



## **International Student Program (ISP) Application Documents Checklist**

- ☐ Application Fee of \$400.00 (nonrefundable)
- ☐ Completed Application Form
  - ☐ Part 1 – Student Information
  - ☐ Part 2 – Family Information
  - ☐ Part 3 – Host Family Request
  - ☐ Part 4 – Student Questionnaire
- ☐ Parent Letter
- ☐ Two (2) Non-Family Recommendations regarding the student's character
- ☐ Photo Album with Descriptions (minimum of four photos)
- ☐ Student Medical Information
- ☐ Certificate of Immunization Status
- ☐ Tuition Form
- ☐ Signed Student Commitment Form
- ☐ Statement of Faith
- ☐ Signed Parent Commitment Form
- ☐ Parent Authorization, Release Agreement and Extra-Curricular Activities Permission
- ☐ Discipline Policy
- ☐ Host Parent Authorization and Release Agreement

### **Please Provide:**

- ☐ Official Certification of Immunization Status from your local doctor and signed by your doctor
- ☐ Income Statement – Letter from employer, or other document verifying annual income
- ☐ Official English Transcripts of all academic work completed from grade eight (8) to present
- ☐ Copy of student's passport
- ☐ Current computer based TOEFL or other English test score
- ☐ Behavioral Record (if any)
- ☐ Proof of International Insurance (before 1<sup>st</sup> day of school)
- ☐ Copy of student's visa (before 1<sup>st</sup> day of school)



Firm Foundation Christian School  
International Student Program (ISP)  
Application for Admission

*Please print in black ink or type.*

## PART ONE: STUDENT INFORMATION

Applying For: School Year: 20\_\_-20\_\_ Grade:

**Program:** ☐ Fall Term ☐ Spring Term

**Student's Full Name:** \_\_\_\_\_  
(Family) (First) (Middle) (Preferred)

(Please print name exactly as it would appear on permanent records.)

Date of Birth: Day\_\_\_\_\_Month\_\_\_\_\_Year\_\_\_\_\_ Place of Birth\_\_\_\_\_

Gender: ☐ Male ☐ Female

Student Citizenship: \_\_\_\_\_ Student's Ethnic Origin \_\_\_\_\_

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

Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
(in feet and inches) (in pounds)

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Current School Information:**

School Name: \_\_\_\_\_ Grades at School: \_\_\_\_\_

Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

School Administrator Name: \_\_\_\_\_

Special Awards or Recognition: \_\_\_\_\_

What is your English ability: ☐ Fair ☐ Average ☐ Intermediate ☐ Advanced

Years of English learning received: \_\_\_\_\_

How long do you plan to study in the US? \_\_\_\_\_

Do you plan to go to college? If so, please specify where. \_\_\_\_\_

Are you currently an international exchange student or have you ever been an international exchange student?

☐ Yes ☐ No

If so, please provide details here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any food allergies? If so, please list. \_\_\_\_\_

\_\_\_\_\_

Do you have a special diet – example: vegetarian? \_\_\_\_\_

\_\_\_\_\_

Please check sports, hobbies, and activities you enjoy or wish to experience.

- |  |   |
|--|---|
| <input type="checkbox"/> Art                     | <input type="checkbox"/> Music (instrument) _____ |
| <input type="checkbox"/> Baseball                | <input type="checkbox"/> Photography              |
| <input type="checkbox"/> Basketball              | <input type="checkbox"/> Singing                  |
| <input type="checkbox"/> Chess                   | <input type="checkbox"/> Skiing/Snowboarding      |
| <input type="checkbox"/> Computer games          | <input type="checkbox"/> Soccer                   |
| <input type="checkbox"/> Cooking                 | <input type="checkbox"/> Softball                 |
| <input type="checkbox"/> Cross country (running) | <input type="checkbox"/> Track & Field            |
| <input type="checkbox"/> Drama                   | <input type="checkbox"/> Volleyball               |
| <input type="checkbox"/> Football                | <input type="checkbox"/> Other: _____             |

## PART TWO: FAMILY INFORMATION

**Father.** Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Father Email Address: \_\_\_\_\_

Father Occupation and Title: \_\_\_\_\_

Business Firm: \_\_\_\_\_

Father Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Mother.** Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Mother Email Address: \_\_\_\_\_

Mother Occupation and Title: \_\_\_\_\_

Business Firm: \_\_\_\_\_

Mother Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Siblings.

| Name  | Male/Female | Age   | School or Occupation |
|-------|-------------|-------|----------------------|
| _____ | _____       | _____ | _____                |
| _____ | _____       | _____ | _____                |
| _____ | _____       | _____ | _____                |

Is there anything you feel we should know about your current living situation?

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



### PART THREE: HOST FAMILY REQUEST

Are you willing to stay in a host family home with another international student? ☐ Yes ☐ No

Do you have a host family you would like to live with? If yes, please complete this information.

☐ Yes ☐ No

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PART FOUR: STUDENT QUESTIONNAIRE

Who initiated the idea for you to come to study in the U.S.?

What are your favorite courses at school?

How much time a day do you spend on homework? \_\_\_\_\_

Have you ever lived apart from your parents for an extended period of time? ☐ Yes ☐ No

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Please list any foreign countries you have traveled to or lived in.

