



# APPLICATION FOR ADMISSION INTERNATIONAL STUDENTS



2510 Marsh Road  
Wilmington, DE 19810

T 302.475.3247  
F 302.475.6462

[www.concordchristian.com](http://www.concordchristian.com)



# ADMISSIONS PROCEDURE

Fall Semester:  
Spring Semester:

## STUDENT CHECKLIST

## INSTRUCTIONS

### STEP 1 - APPLICATION submit the following

- Application for Admission
- \$200 non-refundable application & test fee
- Official transcript(s): **Most recent year**
  - o (high school students translated into English)
- Passport copy
- Teacher Recommendation
  - o (only students transferring from another US school)
- Schedule Admissions Assessment (ISAA)
  - o (only 6th-12th grade students)
- Application for Homestay Program

### STEP 2 – ENROLLMENT

- Immunization record
- Emergency Release form Signed
- All Other Release Forms Signed
- \$200 non-refundable application fee

### STEP 3 - F1 VISA

- Make US embassy appointment for F1 Visa
- Pay I-901 fee: <https://www.fmjfee/I901fee>

### STEP 4 - BEFORE ARRIVING TO SCHOOL

- Email F-1 stamp & arrival date
- Schedule placement exam & orientation
- Remaining balance of fees
- Proof of Medical Insurance

- \*All documents must be translated into English (notarized)
- \*Forged documents will result in automatic rejection
- \*All fees are non-refundable—please no personal/business checks

Please submit all application documents in order to be considered for admissions to Concord. Students in 10th through 12th grade must submit transcripts beginning with 9th grade. Once a complete application has been submitted, students must schedule an International Student Admissions Assessment (ISAA), which includes an interview conducted through Skype or if Skype is not available, through a telephone call. An admissions decision, containing enrollment instructions and an acceptance letter, will be emailed within 1 week from assessment.

An I-20 and letter of support will be issued to students once enrollment documents have been completed and submitted. Students transferring from a US school must submit all fees and enrollment documents before an I-20 is transferred and reissued. Students must meet immunization requirements for the state of Delaware. Immunizations need to have an official hospital translation or a notarized translation. Students and parents/guardians will need to sign all release forms and the emergency release form.

Students should immediately make an appointment with the US embassy for their F1 Visa interview. The interview fee must be paid online.

Upon receipt of an F1 visa, students need to email a copy of their visa and arrival date to the admissions department. A scheduled placement exam and orientation appointment will be assigned at this time. Students should plan to arrive 1 weeks before the school start date. Tuition and any remaining fees will be due at this time. Students must have medical insurance for the entire school year. Students are permitted to begin school after all documents are received and after they have completed placement testing/orientation.

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# 2016-2017 EXPLANATION OF FEES

All fees are non-refundable  
No personal/business checks please

## Your payment options are:

- ◆ Cashier's Check (mailed to school office)
- ◆ Credit Card (call financial manager 302.798.4435)

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## 2016/17 International Student Program Fee Schedule

<b>Application Fee</b> ( <i>new students only, non-refundable</i> )	\$200
<b>Book Fee:</b>	\$325
<b>Technology Fee:</b>	\$200
<b>Annual Enrollment Fee</b> ( <i>returning students only, applied to first payment, non-refundable, due April 1<sup>st</sup></i> )	\$500
<b>Sports Fee:</b> (This fee is per sport based on student participation)	\$100
<b>Class Dues:</b>	\$25
<b>High School Tuition:</b> ( <i>grades 9-12, per student, per year</i> )	\$6,400
<b>International Student Program Fee:</b> ( <i>Includes: host family and student support services by the host family and student coordinators, monthly student reports, field trips</i> )	\$500
<b>Host Family Fee:</b>	\$4,500
<b>High School Annual Retreat:</b>	\$125
<b>Tutoring:</b> (as needed at \$40 per hour)	

### Payment Options

- Full payment due June 30, 2017, or
- Two payments, due June 30, 2017 (50% of tuition, 100% of other fees) and December 30, 2017 (50% of tuition)
- All payments are made to Concord Christian Academy and paid in US currency.

