



# GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION ADMISSIONS GUIDELINE

3583 Scotland Rd, Scotland PA. 17254 | [www.gvcsupa.org](http://www.gvcsupa.org) | +1) 717-251-4080

### 1. Operation Plan

| Curriculum           |                        | Regular Operation |
|----------------------|------------------------|-------------------|
| Prospective Students | Middle and High School | Grades 7-12       |

### 2. Admissions Eligibility

| Eligibility |  |
|-------------|--|
| (1)         | Accumulative GPA 2.5 or above.   |
| (2)         | Graduated or currently enrolled in middle school.                      |
| (3)         | Current 7th - 11th grade students in Korea or other foreign countries. |

### 3. Requirements

| Criteria             | No  | Required Official Document   |
|----------------------|-----|--|
| Prospective Students | (1) | Student Application for Admission Package                                    |
|                      |     | - Student and Family Information / Current Church Membership form (3pages)   |
|                      |     | - Physical Examination Record (1page)  |
|                      |     | - Immunization Record (1page)  |
|                      |     | -Student Self – Introduction (3pages)  |
|                      |     | -Parents Self – Introduction (1page)   |
|                      |     | -Pastor Recommendation Form (2pages)   |
|                      |     | -Subscription Agreement and Pledge for Admission (1page)                     |
|                      |     | -Financial Compliance Parent consent form(2pages)                            |
|                      |     | -Student and Parents Pledge and agreement form (1page)                       |
|                      |     | -Child Guardian Consent Form (1page)   |
|                      |     | -Teacher's Recommendation (1page)  |
|                      |     | -Request for Issuance of Form I-20 (1page)                                   |
|                      |     | -Medical History (2pages)  |
|                      |     | -Education Mission Offering Agreement (1page)                                |
|                      |     | - International Program Release of Liability & Other Authorizations (5pages) |
|                      | (2) | 2 Copies of photograph (3x4cm)   |
|                      | (3) | Bank Statement   |
|                      | (4) | Photocopy of passport  |
|                      | (5) | School Enrollment Verification Letter (재학 증명서)                               |
|                      | (6) | Official transcript for past 2 years (성적 증명서)                                |
|                      | (7) | Family Relations Verification Letter (가족관계증명서)                               |
|                      | (8) | Social Security Verification Letter (주민등록표 등본)                               |
|                      | (9) | Church bulletin(교회 주보)   |



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| APPLICANT INFORMATION                   |                     |   |                         |
|---|---------------------|---|-------------------------|
| Name: (Family Name, Given Name)         |                     |   | English Name:           |
| School Year:                            | Gender:             | Date of Birth:  | Age:                    |
| Term Applying for:<br>___Fall ___Spring | Current Grade:      | Place of Birth:   | Country of Citizenship: |
| Date of Application:                    | Grade Applying For: | Residential Program Applying for:<br>___Homestay ___Dormitory |                         |

| STUDENT CONTACT INFORMATION |                 |                    |                    |
|-----------------------------|-----------------|--------------------|--------------------|
| Street Address:             |                 | Home Phone Number: | Cell Phone Number: |
| City:                       | State/Province: | Email Address:     | Skype ID:          |
| Postal Code:                | Country:        | Kakao Talk ID:     | Etc:               |

| REFERENCE         |  |
|-------------------|--|
| Talent :          | <p><b>2003</b></p> <p><b>Have you ever been:</b></p> <p>Expelled or suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Abused drugs, alcohol, or tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Prescribed a daily medication we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Repeated a grade level during your educational career? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><u>If you answered "Yes" to any of the question above, please use this section to explain in detail:</u></b></p> |
| Aspiration :      |  |
| Hobby :           |  |
| Chronic Illness : |  |



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### STATEMENT OF INTENT

Please state the reason(s) why you desire to attend Global Vision Christian School:

### FAMILY INFORMATION: PARENT(S) / LEGAL GUARDIAN(S)

| FATHER or Male Legal Guardian   |                | MOTHER or Female Legal Guardian  |                |
|---|----------------|----------------------------------|----------------|
| Full Name: (Last, First, Middle)  |                | Full Name: (Last, First, Middle) |                |
| Address:  |                | Address:                         |                |
| Home Phone:   | Cell Phone:    | Home Phone:                      | Cell Phone:    |
| Work Phone:   | Skype ID:      | Work Phone:                      | Skype ID:      |
| Email Address:  | Kakao Talk ID: | Email Address:                   | Kakao Talk ID: |
| Place of Employment:  |                | Place of Employment:             |                |
| Position:   | Work Phone:    | Position:                        | Work Phone:    |
| Marital status of parents listed above:<br><input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together<br>If separated or divorced please explain legal custody and rights information: |                |                                  |                |



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### EXTRACURRICULAR ACTIVITIES/GOALS

List any extracurricular activities with which you have been involved (athletics, student leadership, clubs, etc.)

List any community service projects or employment you have experienced:

What are your post-high school goals? (What kind of college do you hope to attend; what work-related interests might you pursue?)

### CURRENT CHURCH MEMBERSHIP/ACTIVITY

Are you affiliated with a particular religion or denomination?  
Please explain.

Church of Attendance:

Are you a member of this church:  
\_Yes \_\_\_\_\_ No \_\_\_\_\_

Pastor's Name

Have you and your parents read the GVCS Statement of Faith  
and do you support that Statement? \_Yes \_\_\_\_\_ No \_\_\_\_\_

Pastor's Email Address:

Pastor's Phone Number:

Church Address:

How did you hear about GVCS?

☐ TV ☐ Radio ☐ Internet ☐ Friends or Family ☐ Pastor ☐ BCA Employee or Student

☐ Other \_\_\_\_\_

Thank you for your interest in Global Vision Christian School. Please submit this completed form, along with the other required forms, to the administrative office at GVCS to be considered for enrollment

Global Vision Christian School, 3583 Scotland Rd, Scotland, Pennsylvania 17254

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### GVCS-PA PHYSICAL EXAMINATION RECORD

**PHYSICAL EXAMINATION (To be completed by Medical Provider)**

Physical Exam Date \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH (mo/day/yr) STUDENT ID#

TEMP RESP PULSE (sitting) BLOOD PRESSURE (sitting) HEIGHT WEIGHT BMI (Body Mass Index)

VISION: Right Eye 20/ Left Eye 20/ Corrected: Right Eye 20/ Left Eye 20/

**MEDICAL HISTORY**

ALLERGIES:

MEDICATIONS:

**PHYSICAL EXAM**

General Appearance/Mental Status: \_\_\_\_\_

| Check appropriate answer          | Normal | Abnormal | Comment on abnormalities |
|-----------------------------------|--------|----------|--------------------------|
| Head/face/scalp                   |        |          |                          |
| Neck/nodes/ thyroid               |        |          |                          |
| Eyes/Ears/Nose/Sinuses            |        |          |                          |
| Mouth and teeth                   |        |          |                          |
| Pharynx and tonsils               |        |          |                          |
| Lungs and chest                   |        |          |                          |
| Breasts                           |        |          |                          |
| Heart (size, rhythm, murmurs)     |        |          |                          |
| Abdomen (scars, hernia, mass)     |        |          |                          |
| Genitourinary (pelvic in females) |        |          | LNMP ____/____/____      |
| Anus, rectum (prostate in males)  |        |          |                          |
| Extremities                       |        |          |                          |
| Spine and musculoskeletal         |        |          |                          |
| Peripheral vascular system        |        |          |                          |
| Skin and lymphatics               |        |          |                          |
| Neurological, reflexes            |        |          |                          |

