

CITRUS PARK CHRISTIAN



INTERNATIONAL APPLICATION

**7705 GUNN HIGHWAY
TAMPA, FL 33625**

CONTACT: MRS. CHARITY THOMPSON
CTHOMPSON@CITRUSPARK.ORG
813-920-3960 x 307

1. Name: _____
Family Name First Name Middle Name

2. Permanent mailing address: _____
Street and Number
City State or Country Postal code

3. Telephone: _____ Fax: _____ E-mail: _____
National/Local National/Local

4. Sex: M F Date of birth: _____ Place of birth: _____
Circle Month/ Day/Year City State or Country

5. Country of citizenship: _____

6. Passport number: _____ Date and place of issue of passport: _____

7. Have you ever applied to Citrus Park Christian School before? Yes No If yes - when? _____

8. Proposed period of enrollment: _____
From: Month - Year To: Month - Year

9. Proposed entry grade level: _____
9th 10th 11th 12th

10. How many years of education have you completed since your first full year? _____

11. Are you planning to graduate from Citrus Park Christian School? _____
Yes No Undecided

12. Are you planning to enter an American college or university after high school graduation? _____

13. For how many years have you studied English? _____

14. What languages do you use other than English? _____

15. What is your mother tongue? _____

16. If you have ever been suspended or expelled from a secondary school, please give details separately.

17. If you have any particular learning needs, please give details on separate paper.

18. Please complete the information below by indicating all secondary schools you have attended.

School	City	State or Country	Attended From Date	To Date
School	City	State or Country	Attended From Date	To Date

19. Please send bills for tuition and other expenses to:

Name	Street and Number	
City	State or Country	Postal code

20. Father's Name: _____
Family name First name Middle name

Street and Number State or Country Postal code

Occupation and place of work

21. Mother's Name: _____
Family name First name Maiden name

Address (if different from item 24)

Occupation and place of work

I hereby apply for admission to Citrus Park Christian School. I agree to abide by its regulations. I certify that the foregoing information is true and complete to the best of my knowledge and fully realize that omission or falsification of information may be considered sufficient reason for rejection of this application or for dismissal. (If the applicant is under 18 years of age, this statement must also be signed by a parent or legal guardian.)

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Parent or Guardian: _____

Please send the fully completed application form to the address on the top of this form. You must also include the following:

- Passport-type current photo
- School transcripts with translations

*If you wish to pay by credit card or wire transfer, please contact Mrs. Charity Thompson at cthompson@citruspark.org

Waiver of Liability

It is mandatory for the parents/guardians of applicants under 18 years to sign this form.

Student Last Name: _____ Student First Name: _____

I understand and acknowledge that there is a risk of injury to my child by his/her participation in on-campus activities and in off-campus trips and activities. I further understand that it is voluntary for my child to participate and that the school does not require her/his participation. I hereby release the above named school and state, its employees, officers, agents, and trustees, and waive for myself, my heirs, executors, administrators and assigns any and all rights and claims for damages from any and all injuries that my child may suffer as a result of his/her voluntary participation in trips and/or activities.

I further agree to hold harmless and indemnify the above named school, its employees, officers, agents and trustees for any action, claim, or proceeding initiated as a result of any injury suffered by my child or any third party through his/her participation in any trips and/or activities.

By signing this Waiver of Liability for Off-Campus Trips and Activities form, I acknowledge that I have read its contents and warning, that I understand its contents and warning, and that I agree to its terms.

Signature of Parent/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

Hospitals and Physicians may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency and parents/guardians are not really available to consent to treatment.

Copies of this form will be made available to International Education Division, International Student Services, Housing, and the Student Programs offices of the above aforementioned school.

I, _____ the natural parent/guardian of _____ (student), authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or available in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

Signature of Parent/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____

MEDICAL AND PERSONAL INFORMATION

This questionnaire is completely confidential. Do not show your answers to anyone. This information will not be shared with anyone except in a medical emergency.

NAME OF STUDENT: (Please print.) _____

BIRTH DATE: _____ BLOOD TYPE: _____

PERMANENT ADDRESS: (Please print.) _____

LOCAL ADDRESS in USA: (Please print.) _____

CLOSEST FAMILY MEMBER TO CONTACT IN CASE OF EMERGENCY:

TELEPHONE NUMBER OF FAMILY MEMBER: _____

ANY ALLERGIES: Penicillin _____ Aspirin _____ Acetaminophen _____

Other (please specify) _____

Do you have any of the following? _____ Malaria _____ Polio _____ Epilepsy _____ Deafness _____ Sickle-Cell Anaemia _____ Blindness _____
_____ Diabetes _____ Other (Explain) _____

Do you have any learning disability (e.g. Autism, Dyslexia, Hyperactivity)? Please state clearly.