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### Payment Terms

- Application fee must be submitted with application.
  - All fees are non-refundable.
  - All payments are made to Concord Christian Academy and paid in US currency
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CONCORD CHRISTIAN ACADEMY INTERNATIONAL STUDENT

# APPLICATION FOR ADMISSION

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Concord Christian Academy  
2510 Marsh Road  
Wilmington, DE 19810  
T. 302.475.3247 F.302.475.6462  
info@concordchristian.com

New I-20:  Transfer I-20:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICANT INFORMATION

For what school year are you applying? \_\_\_\_\_ Surname: \_\_\_\_\_  MALE  FEMALE  
Student's First Name: \_\_\_\_\_

English Nick Name: \_\_\_\_\_ Grade Applying: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*month date year*

Skype Username: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Student's Passport Number: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*month date year*

Religion:  Christian  Other: \_\_\_\_\_  Not Christian, but interested in learning more

Country of Citizenship: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Do any of the following special issues need to be considered in order to better serve your student?

Behavioral  Yes  No Developmental  Yes  No

Learning Differences  Yes  No Psychiatric/Mental  Yes  No

Sensory (Visual/Hearing)  Yes  No Hospitalizations  Yes  No

Other: \_\_\_\_\_

Please explain any "Yes" answer from above: \_\_\_\_\_



## CONCORD CHRISTIAN ACADEMY INTERNATIONAL STUDENT

### PREVIOUS SCHOOL

School Name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Prior Years in Christian Schools: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Address (street, city & state, zip, country): \_\_\_\_\_  
\_\_\_\_\_

### SPECIFIC I20 QUESTIONS

1. Do you need an i20 or do you currently already have one? \_\_\_\_\_
  2. Have you been issued an i20 form in the past? Yes: \_\_\_\_\_ No: \_\_\_\_\_
  3. Have you ever had an i20 form terminated? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- If so, for what reason? \_\_\_\_\_

### APPLICATION CONTACT PERSON

Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

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CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT  
**APPLICATION FOR ADMISSION**

**PARENT & GUARDIAN INFORMATION**

**STUDENT'S FATHER**

Full Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

WeChat ID: \_\_\_\_\_

**STUDENT'S MOTHER**

Full Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

WeChat ID: \_\_\_\_\_

**LOCAL MALE GUARDIAN (if applicable)**

Full Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a Christian?  Yes  No

Marital Status:  Married  Single  
 Divorced  Widowed

Will the student be living with you?  Yes  No

If no, please provide host family's contact information:

Homestay Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**LOCAL FEMALE GUARDIAN (if applicable)**

Full Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a Christian?  Yes  No

Marital Status:  Married  Single  
 Divorced  Widowed

Will the student be living with you?  Yes  No

If no, please provide host family's contact information:

Homestay Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Student needs host family:  Yes  No

*CONCORD CHRISTIAN ACADEMY operates and admits students of any race, color, national and ethnic origin and students are offered all rights, privileges and programs generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, tuition assistance programs, athletic and other school administered programs.*



# APPLICATION FOR ADMISSION

## STATEMENT OF COOPERATION

We understand that our signatures on this application signify that, prior to enrolling our child at Concord Christian Academy, we have reviewed the Parent/Student Handbook containing school policies and agree to support and to be governed by its conditions.

Signature: \_\_\_\_\_

Openings are filled on a "first-come" basis; however, we understand that formal admission is also granted to those students who are able to benefit most strongly from CCA's form of Christian education. We further understand that receipt of this enrollment application does not automatically imply acceptance. The school reserves the right to select or reject any applicant.

