



## **International Student Packet Instructions**

There are many forms contained in this one document. The forms have been designed to help you complete your application and registration with Overland Christian Schools. Some of the forms provide you with information or instructions. Other forms need to be filled out, signed by you, your parent(s) or guardian and returned to OCS.

Here is a list of the forms in this document:

### **Instructions:**

- Packet Instructions
- Financial Information for International (F-1) Students
- Description of Fees
- International Student Policies
- General Information for International (F-1) Students
- International Checklist
- International Student Admissions Checklist

### **Forms to be filled out and returned to OCS**

- I-20 Information
- International Student Application for Admission
- Medical Information and Inoculation Record
- Medical/Parental Consent Form
- Standards of Conduct Form



## Financial Information for International (F-1) Students 2023-2024 School Year

International Tuition:	Grades 1-6: \$8,600 (includes ESL instruction and support)
	Grades 7-12: \$9,900 (includes ESL instruction and support)
International Student Services	\$1,165 (annual fee, includes textbooks & language testing)
Fee: Homestay:	\$9,000 (includes housing and meals)
Application Fee:	\$200 (one-time fee)
I-20 Fee:	\$600 (one-time fee; new F-1 students only)
Student Insurance	\$1,403
Other expenses	Extra expenses such as personal items for the student are not included in the above fees and are at the discretion of the student.

**Insurance is required.** It may be provided by parents if it is a recognized insurance accepted in the U.S. A copy of the insurance card should be provided to the school **before the student begins classes.** If parents cannot provide proof of an acceptable insurance card at registration, then OCS will provide contact information for parents to secure it through a company that services international students.

Athletic Fees/Costs: \$175

Graduation Fees: \$50

*Graduation cap and gown rental, if a student is graduating, is included. Other supplies are optional.*

**Tuition, Fees, Room & Board (or Homestay) and Insurance are required to be paid in full at the time of admission.** Payment may be made by wire transfer, check, or approved credit card. Contact OCS to obtain information on how to make a wire transfer.

Should the F-1 student leave prior to the end of the school year for any reason, there will be **no refund of fees or tuition.**

Air transportation to and from the student's home country is the responsibility of the student/parents. Students are required to have a round trip ticket. Before leaving your country, OCS should be aware of your travel itinerary. In case of emergency while traveling, you may contact Mrs. Shelly Bruce at 913-406-6593 or at the school office at 913-948-9596. Students are to return home no later than one week after classes end in May. International students arriving more than one week prior to the beginning of classes should make sure they have proper lodging arrangements.



## **Description of Fees**

### Application Fee

International students must submit a completed application and pay the application fee in order to be considered for admission. This fee is non-refundable.

### I-20 Fee

A one-time fee is assessed for the issuance of an I-20 Form. This fee is due at the time of issuance and is non-refundable.

Kansas City College and Bible School, Inc. and its subsidiary, Overland Christian Schools, has been approved by the U.S. Immigration and Naturalization Services, a division of the Department of Homeland Security to issue I-20 forms. International students who need an I-20 Form in order to obtain an F-1 student visa must submit a completed application and meet all admission requirements before an I-20 will be issued. When OCS issues an I-20 form the school is making a commitment to reserve a seat or space at the appropriate grade level for the student. It is therefore expected that a family would not request that an I-20 form be issued for a student if the family is not fully committed to having their student attend Overland Christian schools if the F-1 visa is approved. Entering the U.S. and then not enrolling in the school after obtaining an F-1 visa will result in the student's status being changed to "Terminated" within the SEVIS system and the student will then be considered "Out of Status," at which point they will be in the U.S. illegally. This could result in the student being deported for failure to enroll in the program of study for which they requested an I-20 Form.

### International Student Services Fee

International students pay an annual student services fee. This fee is due prior to their first day of school. This fee covers various costs (including textbooks and cultural trips among other things) associated with the international student program and is non-refundable.