Countries Visited: \_\_\_\_\_

Countries Lived In: \_\_\_\_\_

What is your curfew at home? School Nights: \_\_\_\_\_

Non-School Nights: \_\_\_\_\_

*-(You will be expected to abide by the curfew that your host family sets for you.)*

Do you drink alcoholic beverages with your family or friends?

- ☐ Regularly
- ☐ Never
- ☐ Occasionally
- ☐ Only on Holidays

Do you date regularly? ☐ Yes ☐ No

If yes, do you have a steady boyfriend/girlfriend? ☐ Yes ☐ No

How will you adapt to being separated from your boyfriend/girlfriend during the duration of the program? \_\_\_\_\_

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Do you associate yourself with a religion? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

How often do you attend church services?

☐ Weekly

☐ Monthly

☐ Holidays

☐ Never

How actively would you like to participate in church services or other such religious activities while in the USA?

☐ Regularly

☐ Occasionally

☐ Never

Will you adjust to a home with a different religion?

☐ Yes ☐ No

Are you willing to attend religious services with your host family as a cultural experience?

☐ Yes ☐ No

*(Many host families attend services regularly and it is an important part of their family life.)*

Do you smoke?

☐ Regularly

☐ Occasionally

☐ Never

Would you be willing to live with a family with a smoker?

- ☐ Yes  
☐ Yes, outside only  
☐ No

Do you have pets at home? ☐ Yes ☐ No

If yes, what kinds? \_\_\_\_\_

| What other languages do you speak? | Years Studied | Proficiency |
|------------------------------------|---------------|-------------|
| _____                              | _____         | _____       |
| _____                              | _____         | _____       |

### Short Essays

Please answer the following questions in detail. Your responses are very important to the school admissions committee and host.

Why would you like to study at FFCS and what do you hope to contribute to the school?

How do you feel about being away from your family and home for an extended period of time?

Describe the members of your family and your relationship with each one.

Describe a time when you have had to adapt to a difficult situation.

What will be your biggest challenge in studying in the United States, and what will you do to overcome this challenge?

What are 3 personality strengths that you have that will help you adjust to life in the USA?

What would you like to accomplish during your studies in the United States?

Describe a class or teacher that you really enjoyed in school. What made that person or experience special?



Describe your belief system. Do you believe in Christianity or another religion? Do you believe there is a God? Tell why you do or do not. Have you ever prayed?

Describe what your parents wish for your future. What do you wish for your future?

How did you learn of FFCS? (Please check only one.)

☐ Agency

☐ Internet

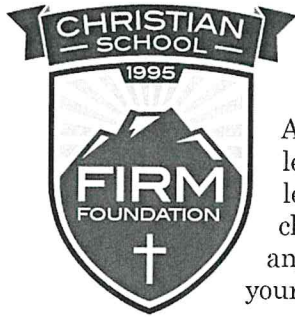
☐ Other\_\_\_\_\_

I verify that all statements and representation contained in this document are complete, true, and correct to the best of my knowledge.

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

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

Note: Submitting this application form does not guarantee admission.



## **International Student Program Parent Letter**

As a parent of the prospective student, it is our request that you allow us to learn more about your student through your testimony. Please write a short letter (no more than one page) that concisely summarizes your student's character and why they would be a good fit for this school. Feel free to include any information you would like us to know or that you feel is outstanding about your student.



**International Student Program  
Non-Family Recommendation**

Student Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

The above student has completed an application for admission to Firm Foundation Christian High School, in Battle Ground, Washington, USA. Please rate this student on the following scale.

|                               | Excellent                | Good                     | Fair                     | Poor                     |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Potential            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual Curiosity        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Expression               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of Humor                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Study Habits                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Discipline               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Others            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honest/Integrity              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity (for age)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect from Peers            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect from Faculty          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect for Adults            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Cope with Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you known the student? \_\_\_\_\_

With what capacity do you know this student? \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_



## International Student Program Non-Family Recommendation

Student Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

The above student has completed an application for admission to Firm Foundation Christian High School, in Battle Ground, Washington, USA. Please rate this student on the following scale.

|                               | Excellent                | Good                     | Fair                     | Poor                     |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Potential            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual Curiosity        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Expression               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sense of Humor                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Study Habits                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Discipline               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Others            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Honest/Integrity              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity (for age)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect from Peers            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect from Faculty          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect for Adults            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Cope with Problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you known the student? \_\_\_\_\_

With what capacity do you know this student? \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_



### **International Student Program Photo Album**

This photo album is your opportunity to show the school administration and your American host family the way you live. Please include recent photos showing you and members of your family and friends. Include pictures of the places you spend your time and the activities you enjoy doing. Please provide descriptions of the photos (I.E., who is in each photo, where it was taken, what the subjects were doing, etc.). Include at least four photos.





**International Student Program  
Student Medical Information**

Office Use Only  
Reviewed by:

School Nurse/Date

This information is needed to keep your child healthy and safe while at school. If your child has a life threatening health condition, it is the parent/guardian's responsibility to notify the school nurse PRIOR to school beginning so that an appropriate plan of care is developed. Both page 1 and page 2 are to be carefully completed by the parent/guardian and returned to the school office with your completed registration packet.