Signature: \_\_\_\_\_

## ENROLLMENT AND WITHDRAW POLICIES

- Students and guardians must attend orientation before starting school
- Notice of withdrawal must be done in writing on a Withdrawal Form by the parent or guardian
- The following conditions may result in disciplinary actions, including but not limited to expulsion:
  - failure to maintain a minimum 2.0 GPA
  - failure to follow school rules

Signature: \_\_\_\_\_

## WE AGREE TO IMMEDIATELY WITHDRAW OUR CHILD FROM CCA FOR ANY OF THE FOLLOWING:

- Lack of regular attendance
- Continued school failure after appropriate counseling
- Failure to comply with additional requirements for the student
- Continued actions contrary to the accepted practice of the school
- Failure to meet financial obligations
- Possession of firearms or weapons
- Theft, vandalism, possession or use of alcoholic beverages or narcotics on/off campus or at a school function
- Scandalous or immoral conduct on or off campus or considered contrary to the moral position of our school
- Seriously endangering fellow students or the reputation of the school on or off campus
- Any action, by the student and/or parent, considered serious enough as determined by the Administration

Signature: \_\_\_\_\_

We give permission for my child's likeness and/or name to be used in printed advertisements or on our website for promotional purposes only.

Signature \_\_\_\_\_

THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE. UPON ACCEPTANCE OF OUR STUDENT, WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE SCHOOL AND AUTHORIZE THE SCHOOL TO ADMINISTER SUCH DISCIPLINARY MEASURES, AS MAY BE DEEMED NECESSARY AND PROPER BY THE ADMINISTRATION. OUR SIGNATURES BELOW INDICATE THAT WE HAVE READ AND AGREE TO THE STATEMENT OF COOPERATION.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT  
**APPLICATION FOR ADMISSION**

**SECONDARY STUDENT QUESTIONNAIRE**

6-12th grade students must complete this form  
*Please print clearly*

**SECTION ONE**

1. *Please explain why you are pursuing an education in the United States.*

2. *Why are you interested in attending Concord Christian Academy?*

3. *What are your educational goals?*

4. *What personal goals have you set for yourself?*

5. *What would you consider to be the most important thing in life?*

6. *Please explain how you plan to be disciplined with your time and studies at CCA.*

CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT  
**APPLICATION FOR ADMISSION**

SECONDARY STUDENT QUESTIONNAIRE CONT'D

SECTION TWO

1. Do you consider yourself to be a Christian?  Yes  No  
 If "Yes" indicate the basis for your belief, if "No" what religion do you consider yourself?  
 \_\_\_\_\_
2. Do you agree to follow the CCA Handbook?  Yes  No
3. How would you rate your grades as a student?    A        B        C        D        F
4. How well do you speak & understand English?  fluently  well  very little  none
5. Do you smoke?                     Yes  No      If no, have you ever smoked?                     Yes  No
6. Do you drink alcohol?            Yes  No      If no, have you ever drunk alcohol?            Yes  No
7. Do you use drugs?                 Yes  No      If no, have you ever used drugs?                 Yes  No
8. What style of music do you listen to? \_\_\_\_\_
9. What are your favorite TV shows? \_\_\_\_\_
10. What hobbies or athletic skills do you have an interest in? \_\_\_\_\_
11. How would you rate yourself in regards to the following factors?

	High				Low
Friendship	1	2	3	4	5
Honesty	1	2	3	4	5
Scholarship	1	2	3	4	5
Dedication	1	2	3	4	5
Loyalty	1	2	3	4	5
Love of God	1	2	3	4	5
Relationship with parents	1	2	3	4	5
Church involvement	1	2	3	4	5
Leadership	1	2	3	4	5

12. Is there anything you indicated above that you would like to explain? \_\_\_\_\_

I have read Concord Christian Academy Parent/Student Handbook containing the school policies, including the dress code and discipline policies. I agree to conduct myself in such a manner as to conform with these policies to the best of my ability.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

# CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

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Concord Christian Academy  
2510 Marsh Road  
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## TEACHER RECOMMENDATION

Name of Applicant \_\_\_\_\_ Grade Applying For \_\_\_\_\_

This form is to be completed by school officials: English and Math teachers are encouraged. The evaluation will be used by persons on the Admissions Committee and will not become part of the student's cumulative folder; therefore, this form will not be open to general review. Thank you for your time in preparing this report. Your carefully considered judgment will have a direct bearing on this student's acceptance.