### International Student Tuition

First-year international students are expected to pay the annual tuition in full before their first day of class. Returning international students may make semi-annual payments (before first day of class in the Fall semester and by January 1 for the Spring semester). The international student tuition includes the additional costs associated with operating a quality international student program such as maintaining international student records and administering the overall program. The tuition also covers the cost of the ESL program, which facilitates more rapid English language acquisition. All international students for

whom English is a second language are required to attend regular ESL classes during the school day. Students are placed in ESL classes based on their English proficiency as determined through the application process or through on-site testing once they arrive at OCS. In addition, OCS will provide an ESL lab where students will be regularly required to spend time improving their language ability. Students will regularly meet with the ESL instructor or program advisor for consultation, monitoring of progress and adjustments in the program level to maximize the benefits to the student.

### Homestay

Overland Christian is happy to provide homestay services to students who desire an American family experience. Homestay services are available on a limited basis upon request. Interested students should notify OCS of their desire for Homestay services. First-year students who are residing in a homestay are expected to pay the annual fee in full before they move into the home. Returning international students may make semi-annual payments.



## General Information for International (F-1) Students

1. All students applying for admission should file a I-901. The cost is \$235, which includes the expediting fee. The I-901 must accompany the I-20 when applying for a visa at the U.S. Consulate. Even if the student does not need a visa to enter the U.S., the I-901 must be filed. For details go here: [www.ice.gov/sevis/i901/](http://www.ice.gov/sevis/i901/)
2. Students' families must demonstrate an ability to pay all tuition and fees, as well as any room and board or homestay costs associated with their student's enrollment at OCS for the school year. This may be provided in the form of verifiable bank account statements or other financial records. These records should be submitted with the completed I-134 form. To access the form, go here: [www.uscis.gov/i-134](http://www.uscis.gov/i-134)
3. Students who need an I-20 Form in order to attend OCS on an F-1 student visa are required to provide the school with both an international address (home address) and the local address where the student will reside while in the U.S. attending OCS.
4. Students must provide copies of I-20 forms with the U.S. immigration stamp for date of entry whenever they first enter or re-enter the U.S., as well as a copy of their current visa and passport. The school is required to keep these on file, along with a current address for each international student in attendance at the school. It is the responsibility of the international student and their parents/guardians to provide this information to the school and to inform the school of any change of address during the student's attendance at the school.
5. Students who wish to travel outside of the U.S. during the Christmas break or over the summer between academic sessions must obtain a travel I-20 Form from the school (or have their current I-20 signed and dated by an official at the school) in order to ensure that their re-entry into the United States will be approved.
6. While in the U.S., international students are under the authority of local, state, and national laws. They are also under the authority of Overland Christian Schools and must comply with all school policies, procedures, and regulations. It is important that students obey all laws and comply with the rules and regulations of OCS during their stay in the United States, or they will be in jeopardy of being forced to return to their home country.
7. International students must follow host family (guardian) regulations regarding curfews, dating, completion of school work and homework for which they are responsible. They are also expected to complete any assigned chores for which they are responsible.
8. International students are responsible to attend school regularly and achieve satisfactory grades. They must follow all attendance requirements and may be expelled from the school due to disrespectful, inappropriate, or poor behavior.



## International Checklist

The following items are due upon application:

- ☐ Application fee\*
- ☐ International Student Application for Admission
- ☐ Official Transcripts (certified and translated to English)\*\*
- ☐ English Teacher Recommendation Form
- ☐ Copy of English assessment report or interview by OCS staff
- ☐ At least 2 character reference forms

The following items are due as soon as the student has been accepted:

- ☐ I-20 information form
- ☐ I-20 Fee\*

The following items are due upon arrival at OCS and must be received before the student can begin class:

- ☐ Proof of Medical Insurance
- ☐ Medical Information and Inoculation Form
- ☐ Medical Treatment/Permission to travel form
- ☐ Standards of Conduct signed by parents and student
- ☐ Full financial obligations met\*

\*Wiring information will be provided upon request. Credit cards are acceptable.

\*\*Official records are required for evaluation.



