

EXCHANGE STUDENTS (F-1) ENROLLMENT FORM SUMMIT CHRISTIAN ACADEMY

Exchange students (F-1), who are ready (proficient in English) to transition into standard classes are welcome to apply for admission to Summit Christian Academy (SCA). SCA is a multicultural school, offers college preparatory academics in high school, including Advanced Placement (AP) courses, Dual Enrollment (DE) courses, and a well-rounded approach to education including sports, arts, and music. **SCA issues I-20 status to students who meet SCA general admissions requirements.**

Step 1 – PREPARE DOCUMENTATION

1. Download the SCA Exchange Student Enrollment Form; visit the [Exchange Student page](#) on SCA's website and click the blue "Initial Application" button on the bottom of the page.
2. Fill out the Exchange Student Application. Please read all directions on each page carefully before completing the forms. Your application must be legible, using proper grammar and spelling, and written in English. Answer all questions completely; do not simply write "same" or "see above" or "see previous."
 - a. Check for completion and obtain all necessary signatures. *Incomplete applications cannot be processed.*
 - b. Include the following:
 - i. Documentation that indicates the student's academic abilities
 - ii. Transcripts for the past two years or all high school years (*translated into English*)
 - iii. A certificate of immunization
 - iv. A physical examination signed by the doctor
 - v. A photocopy of the student's valid passport
3. Pay a non-refundable application fee of \$500 (schedule auto-withdrawal with SCA's accountant or money transfer via Western Union). Email accountant@ncek12.com if you have questions.
4. Convert the application into a PDF file, and email the completed form to summitacademy@ncek12.com.

Step 2 - ADMISSIONS PROCESS

After being accepted into SCA's Exchange Program, the following items are required to complete the I-20 process:

1. Email to summitacademy@ncek12.com:
 - a. A copy of the parent's passport or other legal documents showing the parent's relationship with the student.
 - b. The host family's contact information, address, and a photocopy of a driver's license of an adult member of the host family. This is *applicable only if the host family information is available.*
 - c. The Guardianship Agreement and Consent Forms completed by the legal parent(s) or the appointed guardian(s).
 - d. At least five color photographs of the student (family, vacation, sports, hobbies, etc.).
2. Read, understand, and agree with SCA's policies as indicated in Family Handbook and F-1 Student Guide, both of which can be found on the left menu on the [Exchange Students page](#).
3. If SCA accepts the student and issues the I-20, the student will need to pay the SEVIS I-901 fee before applying for a visa or filing for a change of status. For more information go to <http://www.ice.gov/sevis/students/>.

Step 3 – Complete Governmental Documentation and Pay the Tuition Fee.

The Immigration and Naturalization Service form I-20 A-B/ID (Certificate of Eligibility for Nonimmigrant (F-1) Student Status – for Academic and Language Students) is the student's proof that they are allowed to study in the United States as an F-1 student. The student takes the I-20 A-B/ID to a United States consulate to obtain a student visa.

When the student arrives in the United States, they should receive a Form I-94 (Arrival-Departure Record) that will include their admission number to the United States. An Immigration Inspector will write this admission number on the USCIS Form I-20 A-B/ID. The Immigration Inspector will then send pages one and two of this form, known as I-20 A-B, to SCA as a record of the student's legal admission to the United States. The student is expected to keep pages three and four, known as the I-20 ID. The I-20 ID document is the student's proof that they are allowed to study in the United States as an F-1 student. **The Form I-94 is to be kept safe by the student since it is the student's legal proof that they entered the United States legally.**

Within the first 15 days of entering the United States, the student must present their passport, the valid F-1 entry visa stamped in the passport (if necessary), and the USCIS Form I-94 to SCA Official. SCA will make photocopies of the documents and update USCIS records. **The student's family must pay the tuition and the Exchange Student Fee before the first day of class.** The tuition information is posted at <http://www.ncek12.com> under the Exchange Student Program.

EXCHANGE STUDENT INFORMATION

Please fill out each section legibly.

