

Brothers and/or Sisters:	Age:	Sex:	School/Occupation:	Living at home?:
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Nearest relative to contact in case of emergency if Parent/Legal Guardian is unavailable:
 Name: Address: City: State/Province: Phone: Relationship:

Are you a member of any clubs: If so, which:

List hobbies, interests, and sports in which you participate. List in order of importance to you:

Do you sing or play a musical instrument? _____ If so, describe:

What are your normal household responsibilities?

Why do you choose to come to our school?

Indicate the foreign languages you speak and/or have studied:

Language:

Years of Study:

Are you a vegetarian? Yes or No

As it may be more difficult to find a vegetarian host family, please indicate foods you are absolutely unwilling or unable to eat?

Indicate with an X if you have or have had any of the following illnesses:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Cancer/Tumor	<input type="checkbox"/>	<input type="checkbox"/>	Convulsive Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Eczema
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Measles
<input type="checkbox"/>	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	Psychological Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis
<input type="checkbox"/>	<input type="checkbox"/>	Physical Handicap	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disorder
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	Urological Problems
<input type="checkbox"/>	<input type="checkbox"/>	Other _____			

If yes, are any of the above serious enough to warrant regular treatment or require special consideration in hosting you? Please explain if serious.

If you will be required to take any prescription medications during your stay, please specify which medications and for what condition.

Do you have any other dietary, health, physical, or emotional conditions that should be considered when we are placing you in a host family? (Keep in mind that such conditions may limit the number of host families willing or able to host you.)

Do you wear contacts or glasses? ____ Are you presently wearing orthodontic braces? ____
If so, will you require treatment or office visits and how often? _____

Write a 1-2 paragraph essay stating: 1. why you want to be an international student in America, 2. what your goals are while attending here and, 3. how you intend to succeed.

ALSO INCLUDE: (required)

- *A 1-2 page biography introducing yourself, family, background, daily routing, interests, etc. to your host family and HCA administration.*
- *A picture of yourself and a few pictures of your family and friends.*

Highview Christian Academy

739 Main Rd.

Charleston, Maine 04422

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info@HighviewChristianAcademy.org

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International Student Health Certificate

Dear Physician or Licensed Medical Practitioner:

This student is applying to become an exchange student for an academic year abroad. Please fully complete this form indicating any illness or current/potential health problem(s) that we should be aware of in considering this student for participation in a term abroad as an international exchange student.

Name: _____
Family Given

Address: _____
Street/Postal Box

City State/Province Postal Code Country

Date of Birth: ____/____/____ Host Country: United States
Day Month Year

Has the participant had the following illnesses or conditions:

Yes	No	Allergies	Yes	No	Mumps
Yes	No	Appendicitis	Yes	No	Parasites
Yes	No	Appendix been removed?	Yes	No	Pneumonia
Yes	No	Asthma	Yes	No	Polio
Yes	No	Chicken Pox	Yes	No	Rheumatic Fever
Yes	No	Diabetes	Yes	No	Rubella
Yes	No	Drug or Alcohol Abuse	Yes	No	Scarlet Fever
Yes	No	Enuresis	Yes	No	Smallpox
Yes	No	Epilepsy	Yes	No	Tuberculosis
Yes	No	Hepatitis	Yes	No	Typhoid
Yes	No	Hernia	Yes	No	Vertigo/Dizziness
Yes	No	Malaria	Yes	No	Significant Other
Yes	No	Measles			Contagious Disease

Any disease, impairment, abnormality:

Yes	No	Blood or Endocrine System	Yes	No	Heart/Blood Vessels
Yes	No	Bones, joints, or Loco motor System	Yes	No	Lungs/Respiratory
Yes	No	Brain or Nervous System	Yes	No	Abdominal Organs
Yes	No	Ears or Hearing	Yes	No	Personality/Behavior
Yes	No	Eating Disorder	Yes	No	Skin (Acne, etc.)
Yes	No	Eyes/Sight	Yes	No	Stomach/Digestive
Yes	No	Genito-Urinary System	Yes	No	Tonsils/Nose/Throat
			Yes	No	Have tonsils been removed?

Please provide full information for each "Yes" answer:

Sex: _____ Height: _____ Weight: _____

Pulse Rate: _____ Is pulse rhythm normal? _____

Blood Pressure: Systolic: _____ Diastolic: _____

Are pupillary and knee reflexes normal? _____

What is the participant's vision: Without eyeglasses? OD: _____ OS: _____

With eyeglasses? OD: _____ OS: _____

If allergic, how severe is the allergy and how is the allergic reaction treated/controlled?

Has the applicant ever been hospitalized? Yes or No If yes, please give date, diagnosis and outcome of each illness or accident.

Has the participant ever consulted a neurologist, psychologist, psychiatrist or any other specialist in the nervous or psychological disorder? Yes or No If yes, please explain:

Does the participant have any health limitations or do you know of any pertinent medical information which is important for Highview Christian Academy to know which would limit the student's participation in normal school, family, sports, and community life? Yes or No If yes, please comment fully.