School: \_\_\_\_\_ Date Student Entered: \_\_\_\_\_

Teacher Name & Subject: \_\_\_\_\_

In relation to other students in the applicant's age group, please check the appropriate box for each item below.

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	POOR
<b>Motivation:</b> Committed to learning; attentive to goals; inclined to complete tasks; works beyond minimal expectations				
<b>Sense of Responsibility:</b> Concerned with welfare and rights of others; respects other's and school's property; follows school rules and regulations				
<b>Personal Relationships:</b> Works well in groups; liked by students/adults; relates to peers and adults in a respectful manner				
<b>Initiative and Leadership:</b> Often called upon to lead group activities; voluntarily participates in class and co-curricular activities.				
<b>Cooperation</b>				
<b>General Conduct/Effort</b>				
<b>Work and Study Habits</b>				

Comments on the above areas: \_\_\_\_\_

Attendance at school: Number of absences: \_\_\_\_\_ Number of tardies: \_\_\_\_\_

1. If this student is in any advanced sections or programs in your school, please explain:  
\_\_\_\_\_

2. In which areas do you feel this student needs improvement? \_\_\_\_\_

3. Has the student been recognized for any outstanding academic, athletic, and/or artistic performance?

CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT  
**APPLICATION FOR ADMISSION**

**TEACHER RECOMMENDATION CONT'D**

4. Please list any special health problems: \_\_\_\_\_

5. Has the student been subjected to any serious disciplinary procedure?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Is there any additional information that you think might or should influence our decision about this student? \_\_\_\_\_  
\_\_\_\_\_

5. Have you ever known the applicant to smoke, drink or use drugs?  Yes  No

Explain: \_\_\_\_\_

8. To your knowledge, is the applicant's family involved in the applicant's education? \_\_\_\_\_  
\_\_\_\_\_

9. How long have you known the applicant? \_\_\_\_\_

10. Are you related to the applicant? \_\_\_\_\_

**Recommendation:**

**Academically**

**Personally**

- 1. I strongly recommend this student
- 2. I recommend this student
- 3. I recommend with reservations

Explain: \_\_\_\_\_  
\_\_\_\_\_

4. I do not recommend this student

Explain: \_\_\_\_\_  
\_\_\_\_\_

5. Please call the Principal

Explain: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

School Address: \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please return directly to Concord Christian Academy:  
Attn: International Admissions**

# CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

## FAMILY INFORMATION

The following information will be used by Concord Christian Academy (CCA) and the American Association of Christian Schools (AACCS) to assist in meeting the changing needs of students and families. CCA operates and admits students of any race, color, national and ethnic origin, and students are offered all rights, privileges and programs generally afforded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin of its education policies, admission, policies, tuition assistance programs, athletic and other school administered programs.

This information will not be shared with any other institution.

### 1. Adult(s) in home?

- Father  Mother  
 Guardian  Host Family

### 2. Father's Age

- Under 20  
 20-29  
 30-39  
 40-49  
 50-59  
 60 or older

### Mother's Age

- Under 20  
 20-29  
 30-39  
 40-49  
 50-59  
 60 or older

### 3. Father's level of education **Mother's level of education**

- High School Diploma  High School Diploma  
 Associate's Degree  Associate's  
 Bachelor's Degree  Bachelor's Degree  
 Master's Degree  Master's Degree  
 Doctorate  Doctorate

### 4. Which best describes your place of residence?

- Rent  Own

### 5. Ages of the children in your home?

- 0-5 years of age  13-18 years of age  
 6-12 years of age  Over 18 years of age

