

# HORIZON CHRISTIAN SCHOOL

## INTERNATIONAL STUDENT ACADEMIC PROGRAM

2011-2012 APPLICATION

STUDENT NAME \_\_\_\_\_

DATE APPLIED \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

700 Pacific Ave, Hood River, Oregon USA 97031

Ph. (541) 387-3200 FAX (541) 386-3651

[admin@horizonchristianschool.org](mailto:admin@horizonchristianschool.org)

## Horizon Christian School

### INTERNATIONAL STUDENT APPLICATION CHECKLIST

Please return this sheet and the following documents in this order:

- This Checklist, attached to and including all of the following pieces
- An Application Fee of \$250.00
- Completed Application Form
- A signed tuition and fee schedule agreement
- Signed Parent Commitment
- Signed Student Commitment
- Three (3) Non-Family Recommendations
- Oregon Certificate of Immunization Status (see instructions, also in pdf)
- Emergency Treatment and Extra Curricular Activities form
- Physical Exam (Sports and General) form
- Affidavit of Support forms (government form submitted by the parents)
- Income Statement—Letter from the employer, or other document verifying annual income
- Savings letter—Letter from the bank verifying savings accounts and current balance
- Official English Transcripts of all academic work completed from grade eight (8) to present
- Copy of the identification page of the student's passport with number if available
- Current original computer based SLEP score less than three months before school entrance (showing a minimum score of 50) or a TOEFL of 58 or more.
- Verification of Insurance Coverage form

# Horizon Christian School

700 Pacific Avenue, Hood River, Oregon 97031

Ph. (541) 387-3200 x1111 FAX (541) 386-3651

[cwagar@horizonchristianschool.org](mailto:cwagar@horizonchristianschool.org)

## INTERNATIONAL STUDENT PROGRAM INFORMATION

International Student Program Coordinator – Mrs. Carol Wagar

### INTERNATIONAL STUDENT ACADEMICS

Horizon Christian School does not currently offer ESL supportive classes for international students. All international students are expected to carry a full course load and perform at the level of an American student fulfilling all academic requirements.

### ENGLISH LANGUAGE SKILLS

International Student applicants should be fluent in speaking, reading, and writing in English. Applicants should have a minimum SLEP score of at least 50, and be able to demonstrate writing and comprehension skills corresponding to the grade for which application is made. Horizon does not provide special ESL courses or additional tutoring in English. Arrangements for additional tutoring in English *must be arranged by the applicant*. Horizon may recommend local tutors for international students. A phone interview will also be part of the acceptance process.

### SPORTS

Applicants who are newly enrolling are able to participate in extracurricular sports after they have been enrolled and paid all required fees. Horizon participates in the following sports under the jurisdiction of OSAA (the governing body for high school sports in the state of Oregon), Division 1. All students who come through CSIET-approved organizations may participate in OSAA-sponsored sport competitions. All others (students without a CSIET-approved company) may practice with the team, but must wait until their second year in Oregon to compete.

FALL sports - Soccer (boys and girls)\* WINTER sports - Basketball (boys and girls)\* SPRING sports - Golf (boys and girls)\*

### HOST FAMILIES

Each student (American as well as International) is required to live with a local family. International students are placed with host families who are screened and approved by the school. Students are expected to engage in the family life regularly (including meals, normal house chores, personal room maintenance, and community and social functions).

# Horizon Christian School

## INTERNATIONAL STUDENT PROGRAM INFORMATION

### Tuition & Fees – 2011/2012

#### INTERNATIONAL STUDENT PROGRAM TUITION AND FEES

Annual Enrollment and Application Fees	Fees	Notes
2011-2012 Horizon Tuition (grades 9-12)	\$ 6,700	Due before student begins classes.
International Student Enrollment Fees	\$ 3,000	Due before student begins classes.
International Student Application Fee	\$ 250*	Due when the Application is submitted (non-refundable)
Host Family Room & Board Fee	\$ 6,000	Due by arrival of the student in Hood River (10 months at \$600 per month paid to the host family).
Medical Insurance - based on ten months, if student needs valid insurance in U.S.	\$ 720	This amount set by Insurance carrier & subject to change; due before student begins classes.
<b>FULL YEAR EXPENSES</b> <b>** (PYMT IN FULL – 1 PAYMENT)</b>	<b>\$16,670**</b>	

\* Due with the application

To wire funds: Columbia State Bank  
2650 Cascade Ave./ P.O. Box 980, Hood River, OR 97031  
Routing Number: 123206011; Account Number: 0402010239

\*\*Tuition, Room & Board, and all related ISP fees (PAID IN FULL – 1 PAYMENT) are \$16,670 due in its entirety before the first day of classes.