**LABORATORY DATA****TUBERCULOSIS SCREENING` Annual PPD-Mantoux tests are required.** Please document dates for the last two PPD readings:

Date skin test placed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date skin test read \_\_\_\_/\_\_\_\_/\_\_\_\_ Reading in mm induration: \_\_\_\_\_

Date skin test placed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date skin test read \_\_\_\_/\_\_\_\_/\_\_\_\_ Reading in mm induration: \_\_\_\_\_

**A Two step PPD-Mantoux is required for all Health Professions students if their last PPD was placed > one year ago.****(The second PPD must be placed no earlier than a week after the first PPD but no later than 3 weeks after the first PPD is placed)**Date 1<sup>st</sup> PPD Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date PPD Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reading in mm induration: \_\_\_\_\_mmDate 2<sup>nd</sup> PPD Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date PPD Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reading in mm induration: \_\_\_\_\_mm**If PPD is positive, you must submit a copy of a chest x-ray report done within the last six months.**Date of Chest X-Ray \_\_\_\_\_ Result: \_\_\_\_\_ **RESTRICTED ACTIVITY:** No ☐ Yes ☐

Reason for Restriction: \_\_\_\_\_

Provider's Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name and Title: \_\_\_\_\_

Office/Clinic Phone No: \_\_\_\_\_

Name Office/ Clinic

Office/Clinic Address

City/State

ZIP

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## NEW STUDENT APPLICATION FOR ADMISSION CERTIFICATE OF IMMUNIZATION

CLINIC NAME :

NAME :

BIRTH DATE :

SEX : M or F

| VACCINE                                   | Dose | DATE GIVEN<br>Month / Day / Year | Remarks   |
|---|------|----------------------------------|---|
| DTP<br>Diphtheria<br>Tetanus<br>Pertussis | 1    | / /                              |   |
|   | 2    | / /                              |   |
|   | 3    | / /                              |   |
|   | 4    | / /                              |   |
|   | 5    | / /                              |   |
| DT/Tdap                                   | 1    | / /                              | Mandatory (After 12years old.)  |
| Polio                                     | 1    | / /                              |   |
|   | 2    | / /                              |   |
|   | 3    | / /                              |   |
|   | 4    | / /                              | After 12years old.  |
| MMR<br>(Measles, Mumps, Rubella)          | 1    | / /                              |   |
|   | 2    | / /                              |   |
| Hepatitis B                               | 1    | / /                              |   |
|   | 2    | / /                              |   |
|   | 3    | / /                              |   |
| Hepatitis A                               | 1    | / /                              |   |
|   | 2    | / /                              |   |
| Varicella                                 | 1    | / /                              | If disagree, give month and year of occurrence                          |
|   | 2    | / /                              | 2 <sup>nd</sup> mandatory   |
| B.C.G                                     | 1    | / /                              |   |
| Tuberculosis                              | 1    | / /                              |   |
| Meningococcal (MCV4)                      | 1    | / /                              | Mandatory   |
|   | 1    | / /                              | Second dose required for entry into 12 <sup>th</sup> grade or post grad |

Signature :

Date :

Clinic Info: (Name / Address)

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## NEW STUDENT APPLICATION FOR ADMISSION

### STUDENT SELF-INTRODUCTION

\*This form must be completed by the applicant. If needed, additional paper can be attached to this form.

1. Please introduce your family and your childhood background

2. Why would you like to attend GVCS and what are your future goals?

3. Please answer following questions concerning your faith

A. If you claim yourself to be a Christian, please answer following questions

a. Have you accepted Jesus Christ as your personal savior?

b. Could you please tell us about your life before you met Jesus Christ?

c. Please describe in detail how you came to know and accept Jesus as your Lord and Savior

d. Please tell us about your life after you received Jesus Christ as your personal savior



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### STUDENT SELF-INTRODUCTION

B. If you claim yourself as non-Christian, please answer below

a. Do you have desire to know more about Christianity?

b. Would you like to know how you can become a believer of Jesus Christ?

4. If you have been involved in any extracurricular activities (clubs, sports, volunteering, etc) please tell us about them including your role in the group

5. Do you have any experience studying outside of Korea? If you have, please tell us about your experience

6. Do you have any skills or talents? (Sports, arts, music, or any other notable talents) Please tell us about them

7. Are there any health concerns or habits that we should be aware of? If yes, please describe below



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### STUDENT SELF-INTRODUCTION

| Category          |  | Yes | No |
|-------------------|--|-----|----|
| Spiritual Life    | Have you accepted Jesus Christ as your personal savior?  |     |    |
|                   | Do you believe in the existence of Heaven and Hell?  |     |    |
|                   | Have you experienced the presence of the Holy Spirit?  |     |    |
|                   | Have you been part of an organized bible study?  |     |    |
|                   | Do you attend early morning prayer regularly?  |     |    |
|                   | Have you been involved with mission, either domestically or internationally?                                   |     |    |
| Volunteering      | Questions regards to volunteering: Have you ever volunteered in your local community to assist people in need? |     |    |
|                   | Have you ever helped a fellow student or a friend who were faced with difficulty?                              |     |    |
|                   | Have you ever been a part of a local or federal volunteering organization?                                     |     |    |
| General Questions | Questions about personal experiences: Have you ever ran away from home?  |     |    |
|                   | Did you ever smoke a cigarette?  |     |    |
|                   | Have you ever used illegal drugs? Have you ever drink alcohol?   |     |    |
|                   | Were you ever in a dating relationship?  |     |    |
|                   | Have you ever been part of bullying someone?   |     |    |
|                   | Have you ever been bullied by someone or a group of people?  |     |    |
|                   | Have you ever been physical with someone? (punching, kicking, fighting, etc)                                   |     |    |
|                   | Have you ever been physically harmed by someone?   |     |    |

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## NEW STUDENT APPLICATION FOR ADMISSION

### PARENTS SELF-INTRODUCTION

|   |  |                 |  |
|---|--|-----------------|--|
| 1. Father's Name:   |  | Mother's Name:  |  |
| 2. Employment:  |  |                 |  |
| Company Name  |  | Company Phone#: |  |
| Department  |  | Position:       |  |
| 3. School History      High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Major <input type="checkbox"/> |  |                 |  |
| 4. Religious Life   |  |                 |  |
| Current church you're attending   |  | Denomination    |  |
| Position  |  | Pastor          |  |
| 5. Please explain below (Why do you want to send your child to Global Vision Christian School?)   |  |                 |  |
|    |  |                 |  |

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## NEW STUDENT APPLICATION FOR ADMISSION

### PASTOR RECOMMENDATION FORM

*The following student applied for admission to the Global Vision Christian School. This letter of recommendation will be an important reference to the student's admission. Therefore, when filling out this recommendation letter, we ask you to honestly record your handwriting in awe of God (valid only for sealed documents)*

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

1. Period for which student has been known to you (About \_\_\_\_\_ Year, \_\_\_\_\_ Month)
2. The degree of knowing the student (☐ Super well ☐ Exceedingly well ☐ Very well ☐ Not very well)
3. When did the student attend your church?
4. Which department in your church does faith activities? (Focusing on activity department position, worship participation)
5. Is the student who is a Christian and has convinced of personal salvation? ☐ Yes ☐ No (Please note if yes)
6. Please record your comments of the student's commitment to the Church.
7. What are the prominent advantages of the student? (Including special gifts or talents)
8. What are the disadvantages of students and are you aware of them?
9. If you know the student's home environment, please write it briefly.
10. Please explain the activities and dedication of the student's parents.

