

# APPLICATION PROCESS

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The Heritage Christian Academy International Program accepts students working with agencies as well as direct placement students. Since we accept a limited number of international students and admission to HCA is highly competitive, prompt submission of enrollment paperwork is recommended.

To begin the application process, please complete and return the following forms:

- Application
- Signed Statement of Faith
- Signed Guidelines Agreement
- Student Questionnaire
- Official Transcript and English Translation of Academic Transcript
- Medical Information Form and Record of Immunizations

Additional items to complete the application process:

- \$400 Application Fee at [www.flywire.com/pay/heritage](http://www.flywire.com/pay/heritage) or US check or credit card (extra 2.9%)
- Copy of Passport
- Copy of current bank statement in USD (required for I-20)
- iTEP Slate Plus or TOEFL Jr scores
- Parent Letter

- Upon receipt of the above forms and fee, I will send for the Teacher Recommendations and Character Reference
- Once all of these materials have been received and reviewed, I will contact you to schedule a WeChat or Skype interview with your student.
- Please note that your application and nonrefundable application fee reserve a place for your student, however, they are not officially enrolled until the process is completed and you have received a letter of acceptance.

Questions: Feel free to contact me at [terri.fraser@hcakc.org](mailto:terri.fraser@hcakc.org).

# HERITAGE CHRISTIAN ACADEMY



## INTERNATIONAL STUDENT APPLICATION

16000 S. Black Bob Rd.

Olathe, KS 66062

Administrative Offices: Phone 913-782-3262 Fax 913-397-0804

*This school is  
authorized under  
Federal law to enroll  
nonimmigrant students*

Applicant's Name (as shown on passport) \_\_\_\_\_

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_ Grade to Enter \_\_\_\_\_

Home or Mailing Address \_\_\_\_\_  
Street city

Province Postal code country

Home Phone # \_\_\_\_\_ Skype or WeChat username \_\_\_\_\_

Applicant's City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country Issuing Passport \_\_\_\_\_

Does the student have U.S. citizenship and/or dual citizenship? If so, please provide documentation.

Please check which of the following best describes what the applicant hopes to accomplish while attending Heritage Christian Academy:

High School Diploma    Cultural Experience    Language Acquisition    College Preparation

Is applicant considering attending a U.S. school more than one year?    Yes    No

Referred to Heritage Christian Academy by: \_\_\_\_\_

Character reference name and email address

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Describe the student's current school experience (lives at home and attends local school, attends a boarding school, lives with a family member in another city, or other).

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Has applicant received any other special help or tutoring? If yes, explain.

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Has the applicant ever failed a grade? \_\_\_\_\_

Has the applicant ever been suspended, expelled, or disciplined beyond the ordinary? If yes, explain.

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Has the applicant ever had or been recommended to have counseling? If so, for what purpose?

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Are there any special family problems or circumstances that we should know about in order to best serve you and your child?

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Name of Brothers and Sisters

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your reason for selecting this school? Please attach a parent letter including what goals you have for your child during his/her schooling: Describe your child and how we can best help him/her be successful.

# PARENT/GUARDIAN INFORMATION

Full Name:

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**Father/Guardian**

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Full Mailing Address (Important for I-20)

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WeChat or Skype ID

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Phone # (Cell)

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Email address for school communication

Married     Separated     Divorced

Widowed     Remarried

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Employer's Name

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Position Title

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Religious affiliation?

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**Mother/Guardian**

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Full Mailing Address (Important for I-20)

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WeChat or Skype ID

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Phone # (Cell)

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Email address for school communication

Married     Separated     Divorced

Widowed     Remarried

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Employer's Name

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Position Title

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Religious affiliation?

# HERITAGE CHRISTIAN ACADEMY STATEMENT OF FAITH

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Heritage Christian Academy believes the following precepts that are basic to the Christian faith.

- In the unity of God existing in three persons, the Father, the Son, and the Holy Spirit. God is the Creator, King, Ruler and Sustainer of all things.
- In the divine inspiration and inerrancy of Scripture in all of its parts and teachings. It is the supreme authority over every area of our lives as individuals and as a church.
- In man and woman as created in the image of God, in high dignity, yet now under God's condemnation for their rebellion against His good and just authority. Since the Fall, we are guilty of and polluted by sin, which as affected us spiritually, intellectually, psychologically, socially and physically.
- In Jesus Christ, the eternal Son of God, who became fully human in order to live a sinless life and die a painful death in our place. Through His life, death, and bodily resurrection, He accomplished a decisive victory over sin and established His Kingdom among us.
- In the necessity of the work of the Holy Spirit to make the work of Christ effective in the life of His elect. The Spirit grants us repentance toward God and faith in Jesus Christ. We can escape the penalty and power of sin through faith in Christ alone, and not through any goodness or moral effort of our own.
- In the bodily resurrection and the personal and triumphant return of Jesus Christ to earth for final judgment and the consummation of His Kingdom.