#### Payment in two equal installments (INCLUDES BILLING SURCHARGE OF 2.25%)

- 1) Fall term of Tuition, Room/Board & related ISP fees of \$8522.54 paid on or before the first day of classes in September.
  - 2) Spring term of Tuition, Room/Board & related ISP fees of \$8522.54 paid on or before January 25th.
- Students are not allowed to begin classes in any term in which their tuition is not yet paid. Once the student has entered his first day of class, tuition for that semester will not be refunded.

The Room & Board fee is collected from the ISP student's family before the first day of classes and paid to the host family through the current semester regardless of the length of time the student is actually living with the host family. The Room & Board fee for the HORIZON host family is paid to the host family monthly by Horizon Christian School.

#### Additional Fees or Discounts

**Sports Fees** - A Sport Fee is charged each season for participation in sports. The Sport Fee varies by grade and sport. The Sport Fee must be paid separately by the participants prior to the first practice of that season. In addition, a student must have had a medical Physical Exam within 6 months of the start of the season. The Horizon ISP application medical release is sufficient if it is less than 6 months old.

See program information and student application for sports eligibility rules.

**Bus Service Fee** - There is a fee for riding the Horizon school bus, if a student lives in an outlying area where bus service is provided. The Bus Fees and Schedule will be posted prior to the start of the school year.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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PLACE  
PHOTO  
OF  
STUDENT  
HERE

## INTERNATIONAL STUDENT PROGRAM

### APPLICATION FOR ADMISSION

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#### STUDENT INFORMATION

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FAMILY NAME - print last name, print first name, print middle name

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HOME STREET ADDRESS

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CITY DISTRICT COUNTRY POSTAL CODE

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HOME PHONE STUDENT EMAIL HOME FAX

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DATE OF BIRTH (month, day, year) PLACE OF BIRTH CITY STATE COUNTRY

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COUNTRY OF CITIZENSHIP

#### PARENT INFORMATION

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FAMILY NAME FATHER MOTHER

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HOME STREET ADDRESS

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CITY DISTRICT COUNTRY POSTAL CODE

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HOME PHONE PARENT EMAIL HOME FAX

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FATHER OCCUPATION AND TITLE

NAME OF FATHER'S BUSINESS/FIRM/ORGANIZATION

# INTERNATIONAL STUDENT PROGRAM

## PARENT INFORMATION, continued

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FATHER BUSINESS ADDRESS FATHER BUSINESS PHONE FATHER BUSINESS FAX

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MOTHER OCCUPATION AND TITLE NAME OF MOTHER'S BUSINESS/FIRM/ORGANIZATION

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MOTHER BUSINESS ADDRESS MOTHER BUSINESS PHONE MOTHER BUSINESS FAX

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FAMILY'S RELIGIOUS AFFILIATION

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HOW DID YOU HEAR ABOUT Horizon Christian School?

## CURRENT SCHOOL INFORMATION

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SCHOOL NAME GRADE

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ADDRESS

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CITY DISTRICT COUNTRY POSTAL CODE

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PRINCIPAL NAME

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SPECIAL AWARDS OR RECOGNITION

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REASON FOR LEAVING

## SPORTS INFORMATION

Do you plan or hope to participate in sports at Horizon? If so, which? Circle: Basketball Soccer Golf

Please be advised that unless your exchange company is CSIET-approved you may not be able to compete your first year at any school in Oregon (Oregon sports rules by [www.OSAA.org](http://www.OSAA.org)). You will however be able to practice and spend time with the team as a team member. Are you willing to wait to compete until your second year (if your company is not CSIET approved?) **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If you have any questions about this, please contact Horizon and we can talk about it.