What grade the student will enter at SCA? Please circle one: 6 7 8 9 10 11 12

Full Legal Name as It Appears on the Student's Passport (Last Name, First Name, Middle Name)

Nickname or English Name _____

Gender (Please circle one): Male Female Date of Birth (Month/Day/Year) ___ / ___ / ___

Place of Birth _____ Country of Citizenship _____

Student's e-mail _____

Contact, provide at least one: Cell phone _____ Viber _____ WhatsApp _____ FB _____

Passport number _____ Place of Issue _____

Date of Issue _____ Date of Expiration _____

Home Country Mailing Address:

Address. _____

City _____ State/Province _____

Postal Code _____ Country _____

Current Address (if different than home country mailing address):

Address. _____

City _____ State/Province _____

Postal Code _____ Country _____

School Presently Attending _____

City _____ State _____

Current Grade Level (Please circle one) 6 7 8 9 10 11 12 Private or Public _____

Religious Affiliation (if any) _____

EDUCATIONAL HISTORY

Please attach a report card (for grades 6-8) or a transcript (for students in grades 9-12). Transcripts must be translated into English.

Is English your first language? ___ Yes ___ No.

If no, please write your native language: _____

Did you take TOEFL, ITEP, or a PSAT test, or do you plan to take one of these tests? _____

If yes, what is your best score? _____ (attach the results, if available)

What school subjects do you like best? _____

What school subjects do you like least? _____

What are your academic strengths? _____

What are your academic weaknesses? _____

Have you ever received special help in any academic area, such as tutoring? Yes ___ No ___ If yes, which areas? Please circle.

Reading/Phonics

Math

Speech

Tutoring

Other _____

On average, how many hours each school day do you spend on homework _____

On average, how many hours each school day do you spend watching TV or playing computer games? _____

What special awards or honors, if any, have you received in the last 1-2 years? _____

What do you plan to do after you graduate from high school? _____

Have you ever received disciplinary actions at school? Yes ___ No ___

School suspension? Yes ___ No ___ Asked to withdraw by your school? Yes ___ No ___ Expelled? Yes ___ No ___

If yes, please share with us information about these discipline matters:

Have you ever had an incident with the law and/or do you have a police record? ___ Yes ___ No

If yes, please explain: _____

Describe your contact with alcohol, drugs, and tobacco. What do you think about their use?

At SCA all students are to refrain from the use of tobacco, alcoholic beverages, and narcotics AT ALL TIMES, INCLUDING NON-SCHOOL HOURS. Violations of these standards shall constitute grounds for immediate dismissal from SCA.

Sign here that you understand the statement above: _____

Tell us about you religious beliefs and background: _____

Describe your feelings about participating in Christian church activities with your host family: _____

Briefly give your reasons for wanting to study at SCA: _____

Describe your relationship with your parents and siblings: _____

Describe your past experiences living away from your biological parents: _____

List the household tasks for which you are responsible at home: _____

Describe what you specifically hope to accomplish as an exchange student, both during your time abroad and when you return home. (Ex: Do you have any specific hopes or expectations?)

Describe how you will share your culture with your host family and SCA. (Ex: How will your host family and school be enriched by welcoming you as an exchange student?)

WRITE A TWO - THREE PAGE ESSAY. We would like to know how well you can organize your thoughts and express them in English, while you tell us a little more about yourself. Please neatly write your essay on separate sheets of paper; **typed essays will not be accepted.** You must hand write the essay by yourself, with no help from parents, tutors, or anyone else. Answer both of the following topics: (1) Describe two or three experiences from your life that have helped shape you into the person you are (for example family experiences, activities, interests, hobbies, places you have visited, or service to others). (2) Describe some of your central beliefs about God and especially your views about the life and teachings of Jesus Christ as found in the Bible. (3) Describe how, if at all, your beliefs affect your daily life. Finally, (4) discuss your thoughts about being educated in a school where Bible classes and weekly religious assemblies are a part of the school curriculum. (*Attach the complete essay to the application*).

PHOTO/VIDEO RELEASE

I/We, _____, hereby grant permission for SCA Publications to photograph / videotape my child for possible use in school related projects only. In addition, I grant SCA and its employees, agents, successors, licensees, and assignees the right to adjust the image of my son or daughter as needed on photographs / videos; to crop such photographs at their discretion; to incorporate such photographs at their discretion; and to use such photographs or videos or any portion thereof in any manner, including posting on the SCA website as a part of or connected with the above projects, including school promotional materials.

I agree to hold SCA and its employees, agents, successors, licensees, and assignees harmless against any liability, loss, or damage resulting from the use of my child's image, and I hereby release and discharge any claims whatsoever in connection with such use of my child's image in the above projects.

I understand that my child's name will not appear in connection with any photographs or videos containing their image that may be used in the above projects.

I am signing this release freely and voluntarily, and I am not relying on any inducements, promises, or representations made by SCA or its subcontractors, employees, or agents.