I/We, \_\_\_\_\_, as the parent of \_\_\_\_\_ have read the above Statement of Faith and understand that my/our child will be taught from a Christian worldview while a student at Heritage Christian Academy.

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Signature of Parent

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Date

Heritage Christian Academy admits students of any sex, race, color or national and ethnic origins to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color sex or national and ethnic origin in administration of its educational policies, admission policies, athletic and other school administered programs.

# GUIDELINES AGREEMENT

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Please read and initial your agreement with the following rules and guidelines:

Student  Parent

**School:**

Student may take part in all routine school activities, including sports and school-sponsored trips (any exceptions should be listed on the medical form).

A 70% or higher in each class is required; failure to do so may require hiring a private tutor at the student's expense and / or academic probation with possible dismissal if the student does not show progress.

Any course outside of HCA classes taken during the school year must have approval of the director.

Student agrees to follow all rules as set forth in the HCA Student Handbook and Code of Conduct.

Student  Parent

**Host:**

Obey all house rules; take part in family activities; and demonstrate respect, care, and understanding to the host family at all times; recurring issues or failure to follow the rules may become reason for dismissal from the program.

Purchases made online must have prior approval from the host parent.

Homestay will not be available during the 2-week winter break, student families will need to make alternative arrangements for their student and provide all details to director prior to October 15.

If relocation to another host family is needed, either temporary or permanent, the student will cooperate with the director.

Student  Parent

**Travel and visits:**

Visits from the natural parents, family, and/or friends can be disruptive to the adjustment process, the director must pre-approve visits during the school semester.

Travel within the United States requires permission and written authorization of the natural parents, host parents, and the director.

Student  Parent

**Financial responsibility:**

Tuition for the school year is due by July 15 or earlier.

Student is responsible for spending money to cover all personal expenses, including cell phone related costs and fees.

Student agrees to never borrow money from another student or host family member.

All domestic and international transportation costs including additional fees associated with luggage and unaccompanied minor tickets will be paid by student.

Student  Parent

**Electronics:**

Students must have a cell phone (6th-12 grades) and laptop, iPad or Chromebook (9th-12th grades).

The use of cell phones, computers, iPads or any other electronic device is a privilege, not a right, and must connect to internet via host family or school provided router and ISP. The use of VPN's, hotspots or other non-approved connections are prohibited. Bypassing school or host provided internet, or the use of electronic devices for questionable, prohibited or inappropriate behavior, will be considered serious and may result in consequences as deemed necessary by the school or program director.

The primary use of electronics is for academic purposes. If it is determined that the use of electronics is interfering with academic or English acquisition progress, cultural adaptation, and/or face-to-face social connections, consequences may include temporary confiscation and/or limited use.

Electronics must be set to English language settings, and passwords provided to host parents. Electronics are not to be used behind closed doors in host homes, and must be checked in to hosts at night.

Since technology constantly changes, the director has the right to modify or add restrictions, to maintain the integrity and purpose of the program.

Student  Parent

**Medical and immunizations:**

Medical insurance is required for attendance, HCA will purchase insurance unless other proof of insurance is provided prior to July 15; students are responsible for medical bills including co-payment and medication. Insurance coverage excludes pre-existing conditions, medication, dental and medical equipment.

Proof of immunizations is required; students will receive missing vaccines, and pay at their own expense.

Student  Parent

**Early termination:**

Immediate dismissal for participating in any illegal activities including drinking or purchasing alcoholic beverages and/or tobacco products, buying, selling, possessing, or using illegal drugs, committing or taking part in an act or threat of violence against another person or property, shoplifting or theft, sexual immorality including sexual relations of any kind outside of marriage; or accessing or downloading pornography in any form.

False information or failure to disclose academic, medical, behavioral, or emotional problems during the application process may result in dismissal.

Progress, adaption, effort, behavior, attitude, and attendance will be evaluated after first semester and the end of the school year. HCA is not obligated to allow students to continue.

No refunds are given to students who are dismissed or expelled during the school year.

