



# International Student Enrollment Packet 2022-2023

Calvary Chapel Christian School  
7175 W. Oquendo Road  
Las Vegas, NV 89113

Office 702-248-8879 • Fax 702-221-9822  
[www.CalvaryisFamily.com](http://www.CalvaryisFamily.com)

## INTERNATIONAL STUDENT APPLICATION CHECKLIST 2022-2023

For those students expressing interest in attending Calvary Chapel Christian School as an International Student, below are the steps that are necessary for admission to CCCS.

The following items must be received in our Registrar's Office before an acceptance decision can be made:

### I. APPLICATION

- ☐ Completed application with **\$200 (nonrefundable)** - payable to CCCS.
- ☐ Transcript / Report Card in native language and translated into English for all current coursework and (2) previous years

**Must use one of two (2) recommended translations services:**

- International Education Research Foundation, Inc. EMail: [information@ierf.org](mailto:information@ierf.org), <http://www.ierf.org> (Detail report)
- Global Services Associates, Inc. Email: [info@glovaleval.org](mailto:info@glovaleval.org), <http://www.globaleval.org>
- ☐ Test results showing at least an Intermediate level of English proficiency 9th-12th Grade  
TOEFL IBT: 60 or higher ([www.ets.org/toefl](http://www.ets.org/toefl)) SLATE-Plus: 4 or higher ([www.iTEPexam.com](http://www.iTEPexam.com))
- ☐ Handwritten Essay in English
- ☐ Letters of recommendations:
  - Two (2) Academic Recommendations
  - One (1) Administrator's Recommendation

*All forms must be translated into English*

- ☐ Current immunization record - in native language and translated into English.
- ☐ Affidavit of Support (included in application) and letter from bank showing funds available to student in U.S. dollars.
- ☐ Clear copy of passport
- ☐ Guardianship Agreement - All students must have a US Guardian
- ☐ Housing / Guardian Questionnaire
- ☐ Parental Medication Release Form
- ☐ Copy of I-20 from transferring school (if applicable)
- ☐ Request for student permanent records (US Transfer Students Only)

*Emailed copies can be used to speed up the admissions process, but we must receive all original documents prior to student attending school.*

### II. INTERVIEW

Once the application has been completed and submitted an interview will be scheduled. We will use either Skype or Facetime for those students that are not in the country. A personal interview will take place for those students that are currently in the Las Vegas valley.

### III. ACCEPTANCE

All students that have been through the interview process will receive an Acceptance Letter if approved. Before the I-20 can be issued, all fees must be submitted. Once the fees have been submitted an I-20 will be mailed to the home address given on the application.

## CRITERIA USED WHEN DETERMINING ACCEPTANCE

The following requirements make up the policies for acceptance into Calvary Chapel Christian School. Final eligibility will be based on the following:

- MSHS (7th - 12th) there is no ESL program offered. All students are expected to be proficient in the English language (reading, writing and in speech).
- Willingness and desire of the student to be enrolled in our school
- Space availability
- Christian commitment or willingness and desire to follow Jesus Christ.
- Satisfactory scholastic and behavioral records from previous schools. Any exceptions may require the student to be admitted on scholastic or behavioral probation.
- All students must sign an agreement to the school policies and guidelines stated in CCCS Parent/Student Handbook.
- Parents must indicate a willing support of the school's mission, goals and objectives.
- Academic qualifications and developmental readiness.
- Personal or Skype interview of the student and family.

## ATHLETIC ELIGIBILITY

- As a member school of the Nevada Interscholastic Athletic Association (NIAA), Calvary Chapel Christian School is required to abide by specific bylaws that govern participation in interscholastic athletics by International Students. Please refer to the NIAA website for more information ([www.niaa.com](http://www.niaa.com)) International students may participate on JV level teams.

### NOTE:

Students who have been enrolled at CCCS and leave to go to another school during the current school year, will be regarded as new applicants if they return and must go through ALL of the admissions process again, including the entrance testing.