## International Student Admissions Checklist

Overland Christian Schools welcomes international applicants to our school. To be considered for admission, please submit the following items:

- \_\_\_\_\_ 1. International Student Application packet which can be downloaded from [www.overlandchristian.org](http://www.overlandchristian.org).
- \_\_\_\_\_ 2. A certified transcript issued directly from the previous school. It should include a certified English translation, if not in English. All translated documents should include a certification stamp **and** include marking values such as:
  - 10-8 = High mark
  - 7-5 = Average mark
  - 4-3 = Low mark
  - 2-1 = Failing (no credit)
- \_\_\_\_\_ 3. A handwritten English essay written by the student explaining why the student wishes to attend Overland Christian
- \_\_\_\_\_ 4. Completed English teacher recommendation form
- \_\_\_\_\_ 5. Copy of one of the following assessment reports:
  - a. SLEP score report
  - b. TOEFL *Junior*
  - c. TOEFL iBT score reportA Skype or telephone interview may be required to evaluate oral or conversational English ability for students who do not have easy access to these assessment tools, have low English assessment scores or for students below grade 7.
- \_\_\_\_\_ 6. Records must be sent to:  
Overland Christian Schools  
Attention: International Student Advisor  
7016 W. 74<sup>th</sup> Street  
Overland Park, KS 66204

# I-20 INFORMATION FORM

Please print or type carefully all information below.

## Complete Name (As it appears on your passport – VERY IMPORTANT!!)

\_\_\_\_\_  
Last (Family Name)

\_\_\_\_\_  
First (Given Name)

\_\_\_\_\_  
(Middle)

## Address

\_\_\_\_\_  
Apartment or House #

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
City

\_\_\_\_\_  
City code, if applicable

\_\_\_\_\_  
Province, if applicable

\_\_\_\_\_  
Country

## Address #2 (Where paperwork is to be shipped, if different from above)

\_\_\_\_\_  
Apartment or House #

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
City

\_\_\_\_\_  
City code, if applicable

\_\_\_\_\_  
Province, if applicable

\_\_\_\_\_  
Country

## Phone Number

\_\_\_\_\_  
Home #

\_\_\_\_\_  
Mobile #

## Email Address

Date of Birth

\_\_\_\_\_  
(Month)

\_\_\_\_\_  
(Day)

\_\_\_\_\_  
(Year)

Male Female

Circle One

City of birth

Country of birth

Country of Citizenship

Country issuing passport

Passport Number

Grade level for this coming term





# OVERLAND CHRISTIAN — SCHOOLS —

7016 W. 74th St. | Overland Park, KS 66204 | 913-948-9994 | OverlandChristian.org

## International Student Application for Admission

NEW STUDENT APPLICATION FEE — \$200

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 1: STUDENT INFORMATION

Complete Name: \_\_\_\_\_  
*Last (family)* *First (given)* *Middle*

Country of Birth: \_\_\_\_\_

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

Country Issuing Passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_

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

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State/Province*

\_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Postal Code*

Home Telephone: \_\_\_\_\_

Gender: ☐ Male ☐ Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Month* *Day* *Year*

Current Grade Level (U.S. Equivalent): \_\_\_\_\_

School You Are Currently Attending (for transcript information): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### Section 2: U.S. RESIDENCE INFORMATION

Housing: ☐ I will reside in homestay. ☐ I will reside with my relative/guardian.

Name of Relative/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of U.S. Residence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 3: FAMILY INFORMATION

Check all that apply.

**Mother:** ☐ Living ☐ Deceased **Father:** ☐ Living ☐ Deceased

**Parents:** ☐ Married ☐ Separated ☐ Living Together ☐ Divorced

**Student Lives With:** ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandmother  
☐ Grandfather ☐ Other \_\_\_\_\_

**Father/Legal Guardian:**

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Mother/Legal Guardian:**

**Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### Section 4: GENERAL INFORMATION

**How many hour per day do you attend school?** \_\_\_\_\_

**What do you do in your spare time? What are your hobbies?** \_\_\_\_\_  
\_\_\_\_\_

**What sports, if any, do you like to play?** \_\_\_\_\_

**What is your religious affiliation?** \_\_\_\_\_

**What do you hope to gain from attending school in the United States?** \_\_\_\_\_  
\_\_\_\_\_

**Do you have plans to attend college in the United States?** ☐ Yes ☐ No

**Essay Question** (*This question should be completed in the student's own handwriting.*)

**Why do you want to attend Overland Christian?** \_\_\_\_\_

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# OVERLAND CHRISTIAN — SCHOOLS —