\*If you have any additional comments about the student other than above, please record it.

\*Please attach most recent program from your church

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### PASTOR RECOMMENDATION FORM

Please mark below:

|                                      |                                      |                                   |                                  |
|--------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| Initiative                           | <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Normal   | <input type="checkbox"/> Passive |
| Social adaptability                  | <input type="checkbox"/> Excellence  | <input type="checkbox"/> Moderate | <input type="checkbox"/> Slow    |
| Attentions and concerns about others | <input type="checkbox"/> High        | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low     |
| Leadership                           | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low     |
| Confidence                           | <input type="checkbox"/> High        | <input type="checkbox"/> Moderate | <input type="checkbox"/> Absent  |
| Emotional stability                  | <input type="checkbox"/> High        | <input type="checkbox"/> Average  | <input type="checkbox"/> Low     |
| Health                               | <input type="checkbox"/> Healthy     | <input type="checkbox"/> Moderate | <input type="checkbox"/> Weak    |

(General opinion) \_\_\_\_\_

|                                       |  |                                   |                                       |
|---------------------------------------|--|-----------------------------------|---------------------------------------|
| Intelligence (comprehension)          | <input type="checkbox"/> Quick to understand   | <input type="checkbox"/> Moderate | <input type="checkbox"/> Slow         |
| Effort (diligence)                    | <input type="checkbox"/> Very enthusiastic     | <input type="checkbox"/> Moderate | <input type="checkbox"/> Insufficient |
| Reliability (Responsibility)          | <input type="checkbox"/> Reliable              | <input type="checkbox"/> Moderate | <input type="checkbox"/> Not reliable |
| Cooperation (cooperation with others) | <input type="checkbox"/> Work well with others | <input type="checkbox"/> Moderate | <input type="checkbox"/> Difficult    |
| Personality                           | <input type="checkbox"/> Positive              | <input type="checkbox"/> Moderate | <input type="checkbox"/> Negative     |

(General opinion) \_\_\_\_\_

- A certificate of Parent's church attendance verification

| Names<br>(Father & Mother) | Years of attendance<br>(Father & Mother) | Church Office<br>(Father & Mother) | Other Departments<br>Specify: _____ |
|----------------------------|--|------------------------------------|-------------------------------------|
| /                          | /  | /                                  | /                                   |

\*If you recommend a student who does not attend church, Please describe your motivation for support, student's willingness to live by faith in the future, and your consultation results.

Referrer Position:

Full Name: (Signature)

Name of the Church:

Denomination:

Contact Number:

Thank you for your recommendation, and I look forward to your continued interest and prayer. Thank you.

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### SUBSCRIPTION AGREEMENT AND PLEDGE FOR ADMISSION

We sincerely thank you for your dedication and prayer for the development of the school.

Part of the questions below, please complete the form and submit it to the Admissions Office after signing.

○ **The spirit of compliance, mutual cooperation, and active religious life necessary for living a community life. We educate students to adapt well to school life by raising public morality and order consciousness.**

1. The preliminary successful applicant must pay the tuition as admission (preliminary) as an admitted student. If you are unable to complete the pre-camp, you must quit the admission (except for pre-camp and expenses). You will receive a refund of tuition fees.
2. During the pre-camp period, if a reason for leaving the school is violated, such as a violation of the teacher's instruction or camp rules, the student will be rejected and expulsion reasons: (Abandonment, smoking, drinking, violence, theft, mental illness, maladjustment, etc.)
3. I am responsible for the individual's health, mental illness, and maladjustment (notify the camp office in advance). If it is not possible to participate in the training, it will follow the decision of the school about the expulsion or the postponement of treatment after self-deliberation.
4. During the camping period, if any of the submitted documents are found to be false, they will be rejected.
5. Some pre-camp programs may be changed or canceled depending on circumstances and parents will be notified in this case.
6. Pandemic Group Injury, Injury, First Aid If necessary, take immediate action. If the cause of the incident is caused by a management problem, the camp headquarters will be responsible. If the cause is due to pandemic disease or personal negligence, the under signer will be responsible.
7. I am fully committed to the above, and if so, I pledge not to challenge the action of the school.

Year 20 \_\_\_\_\_, Month \_\_\_\_\_, Day \_\_\_\_\_

Student: \_\_\_\_\_ (Signature) \_\_\_\_\_

Father: \_\_\_\_\_ (Signature) \_\_\_\_\_

Mother: \_\_\_\_\_ (Signature) \_\_\_\_\_



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## NEW STUDENT APPLICATION FOR ADMISSION

### FINANCIAL COMPLIANCE PARENT CONSENT FORM

#### Chapter 3 Reserved Deposit and Offerings

##### Article 7

The refund of educational advancement deposit will be made within 30 days after graduation from high school due to the combined school system, middle and high school combined program. In case of school transfer, expulsion or withdrawal, refund shall be made after one year from the date of occurrence.

##### Article 8

The educational mission contributions or offerings are not refundable.

#### Chapter 4 Tuition, fees. Collection and return of entrance fees and other expenses

##### Article 10

Tuition fees and student administration fees are to be paid before beginning of each semester.

##### Article 11

If there is a reason for return after the day following the start of the semester (or the day of enrollment in case of an enrolled student)

Entrance fees already paid will not be refunded, but tuition fees will be refunded after deducting the amount due until the date of the grounds for the refund.

##### Article 13

Student management fee refers to dormitory facilities management and administration, student life guidance, and food expenses.

The payment of the student administration fee shall be made in principle to the semester.

The refund of student administration fees shall be calculated and refunded by the eligibility criteria table.

- Before the start of school: 90%
- Before 30 days after the start of school: 60% (70% if you are transferring back to campus in Korea)
- After 30 days after the start of school: 0%



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## **NEW STUDENT APPLICATION FOR ADMISSION FINANCIAL COMPLIANCE PARENT CONSENT FORM**

### **Arbitration Rules**

You can limit the issuance of various certificates (grades, graduation, enrollment, etc.) and the residence of dormitories when the payment is in default.