## INTERNATIONAL STUDENT APPLICATION 2022-2023

STUDENT INFORMATION				
Last Name:		First Name:		Middle:
American Name (if any):		Desired Start Date:		Desired End Date:
USA Address:		City:		Zip Code:
USA Home Telephone:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Enrolling in Grade:	
Father & Mother are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow/er				
Please list all siblings enrolled at any of our schools:				
School last attended (or currently attending):				
School address, city, state, zip:			School Telephone:	
City of Citizenship:			Country of Birth:	
Foreign Address:			City:	
Province / Territory:			Postal Code:	

FATHER'S INFORMATION	
Full Name:	Home Phone:
Home Email:	Cell Phone:
Work Email:	Work Phone:
Job Title:	Employer Name:
<input type="checkbox"/> Custody Rights <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Receive Correspondence / Report Cards	

MOTHER'S INFORMATION	
Full Name:	Home Phone:
Home Email:	Cell Phone:
Work Email:	Work Phone:
Job Title:	Employer Name:
<input type="checkbox"/> Custody Rights <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Receive Correspondence / Report Cards	

HOST'S INFORMATION	
Full Name:	Home Phone:
Home Email:	Cell Phone:
Work Email:	Work Phone:
Job Title:	Employer Name:
<input type="checkbox"/> Custody Rights <input type="checkbox"/> Financial Responsibility <input type="checkbox"/> Receive Correspondence / Report Cards	

ENGLISH SPEAKING CONTACT PERSON:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT:** the student must notify the school within **10 DAYS** of any changes in address or phone number, or plans to transfer, withdraw, travel, or change status. If the school is not notified, the I-20 could be terminated.

---

#### I-20 Information

- Our school is authorized under Federal Law to enroll nonimmigrant International Students. Prior to receiving an I-20 from our school, International Students must submit all required documentation. Once all documents are submitted, please allow two days for processing.
- In order for the I-20 to remain valid, the student must notify the school within 10 DAYS of any changes in address or phone number, or plans to transfer, withdraw, travel, or change status. If the school is not notified, the I-20 could be terminated and the student will be required to leave the country within 15 days of termination.

#### Host Family

- It is *recommended* that the host be an adult who is at least 25 years old and is fluent in English.
- The host must provide personal identification and proof of residency.
- The student is allowed to change host families, but must notify the school within 10 DAYS of any address change.

#### Behavior

- The student, parent/guardian and host must agree to accept the responsibility of obeying the rules and regulations of the school, and to support the Christian principles by which it operates.
- Violation of school standards by the student, parent/guardian, or host in some cases may constitute grounds for dismissal from our school. Violations include but are not limited to: disciplinary issues, reckless or dangerous behavior, non-cooperation with staff, verbal or physical abuse of staff or students, harassment of school staff by parent/guardian or host family, philosophical differences with the values of Calvary Chapel Christian School and CCLV Ministries.

#### Campus

- The campus opens at 7:00 AM. All students should report to the multi-purpose room (MPR) upon arrival.
- The campus closes at 3:30 PM. All students must be picked up by parent/guardian/host by 3:30 PM unless enrolled in our after school program, Calvary Club or team sports.

#### Tuition & Fees

- The application fee, registration fee, and tuition are due in-full and are non-refundable. Refunds are not issued in the event of early withdrawal.
- Your account must remain current at all times. After school program fees, extracurricular activities fees, and any other fees must remain current per required due dates. Academic records will be held until your account is made current.

We, the undersigned, **understand** and **agree to** the above conditions:

---

Father / Guardian Signature

Date

---

Mother Signature

Date

## International Student Enrollment Process

Student Name: \_\_\_\_\_ Grade Enrolling: \_\_\_\_\_ School Year: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Program End Date: \_\_\_\_\_

### Step 1: Apply to our school

Submit copies of the following items to our school office:

- ☐ **Application** (Apply online or fill out form)
- ☐ **Application Fee** (Non-refundable)
- ☐ **Passport Copy**
- ☐ **Birth Certificate** (Translated & Certified)  
*Must include student name, birthdate, and birthplace.  
Name on Birth Certificate must match on Passport.*
- ☐ **Immunization Record** (Translated & Certified)  
*Student must be up-to-date.*
- ☐ **School Transcript**  
*(Most recent year; translated & certified)*
- ☐ **Host identification** (Person the student will live with)  
*Driver's license, passport or permanent resident card*
- ☐ **Host Proof of Residency** (Place the student will live at)  
*Utility bill showing name and address of host*
- ☐ **Copy of I-20 from previous school** (if applicable)

### Step 2: Issue I-20

After the above items are submitted, the school will input the student information into SEVIS (the government system), and will then print out and sign the I-20. Please allow 2 business days for the school to process the I-20. The school can either mail the I-20 to you, or you can have someone pick-up the I-20 in the school office.