Is the participant currently getting any injections or taking any medication? Yes or No If yes, please give name of medication and injections and diagnosis.

Will the participant need any orthodontic care during the coming year? Yes or No If yes, attach a statement from the orthodontist, indicating present status, exact care essential to the orthodonture and date care will be completed.

If the student is female, does she have any problems in connection with her menstruation? If so, please explain how this affects her normal activities.

History of Immunizations/Vaccinations

1. Mandatory Immunizations/Vaccinations/Tests:

Vaccine/Test	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)	Date (mo/yr)
Diphtheria	_____	_____	_____	_____	_____
	1	2	3	4	5
Polio-Vaccine Type	_____	_____	_____	_____	_____
	1	2	3	4	5
Tetanus/Toxoids	_____	_____	_____	_____	_____
	1	2	3	4	5
Pertussis	_____	_____	_____	_____	_____
	1	2	3	4	5
Mumps	_____	_____	_____	_____	_____
	1	2	3	4	5
Rubella	_____	_____	_____	_____	_____
	1	2	3	4	5
Measles(Rubeola)	_____	_____	_____	_____	_____
	1	2	3	4	5
Hepatitis B	_____	_____	_____	_____	_____
	1	2	3	4	5
Tuberculosis Or BCG Test	_____	_____	_____	_____	_____
	1	2	3	4	5

2. Other Immunizations/Vaccines:

Vaccine	Date	Date	Date	Date	Date
---------	------	------	------	------	------

	(mo/yr)	(mo/yr)	(mo/yr)	(mo/yr)	(mo/yr)
Typhoid	1	2	3	4	5
Cholera	1	2	3	4	5
Yellow Fever	1	2	3	4	5
Other	1	2	3	4	5
Other	1	2	3	4	5

Recommendation for general physical activity in school:

- Full physical activity including physical education classes (including sports activities)
- Modified physical activity because of _____.

If the student is eligible and wishes to participate in the high school's competitive sports program, is there any factor in the student's physical condition which might pose a problem to him/her? _____ If yes, please explain: _____

For Physician:

In my opinion, the general state of participant's health is: (Check one)

- Excellent
- Good
- Fair
- Poor

Comments: _____

I hereby certify that, to the best of my knowledge, the above information is true and correct:

Signature of Physician

Date of Examination

Name of Physician (Please Print)

Country of License to practice medicine

Address

City,

State/Province

Postal Code

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International Student Rules and Guidelines

POLICY: The following rules have been established as minimum standards of student conduct. Compliance is expected and required. Any infraction may result in immediate return of the student to his/her home country.

Each student and his or her parent(s) or legal guardian(s) must acknowledge that they understand and have agreed to adhere to these rules prior to the student's final program acceptance:

1. It has been arranged for you to attend Highview Christian Academy and attendance is mandatory. You must take classes in your host country's history, government and language in addition to other required or challenging classes. You may not receive failing marks/grades or a complaint from your school. Your classroom behavior and academic performance must be exemplary. Highview Christian Academy makes the final decision about your grade level placement, as well as if receipt of a diploma, academic credits, and/or if graduation is possible for you. You must abide by Highview Christian Academy's decision. Participation in extracurricular school activities (e.g. sports, drama, chorale, etc.) is highly encouraged but is not guaranteed if academic performance is poor.
2. All use, purchase or possession of alcohol, drugs, tobacco or harmful controlled substances is prohibited.
3. Tattooing and body piercing are strictly prohibited during your stay.
4. You are not allowed to drive or purchase a motorized vehicle. Participation in driver's education programs and/or obtaining your driver's license may not be possible.
5. It is required that you spend the Christmas/New Year holidays and other major holidays and family celebrations with your Host Family. You are not allowed to travel outside your local area, either by yourself or with other teenagers, without permission of Highview Christian Academy, your Host Family and natural parents. (Traveling may be done with your Host Family or an approved church, school, community group tour.) First year students will not be allowed to travel or leave during vacation other than with their host family.
6. You are not permitted to hitchhike.
7. You are not allowed to take a job during your stay.

8. All of your activities must be approved by your host parents a few days prior to the activity that you want to attend. You must always advise your host parents, **in advance**, of your activity plans, your whereabouts and when you will return home. Transportation arrangements must be discussed and approved, ahead of time, by your host parents. A dating activity must be a double date, or have an adult or third party present. **Failure to comply with this rule may disallow you from attending the activity or event.**

9. You must abide by the decisions of Highview Christian Academy, its representatives, and your Host Family.

10. It is expected that you will be willing to help your host family by doing assigned chores each day such as washing dishes, vacuuming, or setting the table. You will also be responsible to keep your bedroom and bathroom clean and to do your own laundry.

11. As visits by the natural parents can greatly jeopardize a participant's success in the program, Highview Christian Academy does not recommend parents or guardians to visit their son or daughter for the duration of the program. However, visits from family for graduating participants are encouraged, provided Highview Christian Academy and the Host Family are advised of the plans well in advance. No visits by friends or siblings are allowed at any time during the program.