Parent (1) Signature _____ Date: _____

Parent (2) Signature _____ Date: _____

FIELD TRIP – GENERAL WAIVER

I/We hereby certify that my child _____ has permission to participate in field trips that are part of school curriculum.

I/We hereby release and discharge any teacher, employee, or other person engaged in the activity herein above-described, from all claims, present and future, known or unknown, in any manner arising out of the school field trip activities. I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the above-described activity harmless from any and all liability relating to my child for any and all personal injury or illness that may be suffered by my child, and further, I agree to hold them harmless from any loss of property by my child that may occur during field trip activities.

It is understood that no child will be allowed to participate in field trip activities until this form is signed by parents and/or guardians.

Parent (1) Signature _____ Date: _____

Parent (2) Signature _____ Date: _____

MEDICAL HISTORY

Please check and explain any of the following conditions which you feel might affect school performance or require special management at school.

<input type="checkbox"/> Allergies (bee sting/medication/other)
<input type="checkbox"/> Medication being taken
<input type="checkbox"/> Contact lenses or eye glasses
<input type="checkbox"/> Asthma
<input type="checkbox"/> Heart disease
<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Epilepsy

<input type="checkbox"/> Convulsions
<input type="checkbox"/> Blood disease
<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Hearing loss
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Other

Has your child been under a doctor's care for health or psychological conditions? ____ Yes ____ No

If yes, please explain: _____

Food Allergies

____ Yes ____ No Milk

____ Yes ____ No Peanuts

____ Yes ____ No Other, please explain: _____

If the student has any physical handicap which would limit, in any way, participation in the full range of normal activities, or if the applicant has any recent serious physical or emotional illness, please explain.

Insurance Information (if available):

Medical Insurer/Health Plan: _____ Policy # _____

Doctor Full Name _____ Phone # _____

Include a copy of your child's medical insurance, recent physical examination, and immunization records all translated into English.

Parent (1) Signature _____ Date: _____

Parent (2) Signature _____ Date: _____

AUTHORIZATION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

Please read carefully. Sign and date below where indicated.

I/We, the undersigned parents (hereafter parents) of _____ (the student), hereby authorize the release of medical and dental information in the course of the examinations by the physician and the dentist. We, the parents, who have the sole and legal right to make the decisions on the health and care of the student, do release from liability and grant permission as noted of the following while they are in the United States as an exchange student attending Summit Christian Academy (hereafter SCA):

- In the event of an accident or sickness, we authorize any SCA staff and/or the host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- I/We hereby authorize and consent to any X-ray examination, administration of anesthetic, blood transfusion, surgical operation, or any other medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed by the state of treatment and/or the provisions of the Medical Treatment Act, or a dentist licensed by the state of treatment and/or under the provisions of the Dental Treatment Act, or staff of any acute general hospital holding a current license to operate a hospital.
- I/We further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by my/our son/daughter for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- Permission is granted for any additional immunizations that may be required per school and state regulations.
- It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power to render care which the aforementioned physician or dentist in the exercise of their best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. In the case of elective surgery, we request that we be notified and our permission obtained before such arrangements are made.
- I/We agree to hold harmless and release from all liability SCA and all staff or all members of the host family for any intervention in an emergency situation regardless of final outcome. We agree to assume all financial obligations beyond those covered by health, accident, and sickness insurance for any medical treatment rendered.

Father's Name (please print) _____

Signature (mandatory) _____ Date _____

Address—Street _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone number to call in case of emergency _____

Mother's name (please print) _____

Signature (mandatory) _____ Date _____

Address—Street (if different from father) _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone number to call in case of emergency _____

PARENT'S INFORMATION

FULL NAME OF FATHER _____

If same address as student's, check here _____

Address Street/Apt. _____

City _____ State/Province _____

Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____ Employer _____

Occupation _____ Business Phone _____

What is your level of English? ___ Fluent ___ Moderate ___ Low ___ None

FULL NAME OF MOTHER _____

If same address as student's, check here _____

Address Street/Apt. _____

City _____ State/Province _____

Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____ Employer _____

Occupation _____ Business Phone _____

What is your level of English? ___ Fluent ___ Moderate ___ Low ___ None

___ Check here if parents are divorced or separated. Authorizations must be obtained from all parents and others who have legal rights to make decisions affecting the student.

Parent to contact first in the event of an emergency: _____

Do you know of anyone in the US that we can contact in case of an emergency? ___ Yes ___ No

If yes, please list their name, address and phone number _____

List any other children (Name, Age, Grade, School Attending)

Tell us about the family's religious beliefs and background.