### Step 3: Apply for Student Visa

The student will use the I-20 to apply for a Student Visa through the U.S. Embassy.

### Step 4: Enter the Country

The student can enter the country up to **30 days** before their scheduled program start date.

When entering the country, the student will show their Passport, Student Visa, and signed I-20 at the port of entry.

At the port of entry, an official will stamp the I-20. The official will also issue and stamp an I-94 Departure Record for the student to keep while in the country.

### Step 5: Report to School and Register

The student must report to the office on the first day of school, and bring the following items on the first day:

- ☐ **I-20 Copy** (Stamped at Port of Entry)
- ☐ **Student Visa Copy** (Stamped at Port of Entry)
- ☐ **Emergency Card** (School Form)
- ☐ **Registration Fee** (Non-refundable)
- ☐ **Tuition Paid in Full** (Non-refundable)

After the student reports to the school office with the above items, the office will make copies of the items, and then "activate" the I-20. The student is now officially enrolled.

- If the student enters the country but does not report to the school within **30 days**, the school must "Terminate" the I-20, and the student will have **15 days** to leave the country.
- If the student has not yet entered the country, and the start date has not yet passed, the student can call the office and request to "Defer the Start Date" to a later date.
- If the student does not enter the country by the program start date nor contact the school, the school will "Cancel" the I-20.

### Step 6: Maintain Status

To maintain the status the student must continue to **attend class**, and **notify the school** within **10 DAYS** of any of the following:

- Change of address or phone number
- Plans to withdraw, transfer or change Visa status
- Plans to travel outside the U.S.

*If the school is not notified, the I-20 could be "Terminated."*

### Step 7: Program End Date / Close Record

When the student reaches their program end date (and does not re-enroll or transfer), the student I-20 record will automatically close after 60 days. The student has a **60 DAY** grace period in which to leave the country after their program end date.

## ADMISSIONS PROCEDURES FOR INTERNATIONAL STUDENTS

### PERSONAL INTERVIEW:

All applicants will have a personal interview. International interviews will be done via Skype or FaceTime. You will be notified by the school office of the available times for interviews after the application and other required forms have been received and testing has been completed.

### ADMISSION AND ENROLLMENT:

Applicants will be notified as soon as possible after completion of the steps regarding their acceptance and admission to CCCS. Prior to issuance of an I-20, applicants must complete the process for acceptance and admission. In addition, the parent or guardian must provide:

- Full payment of tuition and registration fees - to CCCS.
- All International Students must have proof of accepted insurance during their time of stay.

*According to the Registration and Enrollment Agreement, all fees are non-refundable and parents are obligated for payment of the annual tuition regardless of a student's withdrawal, absence or dismissal from Calvary Chapel Christian School for any reason.*

***If the Visa is declined, the student will receive 100% tuition refund.***

**A denial letter from the embassy must be submitted for refund.**

### PLEASE NOTE:

Once a student has been accepted, **tuition must be paid in full**. Once the Accounting department receives the tuition payment, an I-20 will be mailed to the student. The student must present their original I-20 to the U.S. Embassy where the student is applying for an F-1 Visa. Students must have an F-1 Visa to study in the United States, unless they are a permanent resident or citizen. The student visa is an F-1, but there are other Visas under which it is permissible by law for a student to study. It is the student's responsibility to ensure they have the legal right to study in the United States.