***I understand that I have read and understood the above financial statements and pledge that I will comply with all financial regulations revised in the future by official procedures.***

Year: 20 \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

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

Contact: \_\_\_\_\_

Name of person in charge: (Father Signature / Date):

\_\_\_\_\_

Name of person in charge: (Mother Signature / Date)

\_\_\_\_\_

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## **NEW STUDENT APPLICATION FOR ADMISSION** **STUDENT AND PARENTS PLEDGE AND AGREEMENT**

***I pledge and agree to be aware of and comply with the rules and regulations governing study and living in Global Vision Christian School as a student of the GVCS.***

1. I will obey school regulations and dormitory regulations and obey the instruction and instructions of teachers and dormitory teachers.
2. In case of breach of school rules and regulations, I agree to be treated and punished accordingly.
3. If your school (GVCS) is expelling or I have been dismissed from the dormitory for any reasons, I will leave the dormitory immediately.
4. I will reimburse the cost of damages if I damage the school facilities intentionally or negligently.
5. In case of emergency such as disaster, illness or injury, emergency measures are delegated to school personnel.
6. If you agree with the GVCS Christian Education and admitted to GVCS. After admission has granted, your students and parents are not continuing faithful Christian activities - I will not file any complaint against the decision of termination of admission by the school authority.
7. In the case of selected as a scholarship awarding student, if, however, required grades, life style, spiritual life, are not meet to the designated level, the scholarships awarding will be discontinued. In that case of discontinued or eligibility change for scholarship, the student or parents will not take any complaint or litigation against school system.
8. I agree to provide and use personal information of students and parents.

### **Signature**

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

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

Father: \_\_\_\_\_

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

Mother: \_\_\_\_\_

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

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GLOBAL VISION CHRISTIAN SCHOOL

# PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

### CHILD GUARDIAN CONSENT FORM

School Years 2020-2021

\_\_\_\_\_ (Father's Name) of

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Mothers Name) of

\_\_\_\_\_ (Address)

Current legal parents of \_\_\_\_\_ (Student's Name)

Born on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Students Birth date: MM / DD / YYYY),

Hereby appoint Joshua Kang (Principal) or a Represented Staff of Global Vision Christian  
School in case of urgent Medical Attention: \_\_\_\_\_ (Represented Staff Name)

As legal guardian for my child for the period of time beginning on the 1<sup>st</sup> of Jan, 2021 and ending on the 31<sup>st</sup> of May, 2027.

The guardian shall have the right to:

- 1) Determine and authorize necessary medical attention
- 2) Provide necessary food, and shelter
- 3) Generally act in loco parentis

My signature below shows my consent to the conditions of this agreement and guardianship of my child by the host family listed above.

### Parent Signatures

Father Name (Please Print)

Signature

Date

Mother Name (Please Print)

Signature

Date

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GLOBAL VISION CHRISTIAN SCHOOL

# PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

### TEACHER'S RECOMMENDATION

Please return this form to the applicant in a sealed envelope. The applicant is responsible for submitting this form to Global Vision Christian School. Thank you for taking the time to serve as a reference for this applicant.

Dear Educator,

\_\_\_\_\_ (Name of Applicant) has applied for enrollment to Global Vision Christian School. To assist us in making an appropriate selection that is consistent with our mission and purpose, we are seeking information from you concerning the above candidate. Please respond to the following categories as related to the applicant. When evaluating, please compare the student to other students his/her same age. If a category does not apply to your interactions with the student, please mark N/A or leave it blank. Thank you!

| Academic Achievement     | 1 (Poor) | 2 (Regressing) | 3 (Average) | 4 (Very Good) | 5 (Excellent) |
|--------------------------|----------|----------------|-------------|---------------|---------------|
| Academic Potential       |          |                |             |               |               |
| Creativity               |          |                |             |               |               |
| Leadership Ability       |          |                |             |               |               |
| Personal Integrity       |          |                |             |               |               |
| Study Habits             |          |                |             |               |               |
| Initiative               |          |                |             |               |               |
| Writing Ability          |          |                |             |               |               |
| Oral Expression          |          |                |             |               |               |
| Spiritual Maturity       |          |                |             |               |               |
| Emotional Maturity       |          |                |             |               |               |
| Conduct                  |          |                |             |               |               |
| Concern for Others       |          |                |             |               |               |
| Relationship with Peers  |          |                |             |               |               |
| Relationship with Adults |          |                |             |               |               |

Have you ever known the applicant to use narcotics, tobacco, or alcoholic beverages or abuse any other substance?

What are the applicant's strengths? \_\_\_\_\_

In what areas is improvement needed? \_\_\_\_\_

Would you recommend this student for admission to Global Vision Christian School? \_\_\_\_\_

\_\_\_\_\_  
Name of Evaluator (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name & Address

\_\_\_\_\_  
School Phone Number

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GLOBAL VISION CHRISTIAN SCHOOL

# PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION REQUEST FOR ISSUANCE OF FORM I-20

### Basic Information:

|  |                                      |                         |         |
|--|--------------------------------------|-------------------------|---------|
| Family Name (Surname):   | First (Given) Name:                  | Middle Name:            |         |
| Date of Birth (Month/Day/Year):                                    | Country of Birth:                    | Country of Citizenship: |         |
| I20 Issue Reason:<br>Initial Attendance      Transfer              | Program Start Date (Month/Day/Year): | Grade Applying For:     | Gender: |
| If you are currently in the United States, what is your visa type? |                                      |                         |         |

### Student Contact Information:

|                        |                           |                   |          |
|------------------------|---------------------------|-------------------|----------|
| Address Line One:      |                           | Address Line Two: |          |
| City:                  | Province/Territory/State: | Zip/Postal Code:  | Country: |
| Student Email Address: |                           |                   |          |

### I-20 Shipping Address:

|   |   |   |
|---|---|---|
| Contact Name:                           | Company Name:   | Phone Number:   |
| Address Line One:                       | Address Line Two:   | City:   |
| Province/Territory/State:               | Zip/Postal Code:  | Country:  |
| Is Saturday Delivery Ok?<br>Yes      No | Is this a business or a residence?<br>Business      Residence | Name & Email Address of the person who should<br>Receive the tracking number: |

Name of person submitting this form:

Agency:

Date:

Comments:

GVCS PA OFFICE USE ONLY:

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GLOBAL VISION CHRISTIAN SCHOOL

# PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

### Medical History

The following health history is confidential and does not affect your admission status. This information is requested to determine if you have any medical conditions that may require special assistance from the school. This information will be used to help us provide continuity of care for you. This information will not be released without your written permission except in an emergency situation, by court order or by parental consent if under age 18. Please attach additional sheets for any items that require additional explanation.