7016 W. 74th St. | Overland Park, KS 66204 | 913-647-8729 | OverlandChristian.org

## Academic Reference Form

### To the Applicant:

Please complete the top portion of this page and submit this form to a previous educator (teacher or principal). Do not give this form to a relative. For the benefit of the respondent, please attach to this form a stamped envelope addressed to

Overland Christian Schools  
ATTN: Admissions Department  
7401 Metcalf Avenue  
Overland Park, KS 66204

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: 7 8 9 10 11 12 Semester: Fall Spring

I willingly waive my right of access to this letter of reference once it is filed.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### To the Respondent:

The student named above is applying for admission to Overland Christian Schools and is asking you to supply information as to his/her academic ability. OCS is a Christian institution with definite Christian goals. Our desire is to admit student who will profit the most from their enrollment here. The administration finds candid, thorough evaluations invaluable in the decision-making process, so please be frank, fair, and accurate in your remarks and estimates. Please return the form directly to the school in the envelope provided by the student. Please do not return it to the applicant. Thank you for taking your time to give this evaluation.

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

How well? ☐ slightly ☐ casually ☐ well

In what relationship? \_\_\_\_\_

2. Do you consider the applicant to be a sincere Christian? ☐ Yes ☐ No ☐ Uncertain

3. Are you related to the applicant? ☐ Yes ☐ No

4. Do you recommend this applicant for admission?

☐ Yes, with confidence. ☐ Yes, with the following reservations. ☐ No. (*Please explain.*)

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5. To your knowledge, has the applicant ever been expelled or suspended from any school?

☐ Yes ☐ No

6. To your knowledge, does the applicant drink, smoke, or take illegal drugs?

☐ No ☐ Yes (*Explain below.*)

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Please rate the applicant by circling the category that best describes him or her.

<b>COOPERATION</b> <i>Willingness to work with people in various capacities</i>	Outstanding	When convenient	Indifferent	Unwilling	Not observed
<b>EMOTIONAL STABILITY</b> <i>Reactions in various situations when stress is likely</i>	Very stable	Fairly stable	Easily elated or depressed	Unresponsive	Not observed
<b>INITIATIVE</b> <i>Ability to see things that need to be done—resourcefulness; assertiveness</i>	Seeks additional tasks	Willingly does more than expected	Does assigned tasks	Needs prodding	Not observed
<b>JUDGMENT AND COMMON SENSE</b> <i>Ability and foresight in decisions in everyday situations</i>	Sound decisions	Fair deductions	Poor results	Lacks ability	Not observed
<b>LEADERSHIP</b> <i>Ability to lead others</i>	Consistently a leader	Usually a leader	Leads occasionally	Seldomly or never leads	Not observed
<b>ACCEPTANCE BY OTHERS</b> <i>Mannerisms and appearance, general impression on others</i>	Well liked	Accepted	Tolerated	Rejected	Not observed
<b>RELIABILITY</b> <i>Dependability, willingness, and consistency</i>	Conscientious	Usually reliable	Erratic	Unreliable	Not observed
<b>INFLUENCE</b> <i>Consider both positive and negative influence on others</i>	Unusually wholesome	Consistently good	Varying influence	Passive or negative	Not observed
<b>COMMUNICATION SKILLS</b> <i>Ability to present thoughts with logic and clarity</i>	Outstanding	Good	Has difficulty	Unable to communicate clearly	Not observed
<b>WORK ETHIC</b> <i>Punctual, present, committed to goals, uses time well</i>	Excellent	Good	Erratic	Has difficulty	Not observed
<b>RESPECT FOR AUTHORITY</b> <i>Response to and attitude toward established authority</i>	Unusually respectful	Good attitude	Indifferent to authority	Shows disrespect	Not observed

Signature\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name\_\_\_\_\_

Name of Organization\_\_\_\_\_ Title\_\_\_\_\_

Street Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Email Address\_\_\_\_\_