## INTERNATIONAL STUDENT TUITION AND FEE SCHEDULE 2022-2023

GRADE LEVEL	INTERNATIONAL STUDENT TUITION (NON-REFUNDABLE)
Middle School & High School 7th grade - 12th grade	\$13,000 <i>must be paid in full before attending</i>

STUDENT FEES (NON-REFUNDABLE)	
Application Fee	\$200 <i>due with application</i>
Registration Fee	\$600 <i>due upon acceptance</i>
Student Program Fee (International Events, Assessments, Class Fees)	\$700 <i>due upon acceptance</i>
Technology Fee	\$300 <i>due upon acceptance</i>
Medical Insurance (Mandatory Enrollment)	Market Value
School Uniforms	<i>Approximately \$300</i>

In the event that a student visa application is denied, all fees, except application fee will be refunded. A written proof of denial must be provided in order for the refund to be initiated.

Health and International Student Insurance - CCCS requires all International Students to show proof of accepted health insurance during the time of stay.

EARLY WITHDRAWAL & CANCELLATION FEE
<p style="text-align: center;">\$800*</p> <p style="text-align: center;">Must be paid to receive any transcripts or school records</p>



## PARENT/LEGAL GUARDIAN & STUDENT FINANCIAL AND ACCEPTANCE CONDITIONS

Calvary Chapel Christian School has been established on the Biblical principle that God has given parents the primary responsibility for educating their children. CCCS enters into a partnership with parents, as Christian professionals and educators hired to teach students academic and Biblical values.

It is our hope and desire that all students and families have a personal relationship with our Lord Jesus Christ. Since this is our purpose, we encourage both students and families to have a daily time of personal Bible study, to exhibit brotherly love toward one another, the school, and the community, and to attend a Bible believing church on a regular basis.

- I understand that the Application and Registration Fees are non-refundable. Tuition Fees are payable **in full** to begin attendance.

*If the Visa is denied, the student will receive a 100% tuition refund.*

**A denial letter from the embassy must be submitted for refund.**

- CCCS requires the parent/guardian of the student to purchase medical coverage for him/her while he/she is in attendance.
- I understand that my acceptance is for one year. My progress, effort, behavior, attitude and attendance will be evaluated annually. CCCS is not obligated to re-sign my I-20 nor allow me to continue.
- I understand that CCCS requires Bible each semester and attendance at weekly chapels. I agree to be respectful in chapel, honor the teachings of CCCS, and complete all of the requirements of the Bible class.
- Students may earn a diploma from CCCS if they meet the graduation requirements. I must prove that all transfer credits meet CCCS standards and pass all required classes (refer to application checklist for (2) recommended translation services.) For students who do not attend all 4 years or do not meet graduation requirements they will receive a transcript with courses and grades completed at CCCS.
- I understand that all international students must take a "full load" in order to maintain I-20 active status.
- I understand that I must abide by the attendance, behavior, guardianship, housing, Department of Homeland Security, and all other rules set forth by CCCS. I will be dismissed from school if these requirements are consistently challenged or falsified. Parents agree to pay for immediate transportation home in the unlikely event that would occur.
- I understand that any false information or failure to disclose academic, behavior, or emotional problems during the application / admittance process may result in dismissal from school with no recourse and no refunds.
- I understand that while I am a student at CCCS, I am considered a minor and must abide by all rules and laws of the State of Nevada, the United States of America, and the school; even if I am 18 years of age.
- I understand the student will be sent home (or released to the custody of authorities) if he/she violates any of the state or federal laws or any of the disciplinary policies of the school that would cause him/her to be dismissed from CCCS.
- I agree to support the pursuit of academic excellence and the development of Christ-like character at CCCS, by being actively involved in our children's educational experience.
- I agree to support the school to the best of my ability through attendance and participation in the various school activities, and make efforts to get involved in the host community by attending events, volunteering, or becoming involved with English speaking students at church and school.
- I understand that my attendance at CCCS is a privilege and not a right; and that this said privilege could be revoked at any time for unacceptable work or conduct.
- I understand the school's standard of conduct, which honors God and grants authority to the teacher or administrator to discipline our child when necessary. (The school does not administer corporal punishment.) I also agree to abide by and fully support the school's disciplinary policy as outlined in the handbook.
- I understand that I may use translation devices and dictionaries during the instructional process but not during testing situations.
- I understand and agree to be a part of the solution, not a part of the problem when dealing with issues of the moral, spiritual, and social growth of our child at the school as outlined in the student handbook for any concerns related to this school relationship. (Matthew 18:15) I understand and agree to discuss school concerns only with people involved, teachers, or administration.