#### SECTION 1: REPORT OF MEDICAL HISTORY

(Please print in black ink)

LAST NAME FIRST NAME MIDDLE NAME STUDENT ID NUMBER SOC. SECURITY NUMBER

PERMANENT ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

DATE OF BIRTH (mo/day/yr) PLACE OF BIRTH GENDER ☐ M ☐ F

|       |  |   |
|-------|--|---|
| EMAIL | CLASS YOU ARE ENTERING (circle)<br>FR. SO. JR. SR. GRAD. PROF. | SEMESTER ENTERING (circle):<br>FALL SPRING SUMMER 1 SUMMER 2 YEAR |
|-------|--|---|

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY RELATIONSHIP

ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND ADDRESS OF HEALTH INSURANCE CO. AREA CODE/PHONE

NAME OF POLICY HOLDER POLICY/CERTIFICATE # GROUP #

#### SECTION 2: FAMILY MEDICAL HISTORY

(Please print in black ink)

#### HAS ANY PERSON, RELATED BY BLOOD, HAD ANY OF THE FOLLOWING CONDITIONS:

|                            | Yes | No | Relationship |                          | Yes | No | Relationship |                      | Yes | No | Relationship |
|----------------------------|-----|----|--------------|--------------------------|-----|----|--------------|----------------------|-----|----|--------------|
| High blood pressure        |     |    |              | Cholesterol or blood fat |     |    |              | Cancer (type):       |     |    |              |
| Stroke                     |     |    |              | Disorder                 |     |    |              | Alcohol/drug problem |     |    |              |
|                            |     |    |              | Diabetes                 |     |    |              | Psychiatric illness  |     |    |              |
| Heart attack before age 55 |     |    |              | Glaucoma                 |     |    |              |                      |     |    |              |
| Blood or clotting disorder |     |    |              | Asthma                   |     |    |              |                      |     |    |              |

#### SECTION 3: PERSONAL MEDICAL HISTORY

(Please print in black ink)

#### DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING: PLEASE ANSWER EACH QUESTION AND INDICATE YEAR FOR YES ANSWERS

|                                | Yes | No | Year |                               | Yes | No | Year |                             | Yes | No | Year |
|--------------------------------|-----|----|------|-------------------------------|-----|----|------|-----------------------------|-----|----|------|
| Anemia or Sickle cell anemia   |     |    |      | Chest Pain or pressure        |     |    |      | Headaches (Frequent/severe) |     |    |      |
| Anorexia/Bulimia               |     |    |      | Chronic cough                 |     |    |      | Head injury (severe)        |     |    |      |
| Allergies/Hay fever            |     |    |      | Concussion                    |     |    |      | Hepatitis or Jaundice       |     |    |      |
| Asthma                         |     |    |      | Cancer or Tumor               |     |    |      | Hearing loss                |     |    |      |
| Arthritis                      |     |    |      |                               |     |    |      | Hernia (specify)            |     |    |      |
|                                |     |    |      | Diabetes                      |     |    |      | Intestinal problems         |     |    |      |
| Breathing problems/            |     |    |      | Dizziness or fainting         |     |    |      | Kidney stone                |     |    |      |
| Back or neck injury            |     |    |      | Depression or Excessive worry |     |    |      | Learning disorder (specify) |     |    |      |
| Bone, joint or other deformity |     |    |      | Eye problem (not glasses)     |     |    |      | Malaria                     |     |    |      |
| Broken bone(specify)           |     |    |      | Easy fatigability             |     |    |      |                             |     |    |      |
| Bladder or kidney Infection    |     |    |      | High blood pressure           |     |    |      | Menstrual cramps (severe)   |     |    |      |
| Blood transfusion              |     |    |      | Heart condition               |     |    |      | Physical disability         |     |    |      |
|                                |     |    |      |                               |     |    |      | Other (specify)             |     |    |      |

Please complete reverse side.

1 of 2

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# GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

### Medical History

#### SECTION 3: PERSONAL MEDICAL HISTORY – CONTINUED (Please print in black ink)

Describe any conditions or disabilities that would exclude participation in physical education (e.g., swimming).

Do you exercise three or more times per week? ☐ YES ☐ NO

Do you use a seatbelt on a regular basis? ☐ YES ☐ NO

Please list any drugs, medicines, birth control pills, vitamins, minerals (prescription and nonprescription or herbal medicines) you use and indicate how often you use them?

| Name of drug | Reason for taking drug? | How much are you taking and how often? |
|--------------|-------------------------|--|
| 1            |                         |  |
| 2            |                         |  |
| 3            |                         |  |
| 4            |                         |  |

Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash, hives, etc.) to any of the following? If yes, please explain the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once.

|   | Yes | No | Explanation |
|---|-----|----|-------------|
| Penicillin                                  |     |    |             |
| Sulfa                                       |     |    |             |
| Other antibiotics (name)                    |     |    |             |
| Aspirin                                     |     |    |             |
| Codeine or other pain relievers             |     |    |             |
| Other drugs, medicines, chemicals (specify) |     |    |             |
| Insect bites                                |     |    |             |
| Food allergies (name)                       |     |    |             |

|   | Yes | No | Explanation (specify when, where and why) |
|---|-----|----|---|
| Have you ever been a patient in any type of hospital?                             |     |    |   |
| Has your academic career been interrupted due to physical or emotional problems?  |     |    |   |
| Have you ever had any serious illness or injuries other than those already noted? |     |    |   |

#### IMPORTANT INFORMATION.....PLEASE READ AND COMPLETE

##### STATEMENT BY STUDENT:

(A) I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, except in an emergency or by Court Order. However, if I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission for the Student Health Center to release information from my record to a physician, hospital or other medical agency involved in providing me with emergency treatment and/or medical care.

(B) I hereby authorize any medical treatment for myself that may be advised or recommended by the providers of the Student Health Center.

(C) Mental Health: I also hereby authorize transportation to Howard University Hospital when recommended by the psychologist/psychiatrist of the University Counseling Center.

Signature of Student

Date

##### PARENTAL/GUARDIAN PERMIT – MUST BE COMPLETED IF STUDENT IS UNDER 18 YEARS OF AGE

The LAW requires that parental permission be obtained for medical treatment of minors. A parent or guardian should sign the following consent form so that medical treatment may be given to the student who is a minor. However, no major operation will be performed except in extreme emergency, without parent/guardian being contacted and fully informed.

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my daughter/son/ward.

(Signed) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Date) \_\_\_\_\_



# GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

### EDUCATION MISSION OFFERING AGREEMENT

Thank you for your interest in cultivating Christian talents to face the world's 10 billion people. Based on our faith and trust, we will do our utmost to nurture the best global talent. The result of the true education we pursue is not only that our children possess the ability to create their own happiness, and to have a vision of contributing to a world where everyone is happy together.

I would like to take this opportunity to join as an educational missionary for the cultivation of holy talents.  
Your precious education and mission offerings will be a great help to advance the global advanced education and will be the foundation for establishing world-class education that represents Korea. Thank you for your generous interest and encouragement.

Pledge Amount: \$ \_\_\_\_\_

The above promised amount of donation is made to be used for the needed area of the global advanced education for the cultivation of Christian human resources commitment funds.

Year 20\_\_\_\_\_, Month\_\_\_\_\_, day \_\_\_\_\_

Name: \_\_\_\_\_ (Signature): \_\_\_\_\_ (Student Name :) \_\_\_\_\_

Address:

Date of Birth:

Contact:



사단 GLOBAL EDUCATION MISSION  
법인 글로벌교육선교회

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GLOBAL VISION CHRISTIAN SCHOOL

# PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

### Global Vision Christian School/Broadfording Christian Academy

#### International Program Release of Liability & Other Authorizations

The Undersigned, \_\_\_\_\_ (Parents/Guardians Names) (referred to in this document as "Parents") parent(s)/guardian(s) of \_\_\_\_\_ (Student's Name) (referred to in this document as the "Student", hereby grant(s) custodial responsibility and the following authorization and powers to the school relative to the Student during the entire tenure of a Student's enrollment in Global Vision Christian School/Broadfording Christian Academy, (referred to in this document as "School"). The custodial responsibility of the School and the authorities, powers and responsibilities granted to the School under this document begin at the time the Student arrives in the United States. The custody of the Student by the School and the authorities, powers and responsibilities granted to the School under this document continue until the time the Student leaves the United States for the purposes of returning to the undersigned's custody on school leave times or following the Student's graduation from the Program or removal from the Program.