Explain why you want your child to study abroad.

Do you have concerns with any of Summit Christian Academy's expectations concerning student conduct and discipline? Please explain so we can address them for you.

Parents' statement *(write neatly):*

Please provide a handwritten statement and include the following:

- 1) Discuss any spiritual goals you might have for your child
- 2) Comment on your desire for your child to receive a formal education that is based on Christian values as found in the Bible and reflected in the life and teachings of Jesus Christ.

Attach the handwritten statement to the application.

Do you affirm that you and your student will actively live out these standards? _____ (initial here)

PARENTS AGREEMENT

Parents, please read carefully. Then sign and date below where indicated.

In the city of _____, country of _____,

on the _____ day of _____ in the year 20_____,

I/We, the undersigned parents (hereafter parents) of _____, agree that if my/our child is accepted for enrollment by Summit Christian Academy (hereafter SCA), my/our child is permitted to travel to the host country, live with an approved host family, and attend SCA for the length of time agreed upon by me/us, my/our child, and SCA.

I/We hereby state that we have read and understood SCA campus and Exchange Student Program rules and conditions. Should my/our son/daughter be admitted to and enrolled in SCA, I/we agree to abide by all SCA rules, conditions, and decisions throughout the duration of their enrollment in SCA. I/We understand that while our son/daughter is a student in SCA their activities will be under the authority of SCA. Therefore, I/we understand that I/we cannot authorize my/our son/daughter to engage in an activity or activities without SCA's approval. I/We also agree that any relatives we may have in the host country will have no authority over them while they are a student in SCA.

I/We attest that our child is of good health and character, understands the important role of an exchange student, and will, to the best of their ability, maintain the high standards required of an exchange student should they be chosen to represent their family, school, community, state/province, and country. We further state that all the material contained in this application and in the attached documents is true and accurate to the best of my/our knowledge.

Father's Name (please print) _____

Signature _____ Date _____

Mother's Name (please print) _____

Signature _____ Date _____

LIABILITY RELEASE

Parents, please read carefully. Then sign and date below where indicated.

In consideration of the acceptance and enrollment of the student in Summit Christian Academy (hereafter SCA), I/we, the undersigned parents of the student, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host family parents and members of their families and SCA and its employees, agents, officers, and directors from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting intentional conduct, of any such persons or entities, which may be suffered or claimed by such student, parent, or legal guardian during, or as a result of, the student's enrollment in SCA, including travel to and from the host country.

I/We understand that the student will be subject to the authorities and teachers of SCA, and that they will have to follow the rules given by their host family. I/We also understand that SCA reserves the right to terminate the enrollment of any student whose conduct may be considered detrimental or incompatible with the interests and security of SCA and its Exchange Student Program. I/We understand that if this occurs, any refund will be at the discretion of SCA.

Father's Name (please print) _____

Signature _____ Date _____

Mother's Name (please print) _____

Signature _____ Date _____

STUDENT AGREEMENT

Student, please read carefully, then sign, and date below where indicated.

In the city of _____,

on the _____ day of _____ in the year 20_____

I _____, the student, agree that if I am accepted by Summit Christian Academy (hereafter SCA) for enrollment, I will travel to the host country, live with an approved host family, and attend SCA for the length of time agreed upon by me, my parents/guardians, and SCA.

I hereby state that I have read and understood the SCA campus and Exchange Student Program policies and conditions. Should I, as a student, be admitted to and enrolled in SCA, I agree to abide by all SCA and exchange student rules, conditions, and decisions throughout the duration of my enrollment in SCA. I understand that while a student in SCA my activities are under the authority of SCA. Therefore, my parents cannot authorize me to engage in an activity or activities without SCA's approval. I also understand that any relatives that I may have in the host country will have no authority over me while I am a student in SCA.

I attest that I am of good health and character, I understand the important role of an exchange student, and I will, to the best of my ability, maintain the high standards required of an exchange student should I be chosen to represent my family, school, community, state/province, and country. I further state that all the material contained in this application is true and accurate to the best of my knowledge.

Student's Name (please print) _____

Signature _____ Date _____

STUDENT LIABILITY RELEASE

Student, please read carefully, then sign, and date below where indicated.

In consideration of my acceptance by and participation in Summit Christian Academy (hereafter SCA), I, the student to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents, members of their families, SCA and its employees, agents, officers, and directors from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting intentional conduct, of any such persons or entities, which may be suffered or claimed by me during, or as a result of, my enrollment in SCA, including travel to and from the host country.