We do not recruit students based on sports abilities. We are open to **anyone** that wants to play and fits Foreign Student Eligibility (see ISP Packet link) as put forth by the Oregon School Activities Association.

# INTERNATIONAL STUDENT PROGRAM

## STUDENT FAMILY INFORMATION

Please list all other children in your family.

NAME	AGE	NAME	AGE
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NAME	AGE	NAME	AGE
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Do you have other family members studying abroad? Where?

FAMILY MEMBER NAME	COUNTRY
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FAMILY MEMBER NAME	COUNTRY
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**PLEASE CIRCLE THE BEST ANSWER**

What kind of Host family do you prefer?

- |   |     |    |               |
|---|-----|----|---------------|
| A host family with small children       | YES | NO | NO PREFERENCE |
| A host family with teenagers            | YES | NO | NO PREFERENCE |
| A host family with no children          | YES | NO | NO PREFERENCE |
| A host family with household pets       | YES | NO | NO PREFERENCE |
| A host family that is active and busy   | YES | NO | NO PREFERENCE |
| A host family that is quiet and calm    | YES | NO | NO PREFERENCE |
| A host family that lives in the city    | YES | NO | NO PREFERENCE |
| A host family that lives in the country | YES | NO | NO PREFERENCE |

**STUDENT INFORMATION**

How many years of English instruction have you had? \_\_\_\_

**CIRCLE THE BEST ANSWER**

Rate your English writing ability: High/Average/Low

Rate your English speaking ability: High/Average/Low

How long do you plan to study in the U.S.? \_\_\_\_\_ years

Where do you wish to go to college? \_\_\_\_\_

Please list any sports or hobbies you enjoy: \_\_\_\_\_

List any foods to which you are allergic: \_\_\_\_\_

Do you have a host family you would like to live with? If yes, please fill in the following contact information:

FAMILY NAME - print last name,	print first name,	print middle name
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HOME STREET ADDRESS

CITY	COUNTY	COUNTRY	POSTAL CODE
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HOME PHONE	FAMILY EMAIL	HOME FAX
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# INTERNATIONAL STUDENT PROGRAM

## STUDENT QUESTIONNAIRE

Please answer all of the following questions in paragraph form in your own handwriting. Feel free to add additional sheets of paper if necessary.

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NAME OF APPLICANT

GRADE APPLYING FOR

How would your friends describe you? Please include a description of your personality, character, likes, dislikes, strengths, and weaknesses.

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Why do you want to attend Horizon Christian School? What do you hope to contribute to this school?

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What are your feelings about living away from home?

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# INTERNATIONAL STUDENT PROGRAM

## STUDENT QUESTIONNAIRE, continued

Describe a class or teacher that you have enjoyed in your last school. What made that experience or person special to you?

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Describe your religious belief system? What do you know about Christianity? Do you believe there is a God? Tell why or why not. Do you pray?

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

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

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# INTERNATIONAL STUDENT PROGRAM

## PARENT COMMITMENT FORM



1. We understand that the purpose of Horizon Christian School to provide a distinctly Biblical Christian academic setting for its students. We understand that students take daily Bible classes and attend weekly chapel programs. We understand that Horizon will in no way attempt to coerce a student to believe something that he or she has not chosen personally.
2. We have read the Horizon statement of philosophy and the policy for admission of International Students and agree to cooperate with the school by providing all requisite information.
3. We hereby invest authority in the school to discipline our student(s) as outlined in the Horizon Christian School Student Handbook. We further agree that we will cooperate by supporting the school standards.
4. We hereby give permission for our student(s) to go on field trips that are a part of their class program. We understand that the host family will be informed in writing of the destination, transportation, supervision, and schedule. The school will pay transportation costs. Our student(s) will be responsible to pay for extra costs of the trip, such as meals at restaurants, admission to events, and so on.
5. We understand we must report psychiatric counseling, and long-term prescribed program of medication, and involvement in juvenile authorities during the past three years. Failure to do so may be cause for dismissal.
6. We will make our tuition payment and pay any costs above normal school fees, and we will cover the cost of damage to school or personal property that is cause by our student.
7. We understand that the school reserves the right to dismiss any student who does not:
  - (1) respect and observe Horizon Christian School behavioral standards, and
  - (2) cooperate in our education goals.
8. We understand students new to Horizon Christian School will be allowed to continue in school after the first semester only upon approval from the faculty and administration.