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ M or F 2020/21 Grade: \_\_\_\_\_

**HAS YOUR CHILD BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING? Check yes or no and explain all "yes" answers.**

|  | YES | NO | EXPLANATION |
|--|-----|----|-------------|
| Allergies (drugs, food, latex, insects)  |     |    |             |
| Attention Deficit Disorder               |     |    |             |
| Attention Deficit Hyperactivity Disorder |     |    |             |
| Asthma                                   |     |    |             |
| Autism/Asperger's Syndrome               |     |    |             |
| Bladder/Bowel Concerns                   |     |    |             |
| Blood Disorder                           |     |    |             |
| Cancer                                   |     |    |             |
| Cerebral Palsy                           |     |    |             |
| Depression                               |     |    |             |
| Diabetes                                 |     |    |             |
| Ear or Hearing Concerns                  |     |    |             |
| Eating Disorder                          |     |    |             |
| Emotional or Psychological Concerns      |     |    |             |
| Eye or Vision Concerns                   |     |    |             |
| Heart Problems                           |     |    |             |
| Migraine or Severe Headaches             |     |    |             |
| Orthopedic Conditions                    |     |    |             |
| Seizures                                 |     |    |             |
| Skin Concerns                            |     |    |             |
| Spina Bifida                             |     |    |             |
| Other                                    |     |    |             |

**HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING? Check yes or no and explain all "yes" answers.**

|                 | YES | NO | EXPLANATION |
|-----------------|-----|----|-------------|
| Serious illness |     |    |             |
| Serious injury  |     |    |             |
| Surgery         |     |    |             |
| Hospitalization |     |    |             |

DOES YOUR CHILD? Check yes or no and explain all "yes" answers.

|  | YES | NO | EXPLANATION  |
|--|-----|----|--|
| Wear glasses   |     |    | for distance <input type="checkbox"/> for reading <input type="checkbox"/> |
| Wear contacts  |     |    | for distance <input type="checkbox"/> for reading <input type="checkbox"/> |
| Wear hearing aids  |     |    | left ear <input type="checkbox"/> right ear <input type="checkbox"/>       |
| Have ear ventilation tubes   |     |    |  |
| Use special medical equipment  |     |    |  |
| Require special medical procedures/treatments at school <input type="checkbox"/> and/or at home <input type="checkbox"/> |     |    |  |
| Have any physical or medical limitations   |     |    |  |
| Have a condition that prevents full participation in PE  |     |    |  |

|   |
|---|
| <b>HEALTH</b><br>Concerns: _____<br>_____<br>Medication taken: _____<br>_____ |
|---|

Washington State law requires written authorization from a licensed healthcare provider and parent before any medication (prescription or over-the-counter—this includes cough drops with menthol) may be taken at school. A form is available from the school nurse.

Washington State law also requires an updated "Certificate of Immunization Status" form with all required immunizations completed and on file BEFORE school begins.

|                                 | YES | NO | MEDICATION |
|---------------------------------|-----|----|------------|
| Is medication needed at home?   |     |    |            |
| Is medication needed at school? |     |    |            |

|   |
|---|
| Physician's Name: _____ Phone: _____<br>Clinic: _____ |
|---|

Date of last well-child exam: \_\_\_\_\_ Preferred hospital in case of an emergency: \_\_\_\_\_

If you would like more information regarding any health issue concerning your child, please feel free to contact the school nurse.

I understand that the information above will be shared in a confidential manner with appropriate school staff who need to know in order to provide for the health and safety of my student. I will keep the school informed throughout the year regarding any changes in health status and/or contact information. If parents/guardians or authorized emergency contacts cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgment of school authorities, I authorize and direct the school authorities to request emergency medical services (911). I understand that I may be responsible for the payment of any services rendered.

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



# VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

August 1, 2020 – July 31, 2021

| VACCINE                                   | Kindergarten - 6 <sup>th</sup> Grade  | 7 <sup>th</sup> – 9 <sup>th</sup> Grade   | 10 <sup>th</sup> - 12 <sup>th</sup> Grade |
|---|---|---|---|
| Hepatitis B                               | 3 doses<br>Dose 3 must be given on or after 24 weeks of age   |   |   |
| DTaP (Diphtheria, Tetanus, and Pertussis) | 5 doses (4 doses only IF 4 <sup>th</sup> dose given on or after 4 <sup>th</sup> birthday AND a minimum interval of 6 months from the previous dose)   |   |   |
| Tdap (Diphtheria, Tetanus, and Pertussis) | Not Required  | 1 dose Tdap<br>(see page 2 for more details)  |   |
| IPV (Polio, for OPV see page 2)           | 4 doses (3 doses only IF 3 <sup>rd</sup> dose given on or after 4 <sup>th</sup> birthday)<br>The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose. | 4 doses (3 doses only IF 3 <sup>rd</sup> dose given on or after 4 <sup>th</sup> birthday) |   |
| MMR (Measles, Mumps, and Rubella)         | 2 doses   |   |   |
| Varicella (Chickenpox)                    | 2 doses<br>OR<br>Healthcare provider verified disease history   |   |   |

- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information.
- Review the Individual Vaccine Requirements Summary for more detailed information: <https://www.doh.wa.gov/SCCI>.