***I have read, understand, and agree with the Parental/Guardian & Student Financial and Acceptance Conditions set forth***

*and will adhere to this covenant for the duration of attendance at Calvary Chapel Christian School.*

---

Student Signature

Date

---

Parent/Guardian Signature

Date

---

## AFFIDAVIT OF SUPPORT

### STUDENT INFO

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

I, the undersigned, swear that I will be fully responsible for all the expenses including the round-trip airfare, tuition fees, living expenses and other miscellaneous expenses, incurred by the below-named person during his/her stay in the U.S.A.

### GUARANTOR INFO

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Relationship to Student: \_\_\_\_\_

*The affidavit of support is made by me for the purpose of assuring the U.S. Government that such student will not in any way become a public charge in the event he/she is admitted to America.*

Guarantor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please attach Bank Certificate with full dollar amount in English to verify ability to support.\**

## INTERNATIONAL STUDENT INFORMATION FORM 2022-2023

## STUDENT INFORMATION

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_  
English Name (optional): \_\_\_\_\_ Student Birthdate: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Student Gender: ☐ Male ☐ Female

## PARENT INFORMATION

Father's Last Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_  
Father's Cell Phone: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
Mother's Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_  
Mother's Cell Phone: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

## AGENCY INFORMATION

Agency Name: \_\_\_\_\_ Agency Phone #: \_\_\_\_\_  
Contact's Name: \_\_\_\_\_  
Contact's Email: \_\_\_\_\_

## GUARDIAN INFORMATION

Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Guardian Address: \_\_\_\_\_  
Guardian Email: \_\_\_\_\_ Guardian Phone #: \_\_\_\_\_

## COMMUNICATION PREFERENCES

Report cards, progress reports, RENWEB access (email based), email communication, and disciplinary notices will be sent to the following: (Please select (1) one or more choices.

☐ Father ☐ Mother ☐ Guardian ☐ Host Family ☐ Agent

-----  
(TO BE COMPLETED BY CCCS COORDINATOR)

## HOST FAMILY INFORMATION

Host Family: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

STUDENT INFORMATION			
Last Name:	First Name:	Middle:	Grade:
American Name (if applicable):		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate:
Student lives in the USA with (check all that apply) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Host Family			
Full Name of Father / Guardian:		English: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	
Full Name of Mother:		English: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	
Full Name of Host:		English: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	
Host Address: City, State, Zip:		Foreign Address: City, Postal Code: Province, Country:	
USA Home #:	USA Work #:	Foreign Home #	Foreign Work #:
USA Cell #:	USA Home Email:	Foreign Cell #:	Foreign Home Email:
USA Job Title	USA Work Email:	Foreign Job Title:	Foreign Work Email:
USA Employer:		Foreign Employer:	
USA Employer Address:		Foreign Employer Address:	
English Speaking Contact:	Name:	Phone:	Email:
Persons (18 years or older) authorized to pickup your child or to be contacted if unable to reach parents:			
Name:	Address, City, State, Zip:	Phone:	Relationship:
Name:	Address, City, State, Zip:	Phone:	Relationship:
Name:	Address, City, State, Zip:	Phone:	Relationship:
Name:	Address, City, State, Zip:	Phone:	Relationship:
Name:	Address, City, State, Zip:	Phone:	Relationship:
Name of your child's physician:		Phone:	
In case of illness or accident, I hereby authorize school officials to call any local physician if none of the above persons can be reached.			

Existing Medical Information	
List any physical restrictions:	
Allergies to drugs or food:	Allergic to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any special medications or pertinent information:	
Last Tdap Booster:	Financial Responsibility:
Insurance Company:	Policy Number:
Date:	Signature of Father/Guardian:
Date:	Signature of Mother:

## AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT (PART 2)

Describe any significant accidents or surgeries that would limit the student's activities on campus:
Describe any known <b>disabilities</b> in vision, hearing or speech:
Describe any known <b>disabilities</b> emotionally, psychologically, or physically:

Prescription Medications needed during school hours on an ON-GOING BASIS: (including inhalers)		
Medication Name:	Amount/Frequency:	Reason for Medication:

Non-Prescription Medications needed during school hours on an ON-GOING BASIS:		
Medication Name:	Amount/Frequency:	Reason for Medication:

Note: All prescription and non-prescription medication must be in its original container with printed directions on the label, and the student name clearly written on the container.