#### I. **Purposes of this Grant of Custodial Responsibility, Authorization and Limited Power of Attorney**

This Grant of Custodial Responsibility, Authorization and Limited Power of Attorney is intended for the persons who are parents or guardians of the Student (referred to henceforth as "Parents" in this document) to give the School the legal authority under applicable United States national and state law to act for those persons with regard to the Student during the time the Student is attending the Program. Some activities, such as the Student's immigration into the United States for the purpose of studying in the program, are subject to the laws of the United States. Many other things, such as the right to cause the Student to get medical care, and communicate with teachers and others involved in the education of the Student, are subject to the laws of the state, the part of the United States in which The School's residential accommodations for the Student are located. As a general statement, by signing this form, the Parents are allowing The School to take the actions the parents or guardians could take with regard to the Student if the Parents were with the Student during the Student's stay in the United States. This document describes the extent of the actions The School may take with regard to the Student in more detail below. It is important for the Parents to understand what powers and authorizations the Parents are giving to The School, and that the Parents agree to those powers and authorizations. The School will attempt to contact the Parents in a timely manner in the event of medical emergency, and will keep Parents informed of the Student's progress in school and in activities in which the Student participates. However, there will be times when The School needs to act as guardians in the interests of the Student. This document allows The School to determine those times and take those actions.

#### II. **Specific Custody Statement, Authorizations, and Limited Power of Attorney**

**A. Statement of Custodial Responsibility.** For the period the Student is enrolled in the Program, beginning and ending as described in the second and third sentences of the first paragraph of this document, the Parents give to The School temporary authority as custodian of the Student. Without limiting that grant of temporary legal authority under the state law, The School shall have the right, power, and authorization to make major and minor decisions concerning the Student including, but not limited to, the Student's health, education and welfare. The School may delegate these powers as necessary to authorized adult supervisors with whom the Student resides while enrolled in the Program. The school may communicate with such supervisors as well as with any doctor or other person concerning the Student, the Student's health and education, including the Student's progress in the Student's studies.

**B. Health Care Release.** I/We hereby designate the School (which shall include any contracted dorm supervisors/host families/homestay providers) to act as the "Health Care Agent" for health care decisions for the minor because I am/we are not available to provide consent for medical treatment and surgical diagnostic procedures. The said Health Care Agent shall have the authority, without limitation, to make any and all health care decisions on the minor's behalf, including, without limitation, decisions regarding the withholding or withdrawal of life sustaining procedures. The Health Care Agent shall have the right to receive any and all medical information necessary to make informed decisions regarding the minor's health care, including any and all confidential medical information that I/we and/or the minor would be entitled to receive. I/We intend for the Health Care Agent to be treated as I/we would be with respect to the use and disclosure of the minor's identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42 USC 1320d and 45 CFR 160-164 and M.G.L. c. 111, M.G.L. c. 112, and M.G.L. c. 123. I/We authorize the Health Care Agent to disclose any and all medical information to the School at which the student is enrolled on the minor's behalf. I/We authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau, Inc. or other health-care clearinghouse that has provided treatment or services to the minor, or that has paid for or is seeking payment from me/us for such services, to give, disclose and release to the Health Care Agent, without restriction, all of the minor's individually identifiable health information and medical records regarding any past, present or future medical or mental health condition. The authority given to the Health Care Agent shall supersede any prior agreement that I/we may have made with the minor's health-care providers to restrict access to or disclosure of the minor's individually identifiable health information. The authority given to the Health Care Agent will not expire unless I/we revoke the authority in writing and deliver it to the minor's health-care provider or until the earliest of the following: The minor reaches the age of 18, marries, or is emancipated; Revocation of the health care proxy by a court of law; or Termination or completion of the minor's participation in the Program by the School. The decisions made by the minor's Health Care Agent on my/our behalf shall have

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# GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

the same priority as my/our decisions would have over decisions by any other person, including a person acting pursuant to a durable power of attorney. The Health Care Agent shall be entitled to reimbursement by me/us or by my/our personal representative for expenses reasonably incurred by the said Health Care Agent acting in good faith hereunder. Photocopies of this Health Care Proxy shall have the same force and effect as the original. I/We understand that this delegation is voluntary and have carefully read and considered this delegation of authority before signing it. This health care proxy is intended by me/us to be valid in any jurisdiction in which it is presented. The various powers granted herein are separate and severable to the effect that the possible invalidity of any one or more of such powers shall not affect the validity of any other powers. I/We do authorize the School to share copies of this Form with its boards, commissions, committees, employees, officers, directors, servants, agents, and assigns. I/We do forever release, acquit discharge, and covenant to hold harmless the School and their affiliates and subsidiaries, boards, commissions, committees, employees, officers, directors, servants, agents, contractors, and assigns, whether past and present, or future, from and against any and all actions, rights of action, causes of action, charges and/or claims, in any way related to, arising from and/or growing out of, directly or indirectly, which I/we may now or hereafter have as the parent(s)/guardians/legal representatives of said minor, as well as any actions, rights of action, causes of action, charges, and/or claims which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, resulting from, relating to, or in any way to this Form. I/we, as parent(s)/guardian(s)/legal representative (s) of said minor, agree to indemnify and hold harmless the School, and any of their affiliates and subsidiaries, their boards, commissions, committees, employees, officers, directors, servants, agents, contractors, and assigns, whether past, present, or future, in the event that any action, charge, costs, and fees (including attorneys' fees) and/or claim, is brought against the foregoing, which is in any way related to, arising from and/or growing out of, directly or indirectly to this Form.