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SIGNATURE OF FATHER

DATE

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SIGNATURE OF MOTHER

DATE

**Horizon Christian School**

700 Pacific Ave., Hood River, Oregon USA 97031 Ph. (541) 387-3200 FAX (541) 386-3651

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# INTERNATIONAL STUDENT PROGRAM

## STUDENT COMMITMENT FORM

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



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

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

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

I agree to work with my host family as a responsible family member and abide by established family rules. I understand that failure to do so will jeopardize my student status at Horizon Christian School.

Student Name (please print)

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Student Signature

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Date

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Parent Signature

---

Date

---

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## INTERNATIONAL STUDENT PROGRAM

### NON-FAMILY RECOMMENDATION FORM

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STUDENT NAME (print first, middle, last)

The above student has made application for admission to Horizon Christian School in Hood River, Oregon, USA. Please rate this student on the following scale.

	POOR	FAIR	GOOD	EXCELLENT
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (for age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE STUDENT? \_\_\_\_\_

WHAT CAPACITY DO YOU KNOW THIS STUDENT? \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ NAME (PRINTED) \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

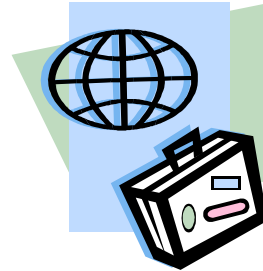
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ORGANIZATION/BUSINESS \_\_\_\_\_ CITY & COUNTRY \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

# Horizon Christian School

## INTERNATIONAL STUDENT PROGRAM

### *Verification of Insurance Coverage*



Dear Student:

Horizon Christian School (HCS) **requires** international students to purchase student accident and illness insurance through HCS **unless** you can verify the following:

- You are currently insured under a similar insurance policy that is **effective in the United States** AND
- Your insurance coverage is now in effect and will **continue to be in effect throughout your enrollment at HCS.**

If you already have accident and illness insurance and you do not want to purchase the insurance offered through Horizon Christian School, you must complete the following:

Name of Insurance company \_\_\_\_\_

Address of Insurance company \_\_\_\_\_  
(phone & email also) \_\_\_\_\_

Policy Number \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

Termination Date of Coverage \_\_\_\_\_

After you have provided all the information requested above, please complete the verification below and return the original to Horizon Christian School. You should keep a copy for your records.

### **Verification**

I hereby certify that the answers and information provided are true, complete and correct to the best of my knowledge. A photocopy of this authorization shall be considered as effective and valid as the original.

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

Identification Number \_\_\_\_\_

Students Signature \_\_\_\_\_

Date \_\_\_\_\_

# Instructions for completing the Certificate of Immunization Status

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## **Contact information:**

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

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## **Required vaccines (Front):**

Fill in the month/day/year that your child received each dose of vaccine. If you do not have the specific date, month and year only will be accepted. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

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## **Recommended vaccines (Back):**

These doses are not required by law, however most children receive them. Fill in the month/day/year that your child received each dose of vaccine. If you do not have the specific date, list month and year only. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

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## **Signature:**

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

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## **REMEMBER TO COMPLETE BOTH SIDES OF FORM**

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## **Exemptions:**

Oregon allows both religious and medical exemptions. For a religious exemption, indicate which vaccines you are exempting from by checking the boxes. Then sign and date on the indicated line. For a medical exemption, submit a letter from your child's physician to the school or child care.