*Do you see a doctor regularly?_

yes _____ no _____

If yes, please state name and address.

**Do you have a prescription for any regularly used drug? _____ yes _____ no

If yes to the above, please state drug name and dosage. _____

I certify that all information on the questionnaire is true and correct to the best of my knowledge.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

*If you have a regular doctor, please attach a letter from them stating your overall health and any recurring problems. Please also have the letter translated to English.

**If you have any prescriptions, please either arrange for a supply to cover 9 months of normal usage, or bring documentation from your doctor in order to get the prescription in the USA. Please have all documents translated to English.³⁰⁷

DRUG-FREE ACT

DRUG-FREE SCHOOLS AND COMMUNITIES ACT AMENDMENTS OF 1989 NOTICE TO STUDENTS

(1) Citrus Park Christian School has a policy of maintaining a drug-free campus. All students are hereby notified that the unlawful manufacture, distribution, possession, or use of a controlled substance is prohibited on the school campus.

(2) In compliance with the Drug-free Schools and Communities Act Amendments of 1989, the Citrus Park Christian School consists of the following locations:

Citrus Park Christian School; consisting of all administrative offices, all onsite and off-site classrooms, common areas, the store room, stairwells, student and staff lounges, closets, hallways, sports facilities, locker rooms, fields, offices, all restrooms, and the parking lot areas.

(3) Non-compliance with the terms in paragraph 1 above may result in the following action being taken by the school:

- Notify local law enforcement agency.
- Recommend drug rehabilitation.
- Loss of financial aid.
- Dismissal of student.

(4) All students must read, understand, and sign the following statement:

I understand that, as a condition of my enrollment at Citrus Park Christian School, I must abide by the terms of paragraph 1 above. I must notify the administration of any criminal drug statute conviction for a violation occurring on the campus no later than five days after the conviction.

I understand that Citrus Park Christian School has the right to require me to attend a drug-free awareness program to inform me about any or all of the following:

- The dangers of drugs and drug abuse
- The school policy of maintaining a drug-free school
- Any available drug counseling, rehabilitation and student programs
- The penalties that may be imposed on drug abuse violations, either legal or illegal drugs, occurring on the campus or by the students involved in the International Student Program.

I have received this information and understand the conditions explained in paragraph 4 above, and I have received a copy of this statement.

Student's Signature _____ Date _____

DRUG TEST PERMISSION FORM

I understand that Citrus Park Christian School is a drug-free environment and that my son/daughter is expected to remain drug-free on campus while a student at Citrus Park Christian School.

Therefore, I hereby give

permission for my son/daughter to be tested for drugs randomly if necessary by the administration of Citrus Park Christian School. I also give permission for my son/daughter to be tested as required by the state of Florida for any participation in sports or other school activities.

Date: _____

Student Name: _____

Parent's Printed Name: _____

Parent's Signature: _____

LETTER OF FINANCIAL SUPPORT

The U.S. Immigration and Naturalization Services require that students provide official proof of their ability to finance their studies and living expenses while in the United States. An I-20 will not be sent to any student until the School has received this letter of support with an official bank statement. Indicate the family (last name in CAPS as it appears on the passport).

Last Name: _____ First Name: _____

Permanent Address: _____

Date of Attendance: Check Semester _____ Fall _____ Spring _____ Year: _____

Telephone: _____ Fax: _____

E-Mail: _____ Student's Date of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

To Be Completed By Sponsor/Family Member

This is to certify that I will assume full financial responsibility for a minimum of U.S. \$13,500.00 per academic year (two semesters), for the support of the above named student for the entirety of his/her enrollment at the Florida campus of Citrus Park Christian School.

Sponsor's Full Name: _____

Sponsor's Relationship to Student: _____

Sponsor's Permanent Address: _____

Telephone: _____ Fax: _____

Important: Evidence of my financial resources in the form of an official bank statement accompanies my letter of support.

Sponsor's Signature: _____ Date: _____

(\$50.00 will be charged if it is necessary to deliver I-20 via DHL Courier.)