- C. Medical Treatment.** The school may seek medical treatment for the Student and approve such treatment for any and all medical, surgical, optical, dental, and mental health conditions or injuries. Routine care not reasonably anticipated to have significant effects on the Student or entail significant risk of present or future injury may be approved without prior authorization by the Parents. Emergency treatment for conditions or injuries may be approved by the School without prior authorization when, in the opinion of the School, time does not permit such prior authorization by the Parents. If treatment decisions carry significant risks for the Student, in the judgment of the School, and time permits contact with the Parents before treatment is undertaken, the School will make reasonable efforts to contact the Parents for approval. In the event that the Parents cannot be reached within a reasonable time and the School determines that the treatment decision should be made without further delay, the School may approve such treatment. By this authorization, I indemnify, release, and hold the school harmless from any and all liability in providing care and treatment for my child, and further, I grant my permission regarding the use of my student's personal medical information, including but not limited to, medical history, allergies, physical evaluations, emergency contact information, and immunization records.
- D. Authorization to Administer Immunizations.** I authorize the School or a School designated physician to administer my child's immunizations in the event that I have failed to provide proof of all immunizations required by the state of Maryland. I acknowledge that the school is bound by law to ensure that all students meet the state requirements for immunizations and that my child will be pulled out of school in the event that I have failed to provide proof of all state required immunizations for my child. I also acknowledge that I will be responsible to assume all costs associated with administering my child's immunizations.
- E. Church Attendance Policy.** I understand that my child will be attending a Bible believing church on a weekly basis, and that my child will be required to complete one Bible course each school year. I understand that students will be expected to participate in weekly chapel services and other religious instruction as deemed necessary or required by the school. Students are not required to make a profession of faith or ascribe to any certain religious belief system.
- F. Registration Forms and Other School Documents.** The School may execute on behalf of the Parents the standard forms required of Students as part of the registration, enrollment, and class-assignment process. These forms include, but are not limited to student registration forms, consent to treatment forms, forms for permission for the Student to participate in off-campus events, honor code acknowledgement forms and athletic emergency information forms. In addition, the School may execute on behalf of the Parents all forms necessary to select and approve elective classes in the curriculum for the Student, and the purchase of books and materials required for classes, the costs for these shall be borne according to the School standard policy.
- G. Athletics, Activities, and Field Trips.** Many athletic pursuits, activities, and field trips typically require the approval of a parent or guardian and may also involve the payment of fees on the Student's behalf above and beyond tuition, board, books, and supplies. The Parents authorize the School to approve such athletic and non-athletic activities and trips without prior authorization of Parents. This authorization includes permission to transport the Student to locations in and out of State if the Student possesses the proper travel documents. Any travel out of the country, including travel to the Student's home country, shall require the prior approval of the Parents. The Parents acknowledge that all activities involve some risk of injury, whether from activity itself or the transportation to and from the location of the activity. The Parents authorize the School to exercise its good faith judgment in permitting participation in activities, even where there is a minor risk of injury to the Student. Apart from the school-sponsored activities, the Student may request permission to go off campus or take leave of the Student's residential accommodations with other students and their families for events and activities that are not sponsored by the School. The Parents agree that the School and/or its authorized residential supervisor(s) may, at their discretion, grant or withhold permission for a Student to be off campus or remote from the Student's residence for such purposes.
- H. Individual Sport Permissions and Prohibitions.** I 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 all sports accept: (By writing any sports below, you are refusing permission for your child to participate in the sport. For any other sports, your child will be asked to sign up for the sport at another time.)

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GLOBAL VISION CHRISTIAN SCHOOL

# PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

List of Prohibited Sports:

- I. Athletic Related Transportation Permission.** I give my permission for my child to travel with the school's athletic program to and from games and tournaments. As a Parent/Guardian, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication, should an accident or other medical emergency occur during a trip or activity and the responsible leader is unable to reach me. As Parent/Guardian, I also agree to be responsible for all debts not covered by the school that are incurred by my child during the trip or activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving my child, and for all transportation costs to prematurely return the student to school, should the student's continued participation jeopardize the safety or health of the other participant.
- J. Passenger Permission.** I hereby give permission for my child to attend on or off campus school organized or sponsored activities on a school-schedule (or any rescheduled) day and to be transported by school bus, private bus, public transportation, or private vehicle(s) as determined by the school. For myself and the named child, I hereby waive and release any claim against the school and its members, board, employees, homestay and dormitory supervisors, volunteers, and agents for any injury or loss incurred by my child during such activities (save for any personal injury directly resulting from gross negligence on the part of the school) and against any expenses, loss, or damages incurred as a consequence of any action or inappropriate inaction on the part of my child. I confirm that there are no medical or other circumstances that should be known to the chaperone(s) that have not been appropriately communicated to the school in writing. As Parent/Guardian, I give permission for my child to ride with an **authorized parent or faculty driver** for any school-sponsored events, including, but not limited to, field trips and athletic events. As Parent/Guardian, I give permission for my child to ride with another **authorized student driver** for any school-sponsored events, including, but not limited to, field trips and athletic events.
- K. Authorization for Third Party Grade and/or Transcript Review.** By signing below, I/we authorize the school to assign privileges for School employees, including but not limited to, host parents and sports coaches to review student grades, report cards, and transcripts for the purpose of monitoring student school progress during their tenure with the school. Information garnered from this access and adequate progression throughout the school year, and aide the school to facilitate programs to meet the educational needs of the student.
- L. Student Handbook Agreement.** I understand The School's Student-Parent Handbook and acknowledge that these are the policies of The School. By signing this form, I acknowledge the Student-Parent Handbook as a binding contract, and I explicitly accept its provisions as a condition of enrollment at The School. I agree to uphold and comply with all school regulations and policies while my/our son/daughter is enrolled as a student at The School.
- M. Authorization to Incur Expense.** The Parents are aware that the exercise of the powers and authority granted herein may involve expenses to the Student and/or the Parents. The Parents approve the reasonable expenses associated with the activity, provided that those expenses do not exceed the amounts being charged to other School students for the same activity or event. Any activity or event for which the charge would exceed \$250 will not be approved by the School for the Student without advance consent from the Parent. The School shall not be responsible for damages or losses incurred by the Student or the Parents caused by the failure of the Parents to respond within a reasonable time to a request for approval of participation in activities or trips.
- N. Media Authorization.** Throughout the year, the school may publish pictures and accounts of the activities and accomplishments of students in a variety of ways including, but not limited to, the internet and external publications, web sites, news releases and, at times, on television. Please be advised that through the course of conducting daily school business, your child's name and photo may appear in internal publications for distribution within the school community, such as yearbook or student publications. Your student may also appear in external publications in the School's media including, but not limited to, newsletters, brochures, websites, and online video and photo galleries. If your child participates in sports, his or her name and photo will invariably be used in local media coverage over which we have no control. Your child may be pictured in a large group photo, especially as a sports participant, in any of the above media. Also, please be aware that occasionally, media companies and individuals over whom we have no control take pictures and video of the school and our students. The school is not liable for the use or misuse of any pictures or video taken by another party. I give my permission to include my child's name, picture, and video in School media. By this authorization, I understand and agree to all terms and information listed above. I understand that the school is not liable for the use or misuse of any pictures or video taken by another party. My signature below shows my consent to the conditions of this agreement.
- O. Release of Liability.** The Parents understand that the School is not required to assume the responsibilities associated with this GRANT OF CUSTODIAL RESPONSIBILITY, AUTHORIZATION, AND UNITED POWER OF ATTORNEY, and may instead require the Parents to make every decision and execute every form and document associated with attendance at the School and the Program, as a precondition to the Student's enrollment and participation in the activities and events that occur in the Program. The parents understand that the willingness to exercise the authority granted herein is an accommodation to the Student and the Parents for which the School receives no additional consideration. In exchange for the willingness of the School to exercise the authority and powers granted herein the Parents release(s) the School, the Program, and those participating in the Program and their respective officers, trustees, directors, agents, employees and assigns from any and all liability and arising from the good faith exercise of the powers granted herein, even if later events prove the decisions made by the School to have been unwise when made.
- P. Agreement to Reimburse Expenses and Charges.** The Parents agree to maintain medical insurance for the Student. The Parents further agree to reimburse the School and/or its relevant assign(s) any and all charges approved by the School for any treatment not covered by medical insurance, as well as for the cost of any activity or trip in which the Student participates or fails to participate at a time when the cost cannot be reasonably avoided.