# Oregon Certificate of Immunization Status

## Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Codigo Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Religious

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap (not given prior to 10 years of age)					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, child at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**



**Oregon Certificate of Immunization Status, Page 2**  
**Oregon Department of Human Services, Immunization Program**

<b>Child's Last Name</b> <i>Apellido</i>	<b>First</b> <i>Primer Nombre</i>	<b>Middle Initial</b> <i>Segundo Nombre</i>	<b>Birthdate</b> <i>Fecha de Nacimiento</i>
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<b>Recommended Vaccines</b>	<b>Recommended Vaccines</b>	<b>Dose 1</b>	<b>Dose 2</b>	<b>Dose 3</b>	<b>Dose 4</b>	<b>Dose 5</b>	
	Pneumococcal (PCV7) (Only children less than 5 years)						
	Meningococcal (MCV4, MPSV4)						
	Human Papilloma Virus (HPV) (Only girls age 9 years or older)						
	Influenza (Flu)						
	Other Vaccine Please specify:						
	Other Vaccine Please specify:						

**For medical exemptions:**

**Please submit a letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Exemptions (history of disease or positive titer):**

**Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Religious exemption:**

I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease outbreak. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

- |                     |                          |             |                          |
|---------------------|--------------------------|-------------|--------------------------|
| Diphtheria/ Tetanus | <input type="checkbox"/> | Pertussis   | <input type="checkbox"/> |
| Measles             | <input type="checkbox"/> | Polio       | <input type="checkbox"/> |
| Mumps               | <input type="checkbox"/> | Varicella   | <input type="checkbox"/> |
| Rubella             | <input type="checkbox"/> | Hib         | <input type="checkbox"/> |
| Hepatitis B         | <input type="checkbox"/> | Hepatitis A | <input type="checkbox"/> |

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

\_\_\_\_\_  
Date

I certify that the above information is an accurate record of this child's immunization history and exemption status.

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

Update Signature \_\_\_\_\_  
Date \_\_\_\_\_

Update Signature \_\_\_\_\_  
Date \_\_\_\_\_

Update Signature \_\_\_\_\_  
Date \_\_\_\_\_

# Horizon Physical Examination Form



**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Athlete and Parent/Guardian:** Please review all questions and answer them to the best of your ability.

**Physician:** Please review with the athlete details of any positive answers.

- | YES   | NO    | Don't Know |   |
|-------|-------|------------|---|
| _____ | _____ | _____      | 1. Has anyone in the athlete's family died suddenly before the age of 50 years?   |
| _____ | _____ | _____      | 2. Has the athlete ever passed out during exercise or stopped exercising because of dizziness or chest pain?  |
| _____ | _____ | _____      | 3. Does the athlete have asthma (wheezing), hay fever, or coughing spells during or after exercise?   |
| _____ | _____ | _____      | 4. Has the athlete ever broken a bone, had to wear a cast, or had an injury to any joint?   |
| _____ | _____ | _____      | 5. Does the athlete have a history of a concussion (getting knocked out) or seizures?   |
| _____ | _____ | _____      | 6. Has the athlete ever suffered a heat-related illness (heat stroke)?  |
| _____ | _____ | _____      | 7. Does the athlete have a chronic illness or see a physician regularly for any particular problem?   |
| _____ | _____ | _____      | 8. Does the athlete take any prescribed medicine, herbs or nutritional supplements?   |
| _____ | _____ | _____      | 9. Is the athlete allergic to any medications or bee stings?  |
| _____ | _____ | _____      | 10. Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?   |
| _____ | _____ | _____      | 11. Has the athlete ever had prior limitation from sports participation?  |
| _____ | _____ | _____      | 12. Has the athlete had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability?  |
| _____ | _____ | _____      | 13. Has the athlete ever been diagnosed with a heart murmur or heart condition or hypertension?   |
| _____ | _____ | _____      | 14. Is there a history of young people in the athlete's family who have had congenital or other heart disease: cardiomyopath, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write "I don't understand these terms" and initial this item, if appropriate.) |
| _____ | _____ | _____      | 15. Has the athlete ever been hospitalized overnight or had surgery?  |
| _____ | _____ | _____      | 16. Does the athlete lose weight regularly to meet the requirements for your sport?   |
| _____ | _____ | _____      | 17. Does the athlete have anything he or she wants to discuss with the physician?   |
| _____ | _____ | _____      | 18. Does the athlete cough, wheeze, or have trouble breathing during or after activity?   |
| _____ | _____ | _____      | 19. Does the athlete have asthma?   |
|       |       |            | 20. FEMALES ONLY  |
|       |       |            | a. When was your first menstrual period? _____  |
|       |       |            | b. When was your most recent menstrual period? _____  |
|       |       |            | c. What was the longest time between menstrual periods in the last year? _____  |