# OVERLAND CHRISTIAN — SCHOOLS —

7016 W. 74th St. | Overland Park, KS 66204 | 913-647-8729 | OverlandChristian.org

## Character Reference Form

### To the Applicant:

Please complete the top portion of this page and submit this form to an adult who knows you well. Do not give this form to a relative. For the benefit of the respondent, please attach to this form a stamped envelope addressed to

Overland Christian Schools  
ATTN: Admissions Department  
7401 Metcalf Avenue  
Overland Park, KS 66204

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: 7 8 9 10 11 12 Semester: Fall Spring

I willingly waive my right of access to this letter of reference once it is filed.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### To the Respondent:

The student named above is applying for admission to Overland Christian Schools and is asking you to supply information as to his/her academic ability. OCS is a Christian institution with definite Christian goals. Our desire is to admit student who will profit the most from their enrollment here. The administration finds candid, thorough evaluations invaluable in the decision-making process, so please be frank, fair, and accurate in your remarks and estimates. Please return the form directly to the school in the envelope provided by the student. Please do not return it to the applicant. Thank you for taking your time to give this evaluation.

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

How well? ☐ slightly ☐ casually ☐ well

In what relationship? \_\_\_\_\_

2. Do you consider the applicant to be a sincere Christian? ☐ Yes ☐ No ☐ Uncertain

3. Are you related to the applicant? ☐ Yes ☐ No

4. Do you recommend this applicant for admission?

☐ Yes, with confidence. ☐ Yes, with the following reservations. ☐ No. (Please explain.)

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5. To your knowledge, does the applicant drink, smoke, or take illegal drugs?

☐ No ☐ Yes (Explain below.)

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Please rate the applicant by circling the category that best describes him or her.

<b>COOPERATION</b> <i>Willingness to work with people in various capacities</i>	Outstanding	When convenient	Indifferent	Unwilling	Not observed
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Signature\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name\_\_\_\_\_

Name of Organization\_\_\_\_\_ Title\_\_\_\_\_

Street Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Email Address\_\_\_\_\_





# OVERLAND CHRISTIAN — SCHOOLS —

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender: M F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering: 7 8 9 10 11 12 Semester: Fall Spring

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Student's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### To the Respondent:

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How well? ☐ slightly ☐ casually ☐ well

In what relationship? \_\_\_\_\_

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Signature\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name\_\_\_\_\_

Name of Organization\_\_\_\_\_ Title\_\_\_\_\_

Street Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Email Address\_\_\_\_\_







# Medical Information and Inoculation Record

To be completed, signed, and dated by examining physician.

The applicant must have a physical examination by a licensed doctor, who is not a family member, within one year of coming to the United States. The physician should complete this report of the applicant's medical history, current health, and inoculation record.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

## MEDICAL HISTORY

- Are you the applicant's regular doctor \_\_\_\_ yes \_\_\_\_ no
- How long have you known/treated the applicant? \_\_\_\_ (years)
- Is the applicant under treatment for any medical or emotional conditions? \_\_\_\_ yes \_\_\_\_ no  
If yes, please explain: \_\_\_\_\_
- Is applicant currently taking any medications: \_\_\_\_ yes \_\_\_\_ no  
If yes, list medications and reason for medications: \_\_\_\_\_
- Does applicant currently have an eating disorder or history of an eating disorder (anorexia nervosa, bulimia, etc)?  
\_\_\_\_ yes \_\_\_\_ no
- Has the applicant had restriction of a physical activity during the past five years? \_\_\_\_ yes \_\_\_\_ no
- Has the applicant had any treatment or counseling for nervous conditions, personality disorder, or emotional problems?  
\_\_\_\_ yes \_\_\_\_ no
- Has the applicant ever been hospitalized? \_\_\_\_ yes \_\_\_\_ no If yes, please explain: \_\_\_\_\_
- Has the applicant ever had a history of any of the following:

YES*	NO		YES*	NO		YES*	NO	
		Allergies to drugs, food, etc.			Headache (persistent, recurring)			Pneumonia
		Appendicitis			Hepatitis			Pollmyellitis
		*Appendix has been removed			Goiter (struma)			Psoriasis
		Asthma			Hernia			Rheumatic Fever
		Chicken Pox, Year:			Malaria, Year:			Rubella, Year:
		Cough (persistent/recurring)			Measles (Rubella), Year:			Scarlet Fever
		Diabetes Mellitus			Mumps, Year:			Seizure Disorder
		Eating Disorder			Menstrual Disorder			Sleep Disorders
		Eneuresis (bed wetting)			Mononucleosis			Tuberculosis
		Epilepsy			Parasites (Internal, other)			Vertigo/Dizziness

- Has the applicant ever had disease, impairment, or abnormality of:

YES*	NO		YES*	NO		YES*	NO	
		Abdominal/Digestive System			Genito-Urinary System			Skin (Acne, etc)
		Bones, Joints			Heart, Blood Vessels			Varicose Veins
		Brain, Nervous System			Locomotor System			Tonsils, throat, nose
		Blood, Endocrine System			Lungs, Respiratory System			Have tonsils been removed?
		Ears, hearing			Menstrual Cycle			Eyes, sight

\* If **YES** was checked for any of the above questions regarding applicant's current or past condition or medical history, physician must provide full details, including a description of the severity of the condition (attach a sheet, if necessary)

\*\* If applicant has allergies, please describe the severity of the condition and the specific causes for allergic reaction

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**PHYSICAL EXAMINATION OF STUDENT**

Height: \_\_\_\_\_ cm. (\_\_\_\_ ft. \_\_\_\_ in.)      Weight \_\_\_\_\_ kg (\_\_\_\_ lbs.)      Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Applicants Uncorrected Vision      R \_\_\_\_\_/\_\_\_\_ L \_\_\_\_\_/\_\_\_\_      Does the applicant wear contact lenses? \_\_\_\_yes \_\_\_\_no

Applicants Corrected Vision      R \_\_\_\_\_/\_\_\_\_ L \_\_\_\_\_/\_\_\_\_      Does the applicant wear glasses? \_\_\_\_yes \_\_\_\_no

1. Does applicant have hearing impairment or abnormality? \_\_\_\_yes \_\_\_\_no      Hearing R \_\_\_\_\_/\_\_\_\_ L \_\_\_\_\_/\_\_\_\_
2. Urinalysis: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_ Micro \_\_\_\_\_ Hemoglobin \_\_\_\_\_ gms %
3. Will applicant require orthodontic care during the time spent in the United States? \_\_\_\_yes \_\_\_\_no      If yes, the applicant should bring statement from orthodontist indicating care required and must provide own dental insurance.
4. Are there any current abnormalities of the following systems:

YES*	NO		YES*	NO		YES*	NO	
		Cardiovascular system			Menstrual Cycle			Respiratory System
		Ears, nose, throat			Musculoskeletal			Skin (Acne, etc.)
		Eyes			Metabolic, Endocrine System			Teeth and gums
		Gastrointestinal System			Neuropsychiatry			Other
		Genito-Urinary System			Pelvic			

If YES was checked for any of the above questions regarding the applicant's current or past condition or medical history, physician must provide full details, including a description of the severity of the conditions. (Attach sheet if necessary)

5. Your opinion of the general state of the applicant's health: \_\_\_\_ Excellent      \_\_\_\_ Good      \_\_\_\_ Fair      \_\_\_\_ Poor
6. Your recommendation for physical activity: \_\_\_\_ Unlimited      \_\_\_\_ Limit (please explain) \_\_\_\_\_

**INOCULATION RECORD**

VACCINE	DATE EACH DOSE WAS GIVEN				
	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	4 <sup>th</sup> Dose	5 <sup>th</sup> Dose
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Polio (TPV)					
DPT (Diphtheria, Tetanus & Pertussis) or DT (Tetanus and diphtheria)					
MEALSES (Rubella, 10 day measles)			If no immunization, give date applicant had measles:		
MUMPS			If no immunization, give date applicant had mumps:		
RUBELLA (3-day measles)			If no immunization, give date applicant had rubella:		
HEPATITIS B					
VARICELLA (Chickenpox)					
BACILLUS CALMETTE GEURIN (BCG)			Comments:		
TB SKIN TEST (Mantoux)			Results (circle one): Positive or Negative (no evidence of TB)		
HIV Test			Results (circle one): Positive or Negative (no evidence of HIV)		
CHEST X-RAY (Radiography)*			Results:		
*If TB Skin Test is positive the applicant must have a chest x-ray					