I understand that I will be subject to the authorities and teachers of SCA, and that I will have to follow the rules given by my host family. I also understand that SCA reserves the right to terminate my enrollment in SCA if my conduct is considered to be detrimental or incompatible with the interest and security of SCA and its Exchange Student Program. I understand that if this occurs, any refund will be at the discretion of SCA.

Student's Name (please print) _____

Signature _____ Date _____

PASTOR/CLERGY RECOMMENDATION FORM

(Student Name)

has applied for admission to Summit Christian Academy.

We would welcome any comments or insights you have regarding his or her character and spiritual life. We have found a pastor's/clergy perspective quite valuable in getting to know an applicant better and helping us to determine if SCA is an appropriate placement. Thank you for your effort.

In what capacity and for how long have you known the applicant?

Please comment on the applicant's involvement in your church or congregation.

On average, how many times during a month does this applicant participate in church or congregationally-related services or activities?

In what congregationally-related activities is this applicant typically involved?

What involvement, if any, have you observed on the part of this applicant's parent(s) or guardian with your church or congregation?

Please share with us any specific concerns or highlights you have on the character of this applicant.

Please comment on the parents' commitment to Christ.

Please comment on the student's commitment to Christ.

Name of your Church or Congregation _____

E-mail _____

Pastor's/Clergy Full Name _____

Signature _____ Date _____

Please scan and email the completed form to summitacademy@ncek12.com.

EDUCATOR'S RECOMMENDATION FORM

_____ has applied for admission to Summit Christian Academy.
Student's full name and grade entering

Your candid estimate of this student's academic performance, intellectual promise, and character will help us in our admissions process. Thank you for your help. Please return this form to our office at your earliest convenience.

Educator's Name _____ Date _____

Summit Christian Academy is a nondenominational, private Christian school for grades K-12 offering an intellectually challenging curriculum. SCA values academic potential and achievement as well as creativity, strong motivation, and respect for others.

Please note: Although rarely requested, parents/guardians have the legal right to view their student's file.

Would you like us to call you for further information regarding this applicant? ___ Yes ___ No.

E-mail _____

Educator's Name _____

How long have you known the applicant? _____

Title of course(s) you taught the applicant.

School in what grade(s) did you teach the applicant?

Please explain the applicant's ability to successfully handle a comprehensive course of study.

In comparison to other students the same age, how do you regard the applicant in the following?

Academics (circle one) Below Average Average Good Excellent

Character (circle one) Below Average Average Good Excellent

Please write an appraisal of this applicant's personal character, relative maturity, independence, special talents, reliability, and personal interests.

Signature _____ Date _____

Please scan and email the completed for summitacademy@ncek12.com.

FINANCIAL DISCLOSURE STATEMENT

(Filled out by student's sponsor, parent, or guardian)

Student Full Name _____

1. If your country has currency restrictions that limit the amount of money that may be released to you each year in U. S. dollars, please state the amount and for what period of time.

2. What is the current official rate of exchange for U.S. dollars in your country? \$1 (U.S.) = _____

3. How many years is the student guaranteed your financial support to attend Summit Christian Academy?

___1 years ___2 years ___3 years ___4 years

Note. Unless you can show full financial support for all years of attendance, no I-20 form will be issued.

4. Indicate below in U.S. dollars the amount of money that will be available for your student's tuition and living expenses and provide the appropriate supporting documents. You must show a source of full financial support for all years of attendance. I-20 form will be issued only when you show satisfactory financial arrangements for meeting the expenses of the student's entire program of study.

Source of Funds	Year 1	Year 2	Year 3	Year 4
Family / Guardian Support				
Family / Guardian Savings (attach statement of account from bank)				
Family / Guardian Salary (attach a salary statement from employer)				
Other Income (attach documentation)				
Student Support				
Personal Savings (attach statement of account from bank)				
Other Income (attach documentation)				
Other Support Type and Source				
Attach a letter from the person or organization giving the details of their support				
Totals				
Totals for each year of attendance must equal the estimate for tuition and expenses.				

BANK'S OFFICIAL CERTIFICATION

This is to certify that I have read the information furnished by the applicant on this form, that the sponsor has sufficient funds to provide the promised amount, and that the funds are available. This does not constitute a guarantee on the part of the bank.

Bank Official's Name _____

Signature _____

Name of Bank _____

Address of Bank _____