**(Explain any YES answers on back.)**

**Parent/Guardian's Statement:**

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

I hereby authorize release of these examination results to my child's school.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## School Sports Pre-Participation Examination



NAME: _____	BIRTHDATE: ____/____/____
Height: _____ Weight: _____ % Body Fat (optional): _____	Pulse: _____ BP: ____/____ (____/____/____)
Rhythm: Regular _____ Irregular _____	
Vision: R 20/____ L 20/____ Corrected: Y N	Pupils: Equal _____ Unequal _____

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart: Pericardial activity			
1st & 2nd heart sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL			
MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS*
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

\* Station-based examination only

### CLEARANCE

\_\_\_\_\_ Cleared

\_\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Name of physician (print/type): \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Physician: \_\_\_\_\_

## SUGGESTED EXAM PROTOCOL FOR THE PHYSICIAN



### MUSCULOSKELETAL

#### Have patient:

1. Stand facing examiner
2. Look at ceiling, floor, over shoulders, touch ears to shoulders
3. Shrug shoulders (against resistance)
4. Abduct shoulders 90 degrees, hold against resistance
5. Externally rotate arms fully
6. Flex and extend elbows
7. Arms at sides, elbows 90 degrees flexed, pronate/supinate wrists
8. Spread fingers, make fist
9. Contract quadriceps, relax quadriceps
10. "Duck walk" 4 steps away from examiner
11. Stand with back to examiner
12. Knees straight, touch toes
13. Rise up on heels, then toes

#### To check for:

- AC joints, general habitus
- Cervical spine motion
- Trapezius strength
- Deltoid strength
- Shoulder motion
- Elbow motion
- Elbow and wrist motion
- Hand and finger motion, deformities
- Symmetry and knee/ankle effusion
- Hip, knee and ankle motion
- Shoulder symmetry, scoliosis
- Scoliosis, hip motion, hamstrings
- Calf symmetry, leg strength

**MURMUR EVALUATION** - Auscultation should be performed sitting, supine and squatting in a quiet room using the diaphragm and bell of a stethoscope.

#### Auscultation finding of:

1. S1 heard easily; not holosystolic, soft, low-pitched
2. Normal S2
3. No ejection or mid-systolic click
4. Continuous diastolic murmur absent
5. No early diastolic murmur
6. Normal femoral pulses  
(Equivalent to brachial pulses in strength and arrival)

#### Rules out:

- VSD and mitral regurgitation
- Tetralogy, ASD and pulmonary hypertension
- Aortic stenosis and pulmonary stenosis
- Patent ductus arteriosus
- Aortic insufficiency
- Coarctation

**MARFAN'S SCREEN** - Screen all men over 6'0" and all women over 5'10" in height with Echocardiogram and slit lamp exam when any two of the following are found:

1. Family history of Marfan's syndrome (this finding alone should prompt further investigation)
2. Cardiac murmur or mid-systolic click
3. Kyphoscoliosis
4. Anterior thoracic deformity
5. Arm span greater than height
6. Upper to lower body ratio more than 1 SD below mean
7. Myopia
8. Ectopic lens

# INTERNATIONAL STUDENT ACADEMIC PROGRAM

EMERGENCY TREATMENT FORM

EXTRA CURRICULAR ACTIVITIES PERMISSION



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

Birth date \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Insurance: \_\_\_ Please subscribe to health insurance for my son or daughter.  
\_\_\_ We have insurance that is valid in the United States. Please see  
"Verification of Insurance Coverage" form with student application materials.