### 6. What is your church affiliation?

- Baptist  Methodist  
 Catholic  Non-Denominational Christian  
 Lutheran  Other \_\_\_\_\_

### 7. Father's Ethnicity

- African-American  
 Caucasian  
 Chinese  
 Filipino  
 Hispanic  
 Indian  
 Japanese  
 Korean  
 Taiwanese  
 Other \_\_\_\_\_

### Mother's Ethnicity

- African-American  
 Caucasian  
 Chinese  
 Filipino  
 Hispanic  
 Indian  
 Japanese  
 Korean  
 Taiwanese  
 Other \_\_\_\_\_

### 8. Father's occupation

- Clerical  
 Laborer  
 Military  
 Professional  
 Other \_\_\_\_\_

### Mother's occupation

- Clerical  
 Laborer  
 Military  
 Professional  
 Other \_\_\_\_\_

### 9. Which best describes the income level in your

- Under \$20,000  \$100,000 - \$149,000  
 \$20,000 - \$49,000  \$150,000 - \$199,000  
 \$50,000 - \$79,000  \$200,000 or more  
 \$80,000 - \$99,000

### 10. Is this the student's first year of enrollment?

- Yes  No

### 11. If yes, how did you learn about Concord?

- AACCS  Newspaper Ad  
 Agent  Concord Website  
 Education Fair  Other Website  
 Flyer  Television Ad  
 Friend  Yellow Pages  
 Other

## EDUCATION DELAWARE ADMINISTRATIVE CODE

### Health and Safety Immunizations

“**Approved Vaccine**” means a vaccine, vaccine combination, formulation, or schedule which has been reviewed and accepted by the Division of Public Health (DPH) based upon Centers for Disease Control and Prevention (CDC) Recommended Immunization Schedule.

“**School Enterer**” means any child between birth and twenty (20) years inclusive entering or being admitted to a Delaware school for the first time, including but not limited to, foreign exchange students, immigrants, students from other states and territories and children entering from nonpublic schools.

“**Secondary School**”, for the purposes of this regulation, means a school with a grade or age configuration including any of the following: grade 9, grade 10, grade 11, or grade 12.

### Minimum Immunizations Required for All School Enterers

All School Enterers shall have immunizations given up to four days prior to the minimum interval or age and shall include:

- Four or more doses of diphtheria, tetanus, pertussis (DTaP, DTP, or other Approved Vaccine).

Notwithstanding this requirement:

- A child who received a fourth dose prior to his or her fourth birthday shall have a fifth dose;
- A child who received the first dose of diphtheria and tetanus containing vaccine as adult Td vaccine at or after age seven may meet this requirement with only three doses of Td or Approved Vaccine.
- A booster dose of Tdap (adult) is strongly recommended by DPH for all students at age 11-12 years (preferred) or through 18 years and required.
- Three or more doses of inactivated polio virus vaccine (IPV), oral polio vaccine (OPV), or an Approved Vaccine.

Notwithstanding this requirement:

- A child who received a third dose prior to his or her fourth birthday shall have a fourth dose.
- Two doses of measles, mumps and rubella (MMR) Approved Vaccine. The first dose should be administered on or after the age of 12 months. The second dose should be administered after the fourth birthday.
- Disease histories for measles, rubella and mumps shall not be accepted unless serologically confirmed.
- Three doses of Hepatitis B vaccine.
- For children 11 to 15 years old age, two doses of an Approved Vaccine may be used.
- Titers are not acceptable in lieu of completing the vaccine series and a disease history for Hepatitis B shall not be accepted unless serologically confirmed.
- Two doses of Varicella Approved Vaccine. Students who entered during or prior to the 2008-2009 school year are required to have one dose. By the 2020-2021 school year all students must have two doses. DPH strongly recommends two doses for all students regardless of date of school entry.
- The first dose should be administered on or after the age of twelve (12) months and the second at kindergarten entry into a Delaware school.