### HEALTH AND SAFETY MEDICATION & ILLNESS

- 1) An authorization slip, indicating the prescribed dosage and proper time(s) to administer the medication, must be completed and approved to be kept on file in the school office.
- 2) All medications must be sent to school in the original container; over-the-counter medications (i.e. aspirin, Advil, etc.) must be in the original bottle.
- 3) All medicines are kept in a local cabinet located in the school office. Students are not allowed to keep medication in their possession, with the single exception of a breathing inhaler or automated insulin. In this case the parent will complete a special authorization form.
- 4) Students are to come to the school office to receive medication. One of the staff members will verify that an authorization slip is on file and check the time and dosage prescribed prior to administering any medication to a student. Each time the medication is administered to the student, the staff member will record the time and dosage administered. This log is also kept on file in the school office.
- 5) Under no circumstances is a student to give or sell another student medication. If this occurs, disciplinary action will be taken.

### MEDICATION POLICY FOR PRESCRIBED DRUGS

- 1) Authorization slip must be filled out and approved.
- 2) All medications are to be kept in the school office and are administered to students when prescribed. Students are not permitted to keep any medication, prescribed over-the-counter, in their possession while on school property for any reason.
- 3) No student is at any time to give or sell another student medication.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, request that the staff at CCCS administer the medication(s) as described above to my child in accordance with my written instructions above. I will notify the school immediately if there are any changes in medication or physicians.

Parent/Guardian Name

Signature

## PARENTAL RELEASE FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The law allows any person to assist in carrying out a physician's recommendation as clearly as possible at school; just as does a parent at home or any other person (not necessarily a nurse) if the physician requests his assistance. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and is so signing they agree to hold the school or its personnel free from any or all suits which might arise out of these arrangements.

It is understood that the school is not legally obligated to administer medication to my child. Therefore, I agree to hold the school and its employees free from any responsibility and liability including but not limited to negligence regarding the medication and the manner in which it was administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them, also release CCCS from all liability for drug reactions that my child may suffer from this medication.

I request that medication be administered to my child by a member of the school staff. I will notify the school immediately if we change physicians or if the medication is changed.

I, \_\_\_\_\_ the Parent of \_\_\_\_\_ give permission for him/her to take the following medication: \_\_\_\_\_

**Please check the allowed choices:**

☐ Acetaminophen/Tylenol    
 ☐ Ibuprofen/Advil    
 ☐ Tums / Antacid    
 ☐ Benadryl    
 : \_\_\_\_\_  
☐ Other(s): \_\_\_\_\_

Allergies (including reactions to medication) \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Prescription Medication: \_\_\_\_\_

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

Parent/Guardian Phone #: \_\_\_\_\_

## FIELD TRIP PERMISSION FORM 2022-2023

*This form will be on file at the school office for the current school year. An additional permission slip will be sent home prior to each off-campus trip.*

*I give my permission for \_\_\_\_\_ (name), grade \_\_\_\_\_, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that myself or Guardian will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.*

*Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/We agree to hold harmless Calvary Chapel Christian School, its affiliated organizations, employees, agents and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.*

*In case of accident, illness, or other emergency, I/we request that the school contact me or the guardian. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency transportation.*

**Mandatory: International students will have proof of accepted insurance during their time of stay.**

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





## GUARDIANSHIP AGREEMENT

*(All International Students Must Have a U.S. Guardian)*

### Instructions:

1. The parent is to select an adult guardian, at least 25 years of age, who lives in Nevada, and will agree to the Guardian Responsibilities.
2. The parent is to fill in his/her portion of the agreement and send it to the guardian for the guardian to complete.