Student  Parent

**Other:**

Serious dating relationships, in-person or online, are not permitted; socializing in groups is encouraged.

Acquiring tattoos and body piercings is prohibited.







# STUDENT QUESTIONNAIRE

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The answers in this section must originate from the student in his/her own writing. No other party may generate responses on behalf of the student.

## U.S. EXPERIENCE

Why do you want to live and study in the United States? Please check all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Grow Personally              | <input type="checkbox"/> Become more independent          | <input type="checkbox"/> Academics        |
| <input type="checkbox"/> Spiritual growth             | <input type="checkbox"/> Explore a new culture            | <input type="checkbox"/> For fun          |
| <input type="checkbox"/> Increase English proficiency | <input type="checkbox"/> Participate in school activities | <input type="checkbox"/> Form friendships |
| <input type="checkbox"/> Prepare for college          | <input type="checkbox"/> Experience American life         |   |
| <input type="checkbox"/> Discover new places          | <input type="checkbox"/>                                  |   |

Other \_\_\_\_\_

How do you hope to benefit from your experience in the United States?

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What would you say is your primary reason for studying abroad?

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Have you ever traveled to the United States or other countries? If so, please explain.

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**FAMILY**

How would you describe your family?

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Describe your relationship with your family members:

Father

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Mother

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Brother(s)

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Sister(s)

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How would your family describe you?

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Describe your daily routine with your family and include what you do on weekends:

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## **PERSONALITY**

Check the traits that best describe your personality.

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Active        | <input type="checkbox"/> Friendly    | <input type="checkbox"/> Pessimistic    | <input type="checkbox"/> Shy           |
| <input type="checkbox"/> Adaptable     | <input type="checkbox"/> Independent | <input type="checkbox"/> Polite         | <input type="checkbox"/> Sincere       |
| <input type="checkbox"/> Bright        | <input type="checkbox"/> Kind        | <input type="checkbox"/> Rebel          | <input type="checkbox"/> Smiling       |
| <input type="checkbox"/> Calm          | <input type="checkbox"/> Lazy        | <input type="checkbox"/> Reliable       | <input type="checkbox"/> Studious      |
| <input type="checkbox"/> Cheerful      | <input type="checkbox"/> Mature      | <input type="checkbox"/> Respectful     | <input type="checkbox"/> Talkative     |
| <input type="checkbox"/> Critical      | <input type="checkbox"/> Motivated   | <input type="checkbox"/> Responsible    | <input type="checkbox"/> Well-mannered |
| <input type="checkbox"/> Communicative | <input type="checkbox"/> Open-minded | <input type="checkbox"/> Selfish        |  |
| <input type="checkbox"/> Considerate   | <input type="checkbox"/> Optimistic  | <input type="checkbox"/> Sense of humor |  |
| <input type="checkbox"/> Emotional     | <input type="checkbox"/> Organized   | <input type="checkbox"/> Sensitive      |  |
| <input type="checkbox"/> Extroverted   | <input type="checkbox"/> Patient     | <input type="checkbox"/> Serious        |  |

Describe two strengths and two weaknesses:

Strengths:

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Weaknesses:

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What is your favorite thing to do?

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Describe an important life lesson you have learned in the past few years and explain how it has affected you.

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Describe your use of electronics (texting, gaming, videogames, email). Include how many hours a day you usually use electronics.

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**ACADEMICS**

What is your current grade level in school?

- 5<sup>th</sup>     6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>     9<sup>th</sup>     10<sup>th</sup>     11<sup>th</sup>     12<sup>th</sup>

How many hours a day do you attend school? \_\_\_\_\_

How many hours per day do you spend completing homework and studying? \_\_\_\_\_

What achievements have you accomplished in the last three years (include any special awards; ie., music, academic, sports etc.)

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What subjects are the most challenging for you? Do you feel a need for special tutoring in these subjects?

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Have you had a school year that was especially difficult? If so, please explain.

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In what school activities do you participate?

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How would you contribute to HCA?

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## **CULTURE**

In the following areas, what are your major concerns regarding your stay in the U.S.?

The Host Family

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Community

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High School

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What do you expect from a host family?

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A host family will open their home to you and invite you to be part of their family. Building trust with your host family requires a lot of communication, honesty, and respect for the House Rules. What will you do to build a relationship with this family?

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You may come from a family that does not have a lot of rules. How will you handle new rules that you are not accustomed to and may not like?

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How do you feel about pets in the home?

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How do you feel about sharing a bedroom?