**Please complete and return the DELAWARE IMMUNIZATION FORM. It is sent separately from this document.**

**If more information is needed please visit:**

**<http://regulations.delaware.gov/AdminCode/title14/800/804.pdf>**

# CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT

## EMERGENCY RELEASE

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
LAST NAME LEGAL FIRST NAME ENGLISH NICK NAME

Residing Address: \_\_\_\_\_  
(WHERE YOU LIVE) No. Street City Zip

Student Mobile No.: (\_\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_

### PARENT INFORMATION

Father Name: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

### GUARDIAN INFORMATION *(Leave Blank if the same as Homestay)*

Male Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Female Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile No. \_\_\_\_\_

<u>HOMESTAY INFORMATION</u>	Male Homestay	Female Homestay
NAME		
MOBILE PHONE NUMBER		
WORK PHONE NUMBER		
HOME PHONE NUMBER		
EMAIL		

RELEASE: IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY / NATURAL DISASTER, I GIVE PERMISSION FOR THE SCHOOL TO RELEASE MY CHILD TO ANY ONE OF THE PERSONS LISTED BELOW. STUDENTS WILL BE RELEASED ONLY TO THOSE PERSONS LISTED. PLEASE PROVIDE ATLEAST 2 CONTACTS OTHER THAN CONTACTS LISTED ABOVE.

Additional Contact	Day Time Phone Number	Relationship to Student

Last Tetanus Booster: \_\_\_\_\_ Last TB Test: \_\_\_\_\_

Allergies to Drugs/Foods: \_\_\_\_\_

List any restrictions: \_\_\_\_\_

Special medications, special needs, or pertinent information: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

AUTHORIZATION TO TREAT A MINOR: I/We, the undersigned parent or legal guardian of the above named student, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Do you give permission for CCA to administer TYLENOL to your child if it is determined to be needed?  Yes  No

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT

## International Student Program Release Forms

### Homestay Liability Release

The following liability release is for students who request to be placed in a homestay by Concord Christian Academy. The student and their parent(s)/or guardian must sign this form prior to the student being placed in a homestay.

Parent/Legal Guardian: \_\_\_\_\_

"We request to have, \_\_\_\_\_, placed in a homestay by Concord Christian Academy. We acknowledge that we, not the host family or Concord Christian Academy will be held responsible for our child's actions while he/she lives in the United States. We agree to hold harmless and to release all liabilities against Concord Christian Academy, and the host family chosen to host our child, including all claims against Concord Christian Academy or the independent contractor working on behalf of Concord Christian Academy and the host family for any injury, loss, damage, accident, delay, or expense resulting from participation in the homestay program. We hereby acknowledge, accept, and agree to the above named terms and conditions."

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student (All students)

"I, \_\_\_\_\_, agree to live in the chosen homestay at my own risk and liability. I also agree to hold harmless and to release all liabilities against Concord Christian Academy or the independent contractor working on behalf of Concord Christian Academy and the chosen host family, including all claims against Concord Christian Academy and the chosen host family for any injury, loss, damage, accident, delay, or expense resulting from participation in the homestay program. I hereby acknowledge, accept, and agree to the above named terms and conditions."

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **CONCORD CHRISTIAN ACADEMY—INTERNATIONAL STUDENT**

## **Parent and Student Statement of Commitment to Policies Regarding Travel Release/ Authorization**

We, the undersigned (parents/legal guardians), authorize our child to travel within the out of town guidelines established by the Concord Christian Academy program. We accept full responsibility for our child's participation in any approved travel/activities and agree to indemnify and hold harmless Concord Christian Academy and its American partners and independent contractors from any claims and/or liability to third parties arising from our child's participation.

It is understood by signing this Travel Release/Authorization in advance it eliminates the need to receive approved signatures for any Concord Christian Academy approved travel/activity for the duration of the child's participation in the Concord Christian Academy program.

Students desiring to participate in travel/activities not approved by the Concord Christian Academy program must follow the travel guidelines.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