## Minimum Age & Interval for Valid Vaccine Doses

| Vaccine                                    | Dose # | Minimum Age                          | Minimum Interval Between Doses  | Notes   |
|--|--------|--------------------------------------|---|---|
| Hepatitis B<br>HepB                        | Dose 1 | Birth                                | 4 weeks between Dose 1 & 2  | <ul style="list-style-type: none"> <li>2 doses acceptable if both doses are documented as adult dose of Recombivax HB® given between ages 11 and 15. The doses must be separated by at least 4 months.</li> </ul>   |
|  | Dose 2 | 4 weeks                              | 8 weeks between Dose 2 & 3  |   |
|  | Dose 3 | 24 weeks                             | 16 weeks between Dose 1 & 3   |   |
| Diphtheria, Tetanus, and Pertussis<br>DTaP | Dose 1 | 6 weeks                              | 4 weeks between Dose 1 & 2  | <ul style="list-style-type: none"> <li>6 month interval is recommended between Dose 3 and Dose 4, but a minimum interval of 4 months is acceptable.</li> <li>DTaP: can be given to children through age 6. If catch-up doses are needed at age 7 and older Tdap is used followed by additional doses of Td if needed. A Tdap given at age 7 through 9 years of age does not count for the 7<sup>th</sup> grade Tdap requirement.</li> <li>See the Individual Vaccine Requirements Summary for more details about the catch-up schedules: <a href="https://www.doh.wa.gov/SCCI">https://www.doh.wa.gov/SCCI</a></li> </ul>   |
|  | Dose 2 | 10 weeks                             | 4 weeks between Dose 2 & 3  |   |
|  | Dose 3 | 14 weeks                             | 6 months between Dose 3 & 4   |   |
|  | Dose 4 | 12 months                            | 6 months between Dose 4 & 5   |   |
|  | Dose 5 | 4 years                              | –   |   |
| Tetanus, Diphtheria, and Pertussis<br>Tdap | Dose 1 | 11 years<br>See notes for exceptions | –   | <ul style="list-style-type: none"> <li>Tdap booster dose recommended at age 11 is required for all students in grades 7-12.</li> <li>For students in 7<sup>th</sup> grade: Tdap dose acceptable if given on or after 10 years of age.</li> <li>For students in 8<sup>th</sup>-12<sup>th</sup> grades: Tdap dose acceptable if given on or after 7 years of age.</li> <li>Tdap booster dose can be given regardless of the interval between DTaP/DT/Tdap/Td.</li> </ul>  |
|  | Dose 1 | 6 weeks                              | 4 weeks between Dose 1 & 2  |   |
|  | Dose 2 | 10 weeks                             | 4 weeks between Dose 2 & 3  |   |
|  | Dose 3 | 14 weeks                             | 6 months between Dose 3 & 4   |   |
|  | Dose 4 | 4 years                              | –   |   |
| Polio<br>IPV or OPV                        | Dose 1 | 6 weeks                              | 4 weeks between Dose 1 & 2  | <ul style="list-style-type: none"> <li>OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series.</li> <li>Not required for students 18 years and older.</li> <li>Please see Individual Vaccine Requirements Summary for more details: <a href="https://www.doh.wa.gov/SCCI">https://www.doh.wa.gov/SCCI</a></li> </ul>   |
|  | Dose 2 | 10 weeks                             | 4 weeks between Dose 2 & 3  |   |
|  | Dose 3 | 14 weeks                             | 6 months between Dose 3 & 4   |   |
|  | Dose 4 | 4 years                              | –   |   |
|  | Dose 5 | 4 years                              | –   |   |
| Measles, Mumps, and Rubella<br>MMR         | Dose 1 | 12 months                            | 4 weeks between Dose 1 & 2  | <ul style="list-style-type: none"> <li>MMRV (MMR + varicella) may be used instead of separate MMR and varicella vaccines.</li> <li>Must get the same day as other live vaccine (ex. varicella, Flumist) <b>OR</b> at least 28 days apart.</li> <li>4-day grace <b>DOES</b> apply between doses of the same live vaccine such as MMR/MMR or MMRV/MMRV. The 4 day grace period <b>DOES NOT</b> apply between dose 1 and dose 2 of different live vaccines, such as between MMR and Varicella or between MMR and live flu vaccine.</li> </ul>  |
|  | Dose 2 | 13 months                            | –   |   |
|  | Dose 1 | 12 months                            | 3 months between Dose 1 & 2<br>(12 months through 12 years)<br>4 weeks between Dose 1 & 2<br>(13 years and older) |   |
|  | Dose 2 | 15 months                            | –   |   |
|  | Dose 3 | 15 months                            | –   |   |
| Varicella<br>(chickenpox)<br>VAR           | Dose 1 | 12 months                            | 3 months between Dose 1 & 2<br>(12 months through 12 years)<br>4 weeks between Dose 1 & 2<br>(13 years and older) | <ul style="list-style-type: none"> <li>Age 12 months through 12 years: 3 months between varicella doses recommended, but minimum interval of 28 days acceptable on retrospective record review.</li> <li>MMRV (MMR + varicella) may be used instead of separate MMR and varicella vaccines.</li> <li>Must get the same day as other live vaccine (ex. MMR, Flumist) <b>OR</b> at least 28 days apart.</li> <li>4-day grace period <b>DOES</b> apply between doses of the same live vaccine such as varicella/varicella or MMRV/MMRV; The 4 day grace period <b>DOES NOT</b> apply between doses of different live vaccines, such as between MMR and varicella or between varicella and live flu vaccine.</li> </ul> |
|  | Dose 2 | 15 months                            | –   |   |
|  | Dose 3 | 15 months                            | –   |   |
|  | Dose 4 | 15 months                            | –   |   |
|  | Dose 5 | 15 months                            | –   |   |



# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

|   |  |                   |  |  |  |                               |  |
|---|--|-------------------|--|--|--|-------------------------------|--|
| Child's Last Name: _____  |  | First Name: _____ |  | Middle Initial: _____  |  | Birthdate (MM/DD/YYYY): _____ |  |
| I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. |  |                   |  | Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status. |  |                               |  |
| X   |  | X                 |  | X  |  | X                             |  |
| Parent/Guardian Signature _____   |  |                   |  | Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____  |  |                               |  |

| ▲ Required for School<br>● Required Child Care/Preschool                                | Date<br>MM/DD/YY | Date<br>MM/DD/YY | Date<br>MM/DD/YY | Date<br>MM/DD/YY | Date<br>MM/DD/YY | Date<br>MM/DD/YY |
|---|------------------|------------------|------------------|------------------|------------------|------------------|
| Required Vaccines for School or Child Care Entry  |                  |                  |                  |                  |                  |                  |
| ▲ DTaP (Diphtheria, Tetanus, Pertussis)   |                  |                  |                  |                  |                  |                  |
| ▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)                                      |                  |                  |                  |                  |                  |                  |
| ▲ DT or Td (Tetanus, Diphtheria)  |                  |                  |                  |                  |                  |                  |
| ▲ Hepatitis B   |                  |                  |                  |                  |                  |                  |
| ● Hib ( <i>Haemophilus influenzae</i> type b)   |                  |                  |                  |                  |                  |                  |
| ▲ IPV (Polio) (any combination of IPV/OPV)  |                  |                  |                  |                  |                  |                  |
| ▲ OPV (Polio)   |                  |                  |                  |                  |                  |                  |
| ▲ MMR (Measles, Mumps, Rubella)   |                  |                  |                  |                  |                  |                  |
| ● PCV/PPSV (Pneumococcal)   |                  |                  |                  |                  |                  |                  |
| ▲ Varicella (Chickenpox)<br><input type="checkbox"/> History of disease verified by IIS |                  |                  |                  |                  |                  |                  |
| Recommended Vaccines (Not Required for School or Child Care Entry)                      |                  |                  |                  |                  |                  |                  |
| Flu (Influenza)   |                  |                  |                  |                  |                  |                  |
| Hepatitis A   |                  |                  |                  |                  |                  |                  |
| HPV (Human Papillomavirus)  |                  |                  |                  |                  |                  |                  |
| MCV/MPSV (Meningococcal Disease types A, C, W, Y)                                       |                  |                  |                  |                  |                  |                  |
| MenB (Meningococcal Disease type B)   |                  |                  |                  |                  |                  |                  |
| Rotavirus   |                  |                  |                  |                  |                  |                  |

|   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| Documentation of Disease Immunity<br>(Health care provider use only)  |                                      |                                      |
| If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.   |                                      |                                      |
| I certify that the child named on this CIS has:<br><input type="checkbox"/> A verified history of varicella (chickenpox) disease.<br><input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below. |                                      |                                      |
| <input type="checkbox"/> Diphtheria   | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hib  | <input type="checkbox"/> Measles     | <input type="checkbox"/> Mumps       |
| <input type="checkbox"/> Rubella  | <input type="checkbox"/> Tetanus     | <input type="checkbox"/> Varicella   |
| <input type="checkbox"/> Polio (all 3 serotypes must show immunity)   |                                      |                                      |
| ▲   |                                      |                                      |
| Licensed Health Care Provider Signature   |                                      |                                      |
| Date  |                                      |                                      |
| ▲   |                                      |                                      |
| Printed Name  |                                      |                                      |

|   |  |
|---|--|
| I certify that the information provided on this form is correct and verifiable.   | Health Care Provider or School Official Name: _____ Signature: _____ |
| If verified by school or child care staff the medical immunization records must be attached to this document. Date: _____ |  |



**Instructions for completing the Certificate of Immunization Status (CIS):** Print the from the Immunization Information System (IIS) or fill it in by hand.

**To print with the immunization information filled in:**

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myr.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

**To fill out the form by hand:**

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

## Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

### Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

| Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine     | Trade Name     | Vaccine            | Trade Name | Vaccine         | Trade Name | Vaccine |
|------------|---------|------------|---------|------------|-------------|----------------|--------------------|------------|-----------------|------------|---------|
| ActHIB     | Hib     | Fluarix    | Flu     | Havrix     | Hep A       | Menveo         | Meningococcal      | Rotarix    | Rotavirus (RV1) |            |         |
| Adacel     | Tdap    | Flucelvax  | Flu     | Hiberix    | Hib         | Pediarix       | DTaP + Hep B + IPV | RotaTeq    | Rotavirus (PV5) |            |         |
| Afluria    | Flu     | FluLaval   | Flu     | HibTTITER  | Hib         | PedvaxHIB      | Hib                | Tenivac    | Td              |            |         |
| Bexsero    | MenB    | FluMist    | Flu     | Ipol       | IPV         | Pentacel       | DTaP + Hib +IPV    | Trumenba   | MenB            |            |         |
| Boostrix   | Tdap    | Fluvirin   | Flu     | Infanrix   | DTaP        | Pneumovax      | PPSV               | Twinrix    | Hep A + Hep B   |            |         |
| Cervarix   | 2vHPV   | Fluzone    | Flu     | Kinrix     | DTaP + IPV  | Prevnar        | PCV                | Vaqta      | Hep A           |            |         |
| Daptacel   | DTaP    | Gardasil   | 4vHPV   | Menactra   | MCV or MCV4 | ProQuad        | MMR + Varicella    | Varivax    | Varicella       |            |         |
| Engerix-B  | Hep B   | Gardasil 9 | 9vHPV   | Menomune   | MPSV4       | Recombiivax HB | Hep B              |            |                 |            |         |

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).