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In order to fully adapt to the school, host family, and culture and to be successful in English acquisition, you will need to limit your contact with family and friends to once a week. Why do you think you are prepared to do this?

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Describe two similarities and two differences between your country and the United States.

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As an ambassador of your country, what would you like to share about your culture with HCA students and families?

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What are some concerns you have about living in another country with different customs?

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After visiting the HCA website, [www.hcakc.org](http://www.hcakc.org), why do you think you would enjoy our school?

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# ENGLISH TRANSLATION OF ACADEMIC TRANSCRIPTS

Please attach the student's official transcript and academic records. The following English translation of academic transcript is required as well.

To be completed by school official or the oversees representative. Please type or print in black ink.

Student Name \_\_\_\_\_ Country \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_ Title \_\_\_\_\_

Name of School \_\_\_\_\_

Recommended U.S. grade-level placement (grade level placement cannot be guaranteed)

6 7 8 9 10 11 12

Please list in English your country's grading scale next to the corresponding U.S. grades listed.

U.S. Grading Scale		Country Equivalent	Comments or Explanations
Excellent	A (90-94)	_____	_____
Above average	B (80-89)	_____	_____
Average	C (70-79)	_____	_____
Below average	D (60-69)	_____	_____
Failing	F (1-59)	_____	_____

Please type or print in English the courses taken and the U.S. grade equivalent for past three years, starting with the current year. If final grades are not yet available for the current year, list most recent.

School Year \_\_\_\_\_ U.S. Grade Level \_\_\_\_\_

Classes	Hours per Week	Class Period Length	Full or Half Year	Final Grade

School Year \_\_\_\_\_ U.S. Grade Level \_\_\_\_\_

Classes	Hours per Week	Class Period Length	Full or Half Year	Final Grade

School Year \_\_\_\_\_ U.S. Grade Level \_\_\_\_\_

Classes	Hours per Week	Class Period Length	Full or Half Year	Final Grade

Please list required/recommended courses for study during the years/semester in the U.S.A.

# MEDICAL INFORMATION

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As part of the Heritage Christian Academy application process for international students, a physical examination by a licensed doctor, who is not a family member, is required within one year of coming to the United States. Please have your student's physician provide the following information:

## PLEASE PRINT

Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

### **PHYSICIAN'S VERIFICATION**

1. Are you the above-named applicant's regular doctor?    Yes    No
2. How long have you known/treated the applicant? \_\_\_\_\_ years

### **PHYSICAL EXAMINATION**

Gender:    Male    Female                      Hair Color: \_\_\_\_\_                      Eye Color \_\_\_\_\_

Height: \_\_\_\_\_                      Weight: \_\_\_\_\_

Visual Acuity: Right \_\_\_\_\_    Left \_\_\_\_\_    Hearing: Right \_\_\_\_\_    Left \_\_\_\_\_

Blood Pressure: \_\_\_\_\_    Pulse: \_\_\_\_\_

### **MEDICAL HISTORY**

Please check any of the following disorders, infections, conditions applicant has experienced:

Digestive	Muscular	Tuberculosis	Diabetes
Eyes	Pertussis	Asthma	Glasses or contacts
Diphtheria	Allergies	Cardiac	Chicken Pox
Appendicitis	Congenital	Mumps	Pneumonia
Accidents	Measles	Kidney	Surgeries
Rubella	Convulsion	Hospitalizations	Hepatitis
Neurological	Eating Disorder	Emotional Problems	

Please provide further explanation regarding any of the above conditions that have affected the student. Include dates, cause of surgeries, lasting effects, medications, treatments still required, etc.

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Does the applicant currently take any medication, including natural or herbal?    Yes    No  
If yes, list medications, dosage, how often administered, and reason for taking.

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Please list any allergies to medications:

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Has the applicant been advised to have surgery, which has NOT been done?    Yes    No

If yes, please provide explanation:

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Are there any restrictions to the student's participation in physical education and/or sports?

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In your professional opinion, what is the general condition of the student's health?

Excellent       Good       Fair       Poor

I, the undersigned, have reviewed the medical history of the applicant, given a thorough physical examination, and certify that Immunizations and all medical information has been noted and/or included on/with this form and that nothing relevant has been omitted.

Physician's Signature & Stamp: \_\_\_\_\_

Physician's Name (Printed): \_\_\_\_\_

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

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

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

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

## **RECORD OF IMMUNIZATIONS**

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All students must present documentation of up-to-date immunization status including month, day, and year of each immunization before attending Kansas Schools. Please complete the form AND attach a copy of the applicant's immunization record.

