASLES Disease: _____	Date	Date	Date	Date		
MUMPS	Date	Date	Date	Date		
RUBELLA	Date	Date	Date	Date		
VARICELLA (chickenpox) Disease: _____	Date	Date	Date	Date		
HEPATITIS A/B	Date	Date	Date			
BCG (TB vaccine)	Date	Date	Circle: POS or NEG			
MENINGOCOCCAL (MCV4)	Date	Date	Date	Date		

Additional Immunizations include: (name & date)

Signature of Physician: _____ Date _____

Title _____ Email _____

Any immunizations not available in your country are available here, but they are generally 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 in your homeland 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. A Sports Physical is valid 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: _____

Shoe Size: _____

Color Eyes: _____

BLOOD PRESSURE

Sitting: _____

Recumbent: _____

Standing: _____

PULSE

Sitting: _____

After Exercise: _____

2 Minutes after: _____

Recumbent: _____

After standing 3 minutes: _____

Page 2 – Medical Evaluation; _____ (Name of Student)

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 _____

BCG 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.

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

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 circumstance(s).

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 may 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: _____

Student Email: _____

Guarantor:

Name in Full: _____

Date of Birth: _____

Address: _____

Email: _____

Relationship: _____

Agent or Sponsor:

Name in Full of _____

Agent & consultant: _____

Contact Information: _____

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)

**NEW HOPE CHRISTIAN SCHOOL
LIABILITY WAIVER FOR USE OF CELL PHONE, LAPTOP COMPUTER, ANY OTHER
ELECTRONICS, OR MUSICAL INSTRUMENT**

We, the parents/guardians of _____, do hereby grant permission for our child to use his/her cell phone, laptop computer, other electronics, and/or _____ 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 expenses related to said phone, computer, or other personal property which may occur, and we realize that this falls solely under our responsibility. During each class, but especially on any test or quiz, if the instructor allows a translator, it can ONLY be one not affiliated with an iPad, iPad, or the internet.

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 or on school days.
- 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.



New Hope Christian School admits, without discrimination, students of every race, sex, color, and national or ethnic origin, to all rights, privileges, programs, and activities generally accorded or made available at this school. NHCS reserves the right to select students on the basis of academic performances and personal qualifications, including a willingness to cooperate with the goals of New Hope Christian School and to abide by its policies.

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Plagiarism Contract

Plagiarism can be defined as submitting another person's ideas, words, images or data without giving that person credit or proper acknowledgement. Plagiarism, a form of academic dishonesty, is tantamount to stealing and will not be tolerated. In order to clarify what constitutes plagiarism, you should be aware that you have committed plagiarism when you:

- Use phrases, quotes or ideas not your own;
- Paraphrase the work of another even though you may have changed the wording or syntax;
- Use facts or data not considered common knowledge;
- Submit a paper written for another class (academic dishonesty);
- Submit a paper from an essay service or agency even though you may have paid for it (these papers are usually of low quality, so you probably did not get your money's worth);
- Submit a paper by another person even though he or she may have given you permission to use it.

You should also note that plagiarism not only encompasses written work, but also computer data, research, musical scores, video programs and visual arts.

Plagiarism is a serious issue, especially in an academic environment. Teachers must be able to rely on the integrity of a student's work in order to maintain a climate for successful learning. Plagiarism reflects on character; therefore, you should diligently avoid inadvertent plagiarism. When you are unsure if acknowledgment is needed, ask your teacher. The penalties for blatant plagiarism include loss of all credit for the assignment with no opportunity to rewrite. This may significantly lower your final grade. Furthermore, plagiarism, a form of cheating, can result in suspension according to the New Hope Christian Schools conduct code. We will discuss methods for avoiding plagiarism as the school year progresses.

I, _____, am aware of the serious nature of plagiarism and will
(Student's printed name)
not intentionally use or submit someone else's work as my own.

Student Signature _____ **Date** _____

I have read this contract and understand the consequences of plagiarism.

Parent/Guardian Signature _____ **Date** _____

Agent/ Sponsor _____ **Date** _____

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