# FFCS International High School Student Tuition Form

2020-2021

1919 SW 25th Avenue • Battle Ground, WA 98604 • Phone: 360-687-8382 • Fax: 360-687-8799 • www.ffcs.org

Student Name: \_\_\_\_\_

## TUITION CALCULATION

|   |                 |
|---|-----------------|
| ISP Registration Fee, non refundable– due at the time of registration | <b>\$400</b>    |
| Technology Fee  | \$100           |
| International Student Tuition   | \$14,270        |
| Host Family Stipend   | \$6,000         |
| <b>Student Total</b>  | <b>\$20,770</b> |

## PAYMENT SCHEDULE FOR ANNUAL TUITION (choose one)

|  |                 |
|--|-----------------|
| <b>1 PAYMENT</b> to be paid by International Wire due by August 10th | <b>\$20,370</b> |
|--|-----------------|

Please request international wire instructions

|   |                 |
|---|-----------------|
| <b>1 PAYMENT</b> to be paid by check from United States bank due by August 10th | <b>\$20,370</b> |
|---|-----------------|

|  |
|--|
| <b>2 INSTALLMENTS</b> to be paid prior to the beginning of each semester |
|--|

|  |                 |
|--|-----------------|
| <b>1st INSTALLMENT</b> due on or before the first day of the fall term | <b>\$10,235</b> |
|--|-----------------|

|  |                 |
|--|-----------------|
| <b>2nd INSTALLMENT</b> due on or before the first day of the spring term | <b>\$10,135</b> |
|--|-----------------|

Students are NOT allowed to begin classes in any term in which their tuition is not yet paid. Once the student has entered his/her first day of class, tuition for that term is NON-REFUNDABLE

I agree to pay tuition on time and in full according to the payment schedule selected. If tuition is not paid, I understand my student will not be allowed to attend Firm Foundation Christian School.

Signature of Person Responsible for Student's Finances

Date



## International Student Program Student Commitment

Below are the rules for all students. Please read them carefully and sign your name after you fully understand and agree to obey these rules.

1. Students must obey the laws of the United States and their home country.
2. Students are not permitted to purchase or drink alcoholic beverages.
3. Students are not permitted to purchase or use tobacco products (cigarettes, chewing tobacco, snuff, etc.).
4. Students are not permitted to possess or use illegal drugs.
5. Students are not permitted to visit such places as drinking establishments, pornographic shops, or adult theaters.
6. Students must not participate in any sexual contact or sexual activity.
7. Students are not permitted to have or use sexually explicit materials (such as books, magazines, comic books, audio tapes, videos, or internet sites).
8. Students may travel with their host families. Any other travel may be done only with clearance from the school administration.
9. Students are not permitted to possess guns of any type.
10. Each student must live with a host family approved by the school. Students cannot change families or schools at will.
11. Students must show respect for their host family and act as a member of the family by following family rules and voluntarily helping with family chores. Students should not discuss their host family's private affairs with others.
12. Students must always be aware of their responsibility as international students and make a determined effort to represent their country in a positive manner.
13. Students must follow school rules, attend school daily, complete all school assignments, and adhere to academic guidelines.
14. Students must show respect for all FFCS faculty and staff and follow their instruction.

Repeated failure to obey any of the above rules may result in disciplinary action.

I have read and fully understand the above rules and agree to obey them. I understand that repeated disobedience may result in dismissal from the International Student Program and from FFCS (Note: Dismissal from the school may result in termination of the visa).

I have read the Student Handbook and I agree to work to establish this type of environment with my school and host family. I understand that failure to do so will jeopardize my student status at Firm Foundation Christian High School.

Student Name (please print) \_\_\_\_\_

Date\_\_\_\_\_

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

Date\_\_\_\_\_

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

Date\_\_\_\_\_



## Statement of Faith

Student Name(s): \_\_\_\_\_

I believe in God the Father Almighty, Maker of heaven and earth.

I believe in Jesus Christ, His only son, our Lord; who was conceived by the Holy Ghost, born of the Virgin Mary; suffered under Pontius Pilate, was crucified, dead, and buried; He descended into hell (Hades); the third day He rose again from the dead; He ascended into heaven and sitteth on the right hand of God the Father almighty; from thence He shall come to judge the quick (living) and the dead.

I believe in the Holy Ghost, the holy Christian Church, the forgiveness of sins, the resurrection of the body, and the life ever lasting. Amen.

(The Apostle's Creed, above, is found in *Luther's Large and Small Catechism* and the *Book of Concord*.)

### ***FOUNDATIONAL BELIEFS AND TEACHINGS***

We believe in the creation of man by the direct act of God (Gen. 1:26-28; Gen. 5:1,2).

We believe that God wonderfully and immutably creates each person as male or female, and those distinct, complimentary genders each and together reflect the image and nature of God. (Gen. 1:26-27.)