Heritage Christian Academy reserves the right to administer missing immunizations, as required by the state of Kansas. Immunizations administered will be at student's personal expense.

# KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

*This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (amended 1994.)*

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

Parent or Guardian Name: \_\_\_\_\_

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

Birthdate (MM/DD/YYYY): \_\_\_\_\_ SEX: [ ] MALE [ ] FEMALE Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ County: \_\_\_\_\_

<b>VACCINE</b>	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	🚫 = Dose determined invalid by provider	🚫 = Invalid Dose. KSWebIZ minimum age/interval not met					
	1st	2nd	3rd	4th	5th	6th	7th
<b>DTaP/DT/Td/Tdap</b> (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-12. <span style="float: right;">State Type</span>							
<b>Polio</b> Required for school entry.							If additional doses are added, please initial the dose and sign below: _____ _____
<b>HEP B</b> (Hepatitis B) Required for school entry.							
<b>Varicella</b> (Chickenpox) Required for school entry.				Hx of Disease: NO Physician Signature: _____		Date of Illness: _____	
<b>MMR</b> (Measles, Mumps, and Rubella combined) Required for school entry.							
<b>Influenza (Flu)</b> Recommended annually for ages 6mo and older. Not required for school entry.							
<b>HIB</b> (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
<b>PCV</b> (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
<b>HEP A</b> (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
<b>MCV4</b> (Meningococcal) Initial dose recommended at 11-12 years of age and booster dose recommended after 16 years of age. Not required for school entry.							
<b>HPV</b> (Human Papillomavirus) Recommended for males and females at 11-12 years of age. Not required for school entry.							
<b>Rotavirus</b> Recommended < 8 mo. Not required for school entry.							

### DOCUMENTATION

KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.

I certify I reviewed this student's vaccination record and transcribed it accurately

Agency Name: \_\_\_\_\_  
Authorized Representative: \_\_\_\_\_  
Address: \_\_\_\_\_

The record presented was:

Kansas Immunization Record Date \_\_\_\_\_  
 Other Immunization Record (Specify) \_\_\_\_\_

### LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"

1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.

2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."

KANSAS IMMUNIZATION PROGRAM  
1000 SW Jackson, Suite 210, Topeka, KS 66612-1274  
PHONE 877-296-0464 FAX 785-559-4227

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date



## Parent / Legal Guardians Agreement, Indemnification & Liability Release

**Parent/Guardian:** Please read carefully, fill in blank spaces with appropriate information, then sign and date below where indicated.

In the city of \_\_\_\_\_, Country of \_\_\_\_\_, on the date of: \_\_\_\_\_ I/we, the undersigned parents/legal guardians (hereafter referred to as "parents") of \_\_\_\_\_ (the "Student") agree that the student is permitted to travel to the United States of America, live in the provided and approved housing arrangements made by the designated Heritage Christian Academy, during the academic school year. Should the student be selected for the program, I/we agree to abide by all the program rules, conditions, and decisions throughout the duration of the program. I/we understand that while the Student is in the Heritage Christian Academy Homestay Program (the "Program"), his/her activities will be under the authority of Heritage Christian Academy. Therefore, I/we understand that I/we cannot authorize our child to engage in any activity or activities without Heritage Christian Academy's approval. We also agree that any relatives we may have in the U.S. will have no authority over the Student while he/she is in the Program unless authority is delegated to them by us in writing below prior to visits or vacations. Relatives will also be expected to abide by the school's rules and standards at all times. Relatives to whom we release short-term authority over the Student during visits or vacation while in the Program include:

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

I/we attest that the student is of good health and character, understands the important role of Heritage Christian Academy providing homestay, and will, to the best of his/her ability, maintain the high standards required of a Heritage Christian Academy student, should he/she be chosen to represent his/her family, school, community, state/province and country. We further state that all information provided in this application and the attached documents is true and accurate to the best of our knowledge.

**1. No Refund.** Recognizing that Heritage Christian Academy incurs all costs on an annual basis, there will be no refunds issued after acceptance. A withdrawal due to extenuating circumstance may result in a partial refund if it is determined at the discretion of Heritage Christian Academy administration that a refund would be appropriate and necessary.