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# GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA

## NEW STUDENT APPLICATION FOR ADMISSION

- Q. Appointment of the School as the Attorney In Fact.** The Parents appoint the School attorney in fact for the Parents for the sole purpose of carrying out the authority granted by the Parents to the School in this agreement. This power may be exercised by the School acting through its designated officers and employees.
- R. Disputes.** Disputes arising under this document and any action taken by the School, the Program, or a participating School shall be governed by the laws of the state and heard by as court of competent jurisdiction sitting in the county of the Students aforementioned the School-provided residence in the state.
- S. Copies of Forms and Documents Executed Pursuant to this Authorization.** When documents are executed by the School pursuant to this document, the School will endeavor to promptly send copies to the Parents. Unless otherwise specifically instructed, The School will send copies by email at the address provided by the Parents.

### III. International Student Residential Agreement

- A. Overview & Purpose of this Agreement** The International Student Residential Agreement is designed to be a supplement to the school's rules and regulations, as published in the Student Handbook. This agreement outlines the rules and regulations that students are expected to abide by while living in a host-family or dormitory environment. These rules may be different from the rules a student would be asked to adhere to at home. They are established as an outline for students to make informed choices while living with their host-family or dorm parents and intended to maximize everyone's academic and social experience. All students who are enrolled at the School will be held to the expectations and policies outlined in this Residential Student Agreement. It is expected that all parents and students read this student agreement thoroughly and refer to it as a source of guidance and information. Students and parents are expected to have knowledge of the agreement's content.
- B. Standards of Conduct.** Students enrolled at the School are expected to treat other members of the school and their host-families with respect and courtesy. The following standards of conduct are examples and general expectations for all students at BCA:
- Honesty in academic endeavors and in all aspects of campus and home life.
  - Commitment to a safe, clean, congenial, and productive learning environment.
  - Respect for the feelings, beliefs, time, efforts, and physical well-being of others, and for their capacity for growth.
  - Respect for the property and materials of the School, their dorm supervisors, and their host-families.
  - Respect for the rules and regulations of the School, their dorm supervisors, and their host-families, and the laws of the State of Maryland, the State of Pennsylvania, and of the United States.

In addition, conduct occurs in the context of a community of scholars dedicated to personal and academic excellence. Joining this community obligates each member to observe the following principles: Mutual respect, Personal and academic integrity, Civil discourse, Responsible decision making

- C. Alcohol & Drug Policies.** The School, in cooperation with dorm supervisors and/or the host-family, will address any behavior relating to drugs and alcohol as outlined below:
- 1. Possession of alcohol or illegal drugs.** Students who are found to possess, use, distribute, or transport alcohol or illicit drugs will be subject to suspension or expulsion. The School reserves the right to consider the presence of smoke or odors as a violation of this policy.
  - 2. Being under the influence of alcohol or other drugs.** Students who return home and are found to be under the influence of alcohol or illicit drugs will be subject to disciplinary action up to and including suspension or expulsion.
  - 3. Prescription Drugs.** Each student shall be responsible for self-administering all prescription medication. Students who are found to be sharing, selling, or trading prescription medications, or abusing or misusing their own prescription medications will be subject to sanctions ranging from Disciplinary Probation to suspension or expulsion.
  - 4. Drug Paraphernalia.** Drug paraphernalia, regardless of intended use, is not allowed.
  - 5. Alcohol Containers.** Empty alcohol bottles, cans, bottle tops, and other containers are not allowed, even for decorative purposes.
  - 6. Tobacco Products.** It is illegal for persons under the age of 18 to possess any tobacco product. Students attending the School, regardless of age, will not be permitted to use tobacco products whether on campus or at home. Students found to be in violation of these policies will be subject to sanctions up to expulsion from the School.
- D. Safety Policies**
- 1. Student Travel and Notification of Whereabouts.** Occasionally, students are allowed to travel outside of areas designated by the School and their dorm supervisors and/or respective host-family. Students must follow the guidelines outlined in the International Student Travel Policy. Unless the host-family offers to pay for such trips, students are responsible for paying themselves. The same is true for family trips. Leaving home without notifying your host-family is a direct violation of the International Student Residential Agreement and may result in disciplinary action by the school.
  - 2. Automobiles.** International students at the School are not permitted to drive cars, even if you are able to do so at home. You will travel with your home-stay family to school, local events, shopping, and for other venues to meet most of your needs. Occasionally you may travel with other School students who have cars so long as you obtain permission from your dorm supervisors and/or host-parents in advance.
  - 3. Emergency Situations.** In addition to establishing a set of general rules and guidelines, each dorm supervisor and/or host-family will go over emergency contact information with the student in the first week. They should provide a list of home, work and cell phone numbers where they can be reached at all times. In addition, each student should have an "Emergency Contact Information" card on

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## NEW STUDENT APPLICATION FOR ADMISSION

file at the school office. It is recommended that students and host-families complete this card together in addition to reviewing the procedure of what to do in emergency situations.

4. **Fire Safety.** Compliance with fire regulations is a necessity both on campus and at home. Smoke and heat detectors are only a part of fire safety. While your home should be as safe as it is possible to make them, each room may contain combustible personal items, which make the following rules necessary: Candles, camp stoves, lanterns, hurricane lamps, incense, or any other items with open flames are permitted only with permission from the host-family. Fireworks, explosives, volatile liquids, and fuel are not permitted. Fire alarms and extinguishers are critical for safety and must not be tampered with. Students who tamper with fire safety equipment will be subject to: fines and disciplinary action up to and including suspension or expulsion, fines from the Fire Department, and may also be subject to criminal charges.
- E. **Harassment Policy** The School and its dorm supervisors and host-families are committed to maintaining an environment where students are not subjected to bigotry and discrimination on the basis of sex, race, ethnicity, national origin, religion, disability, age, or other characteristics as protected by applicable law. Such harassment is against program and school policy and may be illegal under state and federal laws and regulations. The School defines harassment as verbal or physical conduct which has the purpose or effect of creating an intimidating, hostile or offensive educational or living environment on the basis or because of a student's sex, race, ethnicity, national origin, religion, disability, or age, or other characteristics as protected by applicable law, and which would create such an environment for a reasonable person under the circumstances. Such harassment may include, for example, repeated slurs, taunts in the guise of a joke, disparaging remarks, or physically threatening or inappropriate conduct, when such is directed at a person or group of persons because of their sex, race, ethnicity, religion, physical ability or age. Retaliation against a student or host-family member for filing a complaint in good faith under this policy is strictly prohibited, and, if proven, would be considered a violation of this policy. This policy is intended to protect all School students and applies to both the students and host-family. Any person who feels that they have been harassed or retaliated against as defined in this policy may file a formal grievance with the school administration.
- F. **Modification to this Agreement.** The Residential Student Agreement is published by the School annually. The School reserves the right to add, modify or amend any part of this handbook between publication dates. The School will inform students, faculty and staff through various means when any changes to this handbook are made. These changes will supersede any previously published policies on the same topic.

### SIGNATURE SECTION

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

\_\_\_\_\_  
Date

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\*Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent/Guardian Printed Name

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\*Parent/Guardian Printed Name