We believe in God's covenant of marriage between one man and one woman. We believe God established the family as the primary means by which children will grow in the discipline and instruction of the Lord (Gen. 2:18-25; Deut. 6:4-7; Eph. 6:1-4).

We believe the Bible to be the verbally inspired and only infallible, authoritative, inerrant Word of God (II Tim. 3:16; II Pet. 1:21).

We believe that man is sinful by nature and that regeneration by the Holy Spirit is essential and an absolute necessity for his salvation (Rom. 3:19, 23; John 5:24; Eph. 2:8-19; Titus 3:5,6, John 3:16-19).

***Grace Alone:*** God loves the people of the world, even though they are sinful, rebel against Him and do not deserve His love. He sent Jesus, His Son, to love the unlovable and save the ungodly (Eph. 2:8; Gal. 2:21).

***Faith Alone:*** By his suffering and death as the substitute for all the people of all time, Jesus purchased and won forgiveness and eternal life for them. Those who hear this Good News and believe it have the eternal life it offers. God creates faith in Christ and gives people forgiveness through Him (Rom. 1:17, 3:22a, 3:28, 5:1, 2).

***Scripture Alone:*** The Bible is God's inerrant and infallible Word, in which He reveals His law and His Gospel of Salvation in Jesus Christ. It is the sole rule and norm for Christian believers (Psalm 119:105; II Peter 1:19-21; II Tim. 3:16; Hebrews 4:12).

### ***STATEMENT OF FINAL AUTHORITY ON MATTERS OF FAITH AND CONDUCT***

The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of FFCS's faith, doctrine, practice, policy, and discipline, our board of directors is FFCS's final interpretive authority on the Bible's meaning and application.

I have read, understand, and agree to support the above statement and understand that this is the Statement of Faith adopted for Firm Foundation Christian School.

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





### **International Student Program Parent Commitment**

1. We understand that it is the purpose of FFCS to assist families in developing today's youth into Christian leaders serving in the home, church, and community by providing an education emphasizing academic excellence using a Biblical curriculum.
2. We understand we must report psychiatric counseling, any long-term prescribed program of medication, and involvement with juvenile authorities during the past three years. Failure to do so may be cause for dismissal.
3. We will make our tuition payment and pay any costs above normal school fees, and we will cover the cost of damage to school or personal property that is caused by our student(s).
4. Tuition is due at the time you arrive to the school for the start of classes. Tuition for the year may be paid in its entirety before the first day of classes, or it may be paid in two equal installments with the fall term tuition paid on or before the first day of classes and the spring term tuition paid on or before the first day of classes. Students are NOT allowed to begin classes in any term in which their tuition is not yet paid. Once the student has entered his/her first day of class, tuition for that term is NON-REFUNDABLE.
5. We understand that the school reserves the right to dismiss any student who does not:
  - a. Respect and observe FFCS behavioral standards, and
  - b. Cooperate with our parent/school covenants.
6. We understand students new to FFCS will be allowed to continue in school after the first semester only upon approval from the faculty and administration.

Father Signature\_\_\_\_\_

Date\_\_\_\_\_

Mother Signature\_\_\_\_\_

Date\_\_\_\_\_

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

Date\_\_\_\_\_



**International Student Program  
Parent Authorization, Release Agreement and  
Extra-Curricular Activities Permission**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Address \_\_\_\_\_

City/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

**Host Family Contact**

Contact Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

**Permission to Use Photographs and Video Footage**

We understand that photographs and film and video footage (the images) of current and former FFCS students are occasionally used by FFCS in promotional materials. By signing this Agreement, we grant FFCS the right to use, publish, and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings, and any other still or moving images of the student taken during his/her involvement with FFCS and to use his/her name in this



connection. We understand that if we do not wish the student's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

☐

\_\_\_\_\_ Initial here if you DO NOT give permission for FFCS to use such letters, images, and audio recordings of your child.

#### **Authorization for Emergency Medical Treatment**

Should any medical emergency arise, if time permits, FFCS will communicate with us and request permission for surgery or other necessary treatment; however, if in the sole judgment of FFCS, time and circumstances do not permit communication with us, we authorize FFCS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis, or treatment and hospital care, and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

#### **Authorization for Release of Medical Information**

We hereby authorize FFCS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our child while on the program and any other information concerning such examinations or treatments.

#### **Permission for School Sponsored Activities**

We authorize the host parents for our child during his/her attendance or participation in FFCS programs to execute any authorization required for our child to participate in any school-sponsored activities, events, or programs.

My child has permission to participate and travel with the coach and/or advisor in all supervised extracurricular activities.

#### **School Commitment**

The student fully understands that the FFCS program is school-based and Christian oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, FFCS has the right to deny his/her participation in classes and may be sent home.

#### **Release**

On behalf of ourselves and our child, we hereby release and hold harmless FFCS, its employees, officers, and directors from and against any and all claims, demands, actions, suits, or other liabilities arising out of, or in any way related to our child's attendance at or participation in FFCS or related activities. On behalf of ourselves and our child, we hereby release and hold harmless FFCS, its employees, officers, and directors from and against any and all claims, demands, actions, suits, or other liabilities arising out of, or in any way related to our child residing with and participating in activities of the host family of our child.