**2. Rules and Regulations.** By signing below, I/we hereby state the I/we have thoroughly read the Heritage Christian Academy Guidelines Agreement for International Students (the "Guidelines") and agree that the Student will abide by the Guidelines during his or her time at Heritage Christian Academy. I/we hereby state that we have read and understood the Guidelines and agree to be bound by them. The Guidelines are an important part of this Agreement. Heritage Christian Academy has the right to dismiss or require the withdrawal of any student whenever it is appropriate to do so. This includes conduct contrary to HCA rules or regulations (such as conduct that violates the standards contained in the Guidelines or Student Handbook), behavior unsafe to self or others, or academic performance inconsistent with the standards contained in the Student Guidelines. I/we also understand that the student will be subject to the authority of the Heritage Christian Academy International Program personnel and the staff and teachers of Heritage Christian Academy, and the Student will have to follow the rules given by his or her host family.

**3. Indemnification.** In consideration of the acceptance to and participation of the Student in the Program, I/we, the parents/legal guardians of the Student, to the fullest extent permitted by law, hereby agree to defend (with counsel reasonably acceptable to Heritage Christian Academy), hold harmless, and indemnify Heritage Christian Academy, and their respective employees, agents, trustees, officers and directors (collectively, the Indemnified Parties"), from and against any and all claims, losses, damages, liabilities and expenses (including settlement costs and any reasonable legal or other expenses for investigating or defending any actions or threatened actions) the Indemnified Parties may incur in connection with any action, claim or dispute arising out anything the Student may do while do during the entire time the Student is participating in the program or using Heritage Christian Academy's facilities.

**4. Waiver of Claims.** I/we hereby expressly Waive and renounce any claims against all host parents and members of their families, Heritage Christian Academy, and any of their respective employees, agents, trustees, officers and

directors, for any and all damages actions, causes of action, liabilities, claims or demands whatsoever, including without limitation, any claims or damages resulting from injury to property or person, including death, which I/we may ever have, arising out of the Student's participation in the Program, including such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which the Student may ever have, arising out of the Student's participation in the Program including travel to, from or within the host country.

**5. Covenant Not to Sue.** I/we agree that I/we shall never institute or cause to be instituted, any suit, charge, demand, claim, complaint or cause of action, in law, in equity or otherwise, in any court or in any arbitration system or procedure, against Heritage Christian Academy arising out of the Student's participation in the Program or use of Heritage Christian Academy's facilities.

**6. Acknowledgement.** I/we expressly agree that the foregoing indemnification, Waiver of claims and covenant not to sue, (collectively, this "Waiver") is intended to be as broad and inclusive as is permitted by the laws of the state of Kansas, and that if any portion hereof is deemed invalid or unenforceable by a Court of competent jurisdiction, the invalid or unenforceable portion of this waiver shall be deemed modified to the extent necessary to be deemed valid or enforceable and the balance of the waiver shall continue in full force and effect.

**7. Miscellaneous.** This Parent/Legal Guardians Agreement, Indemnification and Liability Release: (a) shall bind and insure to the benefit of myself and my heirs, executors, administrators, legal representatives, successors and assigns; (b) constitutes the entire agreement between the parties hereto with respect to the subject matter hereof; and (c) may not be amended or modified, nor any provision hereof Waived, except in writing signed by all of the parties hereto; and (d) shall be governed in accordance with the internal laws of the state of Kansas and the United States of America.

\_\_\_\_\_  
Father / Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother / Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# PERMISSIONS FORM

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Signature of parents is required on the permissions below even if the student is over 18 years of age.

## MEDICAL AND EMOTIONAL WELLNESS TREATMENT CONSENT FORM

TO ANY HOSPITAL AND/OR PHYSICIAN ON THE STAFF THEREOF:

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

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

Heritage Christian Academy and/or Caretaker (Host Family): \_\_\_\_\_

You are hereby authorized to furnish an emotional wellness check and any necessary treatment, medical care, treatment, and/or hospitalization including the use of local or general anesthetic, sedation, or analgesia to above named minor, at the request of the above school staff or caretaker acting on behalf of said minor, without further written or other authorization from the undersigned parent(s) or legal guardian(s) of said minor child.

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date

## CONSENT TO RESIDE WITH HOST FAMILY

As the legal parents of \_\_\_\_\_ with a date of birth of \_\_\_\_\_

we, \_\_\_\_\_ and \_\_\_\_\_

consent to above said child to attend Heritage Christian Academy as a non-immigrant student. We hereby declare that he/she has our permission to live with a host family approved by Heritage Christian Academy. We hereby affirm that we have delegated to the host family the responsibility to act on our behalf in all matters concerning our child and the school.

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date