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

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

I give permission for Horizon Christian School to authorize medical treatment as needed in the event of illness or injury.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Form I-134, Affidavit of Support

*(Answer all items. Type or print in black ink.)*

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(Name) (Street and Number)

\_\_\_\_\_  
(City) (State) (Zip Code if in U.S.) (Country)

**certify under penalty of perjury under U.S. law, that:**

1. I was born on \_\_\_\_\_ in \_\_\_\_\_  
(Date-mm/dd/yyyy) (City) (Country)

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

- a. If a U.S. citizen through naturalization, give certificate of naturalization number \_\_\_\_\_
- b. If a U.S. citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- c. If U.S. citizenship was derived by some other method, attach a statement of explanation.
- d. If a lawfully admitted permanent resident of the United States, give A-Number \_\_\_\_\_
- e. If a lawfully admitted nonimmigrant, give Form I-94, Arrival-Departure Document, number \_\_\_\_\_

2. I am \_\_\_\_\_ years of age and have resided in the United States since (date) \_\_\_\_\_

3. This affidavit is executed on behalf of the following person:

Name (Family Name)	(First Name)	(Middle Name)	Gender	Age
Citizen of (Country)		Marital Status	Relationship to Sponsor	
Presently resides at (Street and Number)		(City)	(State)	(Country)

Name of spouse and children accompanying or following to join person:

Spouse	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age

4. This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in **item (3)** will not become a public charge in the United States.

5. I am willing and able to receive, maintain, and support the person(s) named in **item 3**. I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

6. I understand that:

- a. Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the person named in **item 3** becomes a public charge after admission to the United States; and
- b. Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the person named in **item 3** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families;
- c. If the person named in **item 3** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the person named in **item 3** is determined under the statutes and rules governing each specific program.



7. I am employed as or engaged in the business of \_\_\_\_\_ with \_\_\_\_\_  
 (Type of Business) (Name of Concern)

at \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip Code)

I derive an annual income of: *(If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of net worth to be submitted.)* \$ \_\_\_\_\_

I have on deposit in savings banks in the United States: \$ \_\_\_\_\_

I have other personal property, the reasonable value of which is: \$ \_\_\_\_\_

I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief: \$ \_\_\_\_\_

I have life insurance in the sum of: \$ \_\_\_\_\_

With a cash surrender value of: \$ \_\_\_\_\_

I own real estate valued at: \$ \_\_\_\_\_

With mortgage(s) or other encumbrance(s) thereon amounting to: \$ \_\_\_\_\_

Which is located at: \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip Code)

8. The following persons are dependent upon me for support: *(Check the box in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)*

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		

9. I have previously submitted affidavit(s) of support for the following person(s). If none, state "None".

Name of Person	Date submitted
_____	
_____	

10. I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following person(s). If none, state "None".

Name of Person	Relationship	Date submitted
_____		
_____		

11. I  intend  do not intend to make specific contributions to the support of the person(s) named in item 3.

*(If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)*

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

### Oath or Affirmation of Sponsor

I acknowledge that I have read "Sponsor and Alien Liability" on Page 2 of the instructions for this form, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I certify under penalty of perjury under United States law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Signature of sponsor \_\_\_\_\_

Date \_\_\_\_\_



# Horizon Christian School

700 Pacific Ave., Hood River, Oregon USA 97031

Ph. (541) 387-3200 FAX (541) 386-3651

[admin@horizonchristianschool.org](mailto:admin@horizonchristianschool.org)

## INTERNATIONAL STUDENT INFORMATION

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### **Host Family Guidelines – note the 17 following points**

1) Students should be welcomed as a family member and treated with the same amount of respect and compassion that you would give your own child. Students should also be expected to follow the family rules and assist with household chores the same way an American son or daughter might. Students should not be expected to act as babysitters or the only housecleaners.

2) The family should familiarize the student with their house rules: e.g., when dinner is served; what the rules are for "helping oneself" to food; how laundry is handled; what time curfew is; etc. Please do not treat students like a guest; instead try to treat them as a family member as soon as possible. This helps to avoid feelings of being taken advantage of by the student or that the home is being used as a "hotel." As part of the assimilation process, it is also strongly recommended to write down all the house rules with the student during the first week of arrival and to make sure that the student is familiar with the house and all the house rules. Families that expect students to learn by watching the actions of their own children will often be disappointed. Do not expect students to learn through observation only and it is important that all expectations are written down and posted somewhere to serve as a reminder.

3) No attempt should ever be made to change your student's religious beliefs; however, it is acceptable to give your student an opportunity to explore your religion as part of their cultural exposure. You may ask your student to attend church, synagogue, or temple services on a few occasions, but they should not be required to attend regularly.