**Very important: If a student has not had measles, mumps, or rubella, she/he is required to have a series of inoculations before going to the U.S.A. Otherwise, the student will be required to have inoculations in the United States before being admitted to an American high school. As students must meet the immunization requirements of the American high school that they will be attending, the student may be required to have additional immunizations or screening tests before being admitted to high school.**

Name of physician (print) \_\_\_\_\_ Date of examination \_\_\_\_\_

Signature of physician \_\_\_\_\_ Telephone Number \_\_\_\_\_



## Medical Treatment Consent

TO WHOM IT MAY CONCERN:

To any hospital and any physician staff thereof: You are hereby authorized to furnish medical care, treatment and/or hospitalization including the use of local or general anesthetic, sedation or analgesia to:

Name of Minor: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ who is in the physical custody of:

Name of Caretaker/Guardian: \_\_\_\_\_

At the request of the above caretaker acting on behalf of the minor, without further written consent or other authorization from the undersigned parent(s) or legal guardian(s) of said minor child. We further authorize the above caretaker to give permission for the minor to participate in various school activities as needed and release of school and/or medical records when requested by said caretaker.

\_\_\_\_\_  
Parent's Signature                      day / month / year

## Parent Consent

We hereby affirm that we, \_\_\_\_\_ and \_\_\_\_\_ are the legal parents of \_\_\_\_\_ whose birthday is \_\_\_\_\_.

We hereby consent to our child's application for admission to attend school in the United States as a non-immigrant student. We hereby declare that he/she has been given our permission to live with a local guardian caretaker. We hereby affirm that we have delegated to the caretaker the responsibility to act on our behalf in all matters concerning our son/daughter and the school.

Parent's Signature \_\_\_\_\_ day / month / year

## Permission to Travel

*(please check one box)*

- Student's Name \_\_\_\_\_  
We hereby give our full consent for our son/daughter to travel within the host country if accompanied by an adult person approved by Overland Christian Schools, or together with their caretaker or guardian. We understand that any travel must be approved in writing by the host family. Approval must also be given by Overland Christian Schools. We further understand that our son/daughter will be responsible for any expenses incurred during any trip or excursion. Our son/daughter may not travel while school is in session unless the trip is approved by Overland Christian Schools
- We do not give our consent.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year



## Standards of Conduct

### **Part I**    **Laws**

If a student is involved in activities that are illegal based on local, state, and federal laws, the student will be sent to the home country as soon as legally possible. Such expenses incurred will be the responsibility of the student's parents. Illegal activities include:

- ***Drinking or purchasing alcoholic beverages and/or tobacco products***
- Buying, selling, possessing or using illegal drugs as defined by local, state, or federal law (controlled drugs must be prescribed for the student by a licensed physician)
- Committing or taking part in any act of violence against another person or property
- Shoplifting or theft
- Accessing or downloading pornography on the internet.

### **Part II**    **School**

The student must obey all school rules, attend class regularly and be responsible for assuming a full course load, maintaining a "C" average with no failing grades at the end of the semester. Academic probation may result if grades are not acceptably maintained. All tutoring costs are to be borne by the student.

### **Part III**    **Personal Conduct**

Students are to refrain from sexual behavior, contact, and activity. Students who are found to be sexually active may be expelled.

Students who become pregnant or impregnate may be expelled and sent home.

Students may not tattoo or pierce any part of their body while enrolled at Overland Christian Schools.

Standards of dress, hair, etc., must comply with the school guidelines.

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**We, the undersigned have read and agree with the Standards of Conduct as outlined. We acknowledge that this agreement is in force during the time the student is enrolled at Overland Christian Schools or leaves the United States.**

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date