***The guardian is to complete the remainder of the agreement and return it to CCCS with the required \*proof of age and residence.***

### Guardian Responsibilities:

As guardian of \_\_\_\_\_ I agree to the following while he/she is attending CCCS:

1. I assume responsibility to Calvary Chapel Christian School for said student if a disciplinary action is required, i.e. suspension, expulsion, etc. I will also assume responsibility for decision making if any problems arise concerning the academic or social life of the student.
2. I assume responsibility for getting the student to school at the beginning of the school year and for picking up the student at the end of the school year.
3. I assume responsibility for reporting travel plans regarding arrival and departure well in advance to the International Program Coordinator at CCCS.
4. I assume responsibility for reading and communicating information and financial requirements mailed/emailed from the school to parents who do not read or speak English.
5. I assume responsibility to keep in direct contact with the International Program Coordinator regarding conflicts, problems or other issues that may need to be addressed. I assume responsibility for supporting the rules and philosophy of CCCS and support decisions made by CCCS Administration.

### GUARDIAN INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

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

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

Printed Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

***\*A copy of an official document, i.e. Driver's License, passport, verifying guardian's age and residence, is required.***

## INTERNATIONAL STUDENT HOUSING/GUARDIAN QUESTIONNAIRE

## STUDENT INFO

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

Term Applying To: \_\_\_\_\_

Entering Grade for that Term: \_\_\_\_\_

**Please provide the answers to the following questions:**

What are your housing plans once in the United States?

---

---

---

Do you need a homestay? ☐ Yes ☐ No

Do you have a relative/friend in the United States who would be willing to act as your guardian for any school issues?

☐ Yes ☐ No**If yes, please fill out the information below:**

## GUARDIAN INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

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

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

**NOTE: Please contact our school office with questions or concerns regarding host families.**



Student Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Please write three reasons why you want to enroll in this school.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**REQUEST FOR STUDENT RECORDS - US TRANSFER STUDENTS ONLY**

**Parents:** If your child attended school in the United States, please return this completed form to CCCS along with your application. We only request records from schools after the student has been formally accepted into our program.

THE STUDENT LISTED BELOW HAS BEEN ACCEPTED TO OUR SCHOOL

Student's Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Student's Birthdate: \_\_\_\_\_ Last Grade Completed/Current Grade: \_\_\_\_\_

Name & Mailing Address of School Last Attended:

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

I give permission for the following information about my child to be transferred to Calvary Chapel Christian School.

Parent/Guardian's Name (Please Print): \_\_\_\_\_

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

- ☐ Original Cumulative Records  
☐ Notation of Special Accommodations or Advanced Courses  
☐ Health Records  
☐ SAT/ACT Scores

Please mail or fax these records to:

Calvary Chapel Christian School  
ATTN: Registrar  
7175 W. Oquendo Road  
Las Vegas, NV 89113  
Fax: 702-221-9822

*If you have any questions, please contact the Registrar at (702) 248-8879*

---

## CURRENT ENGLISH TEACHER'S RECOMMENDATION

### To the Applicant (7th - 11th grade)

Please print your name and give this form to your current English teacher with a stamped, pre-addressed envelope to Calvary Chapel Christian School, Registrar's office.

Applicant's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

### To the Teacher

Please complete the form below and return it to Calvary Chapel Christian School, Registrar's office. The information that you provide will remain confidential and separate from the student's permanent record. We appreciate your timely cooperation in completing this form.

***Please mail or fax this form directly to:***  
**Calvary Chapel Christian School International Admissions**  
**7175 W Oquendo Road**  
**Las Vegas, NV 89113**  
**Fax Number: 702-221-9822**

How long have you known this student?: \_\_\_\_\_

Please list any special talents, achievements, or awards this student has received:

---

---

---

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

---

---

---

Describe the support or involvement of the parent/guardian.

---

---

---

Is there any information concerning this student that the staff needs to be aware of in order to provide the best opportunity for a successful learning experience? Please explain:

---

---

---

Has this student been suspended or been subject to any other disciplinary action? ☐ No ☐ Yes ☐ Unknown

If yes, please explain:

---

---

## CURRENT ENGLISH TEACHER'S RECOMMENDATION (page 2)

Please indicate your opinion with a check in the appropriate space. Use a question mark where you have insufficient data.  
 Please include any additional comments if necessary.

	Exceptional	Good	Average	Fair	Poor
Academic Ability					
Leadership Quality					
Character & Integrity					
Behavior & Attitude					
Emotional Stability					
Study Habits					
Respect for Authority					
Peer Relationships					
Attendance					
Responsibility					
Maturity					

Please comment as to why you would recommend or not recommend this student for enrollment at CCCS.