#### **Host Family Release**

On behalf of ourselves and our child, we hereby release and hold harmless any host family or our child from and against any and all claims, demands, notices, suits, or other liabilities arising out of, or in any way related to, our child residing with or participating in activities of the host family.

**Agreed and Accepted By:**

\_\_\_\_\_  
(Signature of Parent)                      Date

\_\_\_\_\_  
(Signature of Parent)                      Date

\_\_\_\_\_  
(Signature of Student)                      Date

Student's Birth Date: \_\_\_\_\_



## Discipline Policy (one per family)

Student Name(s): \_\_\_\_\_

### **RULES**

1. *OBEY ALL TEACHERS AND SUPERVISING ADULTS.*
2. *USE BODY, WORDS AND OBJECTS APPROPRIATELY.*
3. *RESPECT OTHERS AND THEIR PROPERTY.*
4. *WORK QUIETLY WITHOUT DISTURBING OTHERS.*
5. *ALWAYS BE PREPARED – COMPLETE ALL ASSIGNMENTS.*

We desire to see an increase of self-motivated servant leaders, whose hard work is marked by joy, fueled by grace, and motivated by love for God and others.

Using the Gospel as the instrument of change, as “the power of God unto salvation to them that believe,” we have created the 4G’s as our school-wide philosophy of discipline.

#### THE GREATEST COMMANDMENT

- *Love GOD (Matt. 22:37,38)*

#### THE GOLDEN RULE

- *Love Others (Matt. 22:39)*

#### THE GOSPEL

- *Freely Forgiven (Romans 5:8)*

#### THE GREAT COMMISSION

- *Point others to Jesus (Matthew 28:18-20)*

### **CONSEQUENCES**

**FIRST INFRACTION:** Student is informed of misbehavior.

**SECOND INFRACTION:** Student is again informed of misbehavior and student will have consequences. Disciplinary action may vary from class to class and are determined by the teacher. Teachers may choose to: 1.) Have student sit/work apart from group/class; 2.) Assign a time-out or recovery; 3.) Take away recess time; 4.) Send student to another class with assignments; 5.) Send student to the office with assignments; and/or 6.) Detention (for 4<sup>th</sup> –12<sup>th</sup> grades only) will be required within one week. Notice may be sent home.

**THIRD INFRACTION:** Student is informed of misbehavior. Parents may be requested to pick up the child for the remainder of the school day or the student may be sent to the office for the remainder of the day with his/her assignments. Student may be given additional assignments regarding proper behavior and/or more detention or in-school suspension. Parents will be contacted by telephone, email, or a note sent home. (Detention will be required the following detention day.) The teacher may require a meeting with parents and students.

**Major offenses such as fighting, harassment, inappropriate language, alcohol, drugs or pornography related issues, disrespect for authority, and/or destruction of property**

**require immediate action and will be handled as follows:**

**The administrator will notify the student's parents by phone.**

**Parents may be required to pick up their child immediately.**

**The student will remain in the office until a parent arrives.**

**Parents need permission from the administrator before student can return to class.**

**Under certain circumstances, suspension, probation, and/or expulsion may be necessary.**

All school rules apply on all field trips and on all school-sponsored events on the school campus and away from it.

Major discipline problems are defined as those which cause substantial disruption and/or illegal disruption of the educational process at FFCS, those which endanger the safety and wellbeing of another, or those that are illegal and/or electronic in nature off-campus any time or day of the week. They could be grounds for suspension or expulsion even for a first offense.

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



**International Student Program  
Host Family Authorization and Release Agreement**

---

|                                     |              |      |
|-------------------------------------|--------------|------|
| Student's Name (Last, First Middle) | Home Country | Date |
|-------------------------------------|--------------|------|

**Permission to Use Photographs and Video Footage**

We understand that photographs and film and video footage (the images) of current and former FFCS students are occasionally used by FFCS in promotional materials. By signing this Agreement, we grant FFCS the right to use, publish, and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings, and any other still or moving images of the student taken during his/her involvement with FFCS and to use his/her name in this connection. We understand that if we do not wish the student's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

☐

\_\_\_\_\_ Initial here if you DO NOT give permission for FFCS to use such letters, images, and audio recordings of your exchange student.

**Authorization for Emergency Medical Treatment**

Should any medical emergency arise, if time permits, FFCS will communicate with us and request permission for surgery or other necessary treatment; however, if in the sole judgment of FFCS, time and circumstances do not permit communication with us, we authorize FFCS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis, or treatment and hospital care, and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government authorities may require certain vaccinations in order for our exchange student to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

**Authorization for Release of Medical Information**

We hereby authorize FFCS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our exchange student while on the program and any other information concerning such examinations or treatments.

**School Commitment**

The student fully understands that the FFCS program is school-based and Christian oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, FFCS has the right to deny his/her participation in classes and may be sent home.

**Release**

We hereby release and hold harmless FFCS, its employees, officers, and directors from and against any and all claims, demands, actions, suits, or other liabilities arising out of, or in any way related to our exchange student's attendance at or participation in FFCS or related activities. We hereby release and hold harmless FFCS, its employees, officers, and directors from and against any and all claims, demands, actions, suits, or other liabilities arising out of, or in any way related to the exchange student residing with us or participating in activities of the host family.

**Agreed and Accepted By:**

---

(Signature of Host Parent)      Date

---

(Signature of Host Parent)      Date

---

(Signature of Student)      Date

Student's Birth Date: \_\_\_\_\_