4) The family must provide a separate bed, in a bedroom or enclosed room, for their student. The student may share a room with one host sibling of the same gender and similar age. The student's bed can not be placed in an open area such as a family room or furnished basement.

5) The family must provide a private and quiet study space for their student to complete their homework.

6) The family must provide up to three meals per day, including a sack lunch on school days. If the student wishes to buy lunch at school the student is responsible for paying for lunch.

7) The family will ensure that the student has transportation to and from the school. If there is no school bus or public transportation available, then the family will have to arrange for a carpool or drive the student to and from school.

8) Family members can be helpful to the student's progress by showing interest in English conversation and asking questions about their progress at school and their adjustment to life in their new community.

- MORE GUIDELINES ON FOLLOWING PAGES

## Host Family Guidelines, continued

### 9) Money

Your student will bring their own spending money. HORIZON recommends that students arrive with a credit/debit card to access their money or set up their own bank account if they arrive with cash/traveler's checks. **They should not share the bank account with anyone else. Students and their host families should not borrow money from each other.** Money misunderstandings can create distrust in student/host family relationships.

#### **The student is responsible for all personal expenses including:**

- **Meals:** The Host Family must provide three meals a day. However, the student is responsible for additional meals. If the student wants to buy lunch at school, he must pay that cost. If the student requires special foods that are not part of family's normal diet, the student is responsible for buying that food.
- **Entertainment:** Movies, snacks, sports events, restaurant meals, or HORIZON events
- **Travel and Excursions:** Any cost associated with travel activities
- **Personal Items:** Toothpaste, shampoo, makeup, deodorant
- **Clothing:** All clothing including winter jackets
- **School expenses:** Including books, class fees, yearbooks, sports and special events
- **Transportation:** Travel to and from school if there is not a school bus
- **Phone calls:** Long distance telephone calls
- **Miscellaneous:** Stamps, film and processing, and visa-related fees

### 10) Insurance

Students are insured for medical and dental emergencies. Families should not pay any medical or dental bills. The student's insurance card or information sheet will have the appropriate information for reimbursement. Please see the "Insurance" section for more information.

### 11) Guns

Guns are not a part of most other cultures. Families who have guns must not display them to the students and should keep them **SECURELY LOCKED AWAY** at all times. HORIZON International Students are not allowed to participate, in any hunting or gun related events or excursions due to liability purposes. Paintball is not covered by the insurance and is also forbidden.

### 12) Driving

Students **ARE NOT** allowed to drive cars or motorbikes. Students are allowed to take driver's education classes as long as they obtain the appropriate permission from HORIZON, the foreign partner and their natural parents. However, regardless of state driving requirements, they are not allowed to drive with any one other than a licensed driving instructor. Please contact the HORIZON office for details.

### 13) Smoking

HORIZON ISP students are prohibited from smoking during the program.

### 14) Travel

Horizon Christian School provides a traditional educational program from a Christian perspective, promising students the experience of living with an American family and attending an American high school. **HORIZON is not a travel program**, and host families are not expected to take students touring the country. All travel requests must be pre-approved by the host family, HORIZON, and the student's natural parents.

- MORE GUIDELINES ON FOLLOWING PAGE

## Host Family Guidelines, continued

### **15) Gifts**

The family should be gracious in receiving gifts from the student's families, but it is **not necessary** for you to feel obligated to give gifts, since you are already providing the student with room and board. It is not uncommon for a family to give their student a gift for their Birthday or Holiday, but should not feel the pressure to give elaborate or expensive presents.

### **16) Family Participation**

Host families are encouraged to participate in HORIZON activities. Students are encouraged and expected to participate in family life, therefore the use of the internet and phone calls home need to be done in consideration of the host family's schedule and in moderation to help with the student's adaptation to the host family and the culture. Please discuss this with your student and be clear about your expectations.

### **17) Progress Reports**

The ISP coordinator periodically contacts the host family for progress with the student to assist in the adaptation to Horizon and the family atmosphere. Please contact the ISP coordinator with any issues so that problems can be headed off quickly. Please do not contact the student's natural parents as this is first the responsibility of the ISP coordinator and the exchange company.