---



---



---

Would you like us to phone you for further information regarding this applicant? ☐ Yes ☐ No

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Course: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**Thank you!**

---

## CURRENT MATHEMATICS TEACHER RECOMMENDATION

### To the Applicant (7th - 11th grade)

Please print your name and give this form to your current mathematics teacher with a stamped, pre-addressed envelope to Calvary Chapel Christian School, Registrar's office.

Applicant's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

### To the Teacher

Please complete the form below and return it to Calvary Chapel Christian School, Registrar's office. The information that you provide will remain confidential and separate from the student's permanent record. We appreciate your timely cooperation in completing this form.

***Please mail or fax this form directly to:***  
**Calvary Chapel Christian School International Admissions**  
**7175 W Oquendo Road**  
**Las Vegas, NV 89113**  
**Fax Number: 702-221-9822**

How long have you known this student?: \_\_\_\_\_

Please list any special talents, achievements, or awards this student has received:

---

---

---

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

---

---

---

Describe the support or involvement of the parent/guardian.

---

---

---

Is there any information concerning this student that the staff needs to be aware of in order to provide the best opportunity for a successful learning experience? Please explain:

---

---

---

Has this student been suspended or been subject to any other disciplinary action? ☐ No ☐ Yes ☐ Unknown

If yes, please explain:

---

---

## CURRENT MATHEMATICS TEACHER RECOMMENDATION (page 2)

Please indicate your opinion with a check in the appropriate space. Use a question mark where you have insufficient data.  
 Please include any additional comments if necessary.

	Exceptional	Good	Average	Fair	Poor
Academic Ability					
Leadership Quality					
Character & Integrity					
Behavior & Attitude					
Emotional Stability					
Study Habits					
Respect for Authority					
Peer Relationships					
Attendance					
Responsibility					
Maturity					

Please comment as to why you would recommend or not recommend this student for enrollment at CCCS.

---



---



---

Would you like us to phone you for further information regarding this applicant? ☐ Yes ☐ No

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ Course: \_\_\_\_\_

***Thank you!***



---

### CURRENT ADMINISTRATOR'S RECOMMENDATION

**To the Applicant (7th - 11th grade)**

Please print your name and give this form to your current Administrator with a stamped, pre-addressed envelope to Calvary Chapel Christian School, Registrar's office.

Applicant's Name: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Applying for the academic year beginning: \_\_\_\_\_

**To the Administrator**

This student is applying for admissions to Calvary Chapel Christian School. In providing you with this form, the student and his/her parents/guardian have authorized the release of all requested information, including disciplinary actions. A full report is essential if the student is to be given fair consideration in our selection process. This form is confidential.

***Please mail or fax this form directly to:***  
**Calvary Chapel Christian School International Admissions**  
**7175 W Oquendo Road**  
**Las Vegas, NV 89113**  
**Fax Number: 702-221-9822**

How long have you known this student?: \_\_\_\_\_

Has the applicant made any significant contributions to your community or received any special awards or citations of merit?

---

---

---

Has the applicant ever been dismissed, suspended, placed on probation or received other disciplinary action? ☐ No ☐ Yes

Has the applicant withdrawn from your school voluntarily for any extended period of time? ☐ No ☐ Yes

If the answer to either of the above questions is yes, please provide a full explanation on a separate piece of paper.

If you have any additional comments, please note them here:

---

---

---

---

---

---

---

---

---

---

## CURRENT ADMINISTRATOR'S RECOMMENDATION (page 2)

Please indicate your opinion with a check in the appropriate space. Use a question mark where you have insufficient data.  
 Please include any additional comments if necessary.

	Exceptional	Good	Average	Fair	Poor
Academic Ability					
Leadership Quality					
Character & Integrity					
Behavior & Attitude					
Emotional Stability					
Study Habits					
Respect for Authority					
Peer Relationships					
Attendance					
Responsibility					
Maturity					

Please comment as to why you would recommend or not recommend this student for enrollment at CCCS.

---



---



---



---



---



---

Would you like us to phone you for further information regarding this applicant? ☐ Yes ☐ No

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

***Thank you!***