12. **Cell phones are not permitted. You may use the host family phone with a calling card, credit card, etc. If student has an operational phone, it will be held by the host family parent or at the school office and only used by permission.** *Initial contact to inform your family of your safe arrival is expected. However, during the first month, you are required to refrain from frequent phone calls or emails. It is recommended to wait a couple of weeks before next call or email to parents, family and/or friends.* **This will expedite adjustment and minimize home-sickness and culture shock.** Laptops are not required. If you own one or have one accessible in the host home, computer time for communication purposes will be limited. **After the first month, students may have the opportunity to go on line or make phone calls on the weekend for a period of time up to 90 minutes. Internet and/or telephone access during the weekdays will not be allowed.**

13. Highview Christian Academy will not permit you to return home until the Program's conclusion.

Student Signature

Date

Father's Signature

Mother's Signature

Witness

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International Student Application Information

Congratulations on your decision to become an international student with Highview Christian Academy! Please complete the first four pages of the application, ***including your school transcripts and the items required at the bottom of page 4***. Submit this section of the application and wire the non-refundable application fee of \$350.00 to activate the process. Contact Mrs. Philbrick for the complete wiring instructions once this part of your application is complete. When we receive this fee and your application, a decision of acceptance will be made. If you are accepted, then you will receive your I-20. The FedEx Express mailing of the I-20 (approximately four business days) is \$75.00. The total fee will be \$425.00.*

*Note: the FedEx fee may be higher for some countries.

Wiring Instructions and
Complete 2016-17 Tuition and Fees Schedule available
Contact Mrs. Philbrick at mjphilbrick8@aol.com

APPENDIX W

MPA TRANSFER WAIVER APPROVAL FORM

This form is to be processed when a student transfers from one school to another without a corresponding change of legal residence of parent/guardian and wishes to participate in interscholastic athletics within one year of the transfer (MPA By-Laws, Article III, Section 4). The process and responsibilities are as follows:

1. Either PRINCIPAL may initiate the process by making this form available to the transferring student and his/her parents/guardians for their signature(s). The initiating principal shall then sign and forward this form to the second principal for his/her signature.
2. The second PRINCIPAL shall sign the form and forward it to the MPA Executive Director for approval. All shall sign in a timely manner.
3. The transferring student is eligible the day this form is approved by the MPA Executive Director or the Eligibility Committee.

I hereby certify that _____ has transferred from (School) _____ (State) _____ (Country) _____ to Highview Christian Academy and is entering grade _____ as of _____ and to the best of my knowledge the student has not transferred primarily for athletic purposes (see MPA By-Laws, Article III, Section 4, Subsection A, Paragraph 3).

Parents'/Guardians' Signatures: _____ Date: _____

Student's Signature: _____ Date: _____

Sending(Home Country) Principal's Signature: _____ Date: _____
_____*Do Certify* _____*Do Not Certify*

Highview Christian Academy Principal's Signature: _____ Date: _____
_____*Do Certify* _____*Do Not Certify*

WHEN ALL SIGNATURES ARE COMPLETED, IMMEDIATELY FAX THIS FORM TO THE MPA (207-622-1513) OR MAIL TO:

MPA, PO Box 2468, 50 Industrial Drive
Augusta, ME 04338-2468

FOR MPA USE ONLY

This request for a waiver of the Transfer Rule is:

_____ Granted By: MPA Executive Director _____ Date _____

_____ Referred to the Eligibility Committee: _____ Granted _____ Denied Date: _____

Notification sent to receiving school on: _____ By: _____

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Permission for Care of My Child

STATEMENT TO BE SIGNED BY PARENT:

Our son/daughter has our permission to take part in the International Student Program at Highview Christian Academy. As the applicant's parents or guardians, we authorize the Host Family in the U. S. A. to act for us in any emergency or accident or illness or need for immunization in the event our son/daughter enters the Program. In the event our son/daughter has a recurrence of any previous illness or anything contracted before leaving home, I, the undersigned, authorize the participating organization to release our child to our care in our country. We will not hold Highview Christian Academy or the Host Family responsible for any debts incurred in connection with this permission.

Parent/Legal Guardian Signature

Date

Witness

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Insurance

Student must have full health **and accident insurance coverage
for the school year.**

We verify that our son/daughter, _____, has full medical insurance
Student's Name

coverage with _____, policy number _____.
Insurance Company Policy Number

This insurance covers my child during his/her stay in the U. S. A.

Parent/Legal Guardian Signature

Date

Witness

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Counselor Recommendation

Name of Applicant

_____ Present Grade _____
Present School

Authorization of Release

Parents: Under the Family Educational Rights and Privacy Act of 1974, the undersigned hereby consents to the release of all educational records of the above named applicant to Highview Christian Academy.

Parent Signature: _____ Date _____

To the Guidance Counselor:

The student named is a candidate for admission to Highview Christian Academy. In order to make an accurate assessment, we would like for you to provide us with a transcript of the student's academic record and a copy of any standardized tests the student has taken. In addition, please make a personal assessment of the student's social awareness, motivation, and academic ability by filling out the following chart.

	One of the top few I have ever encountered	Excellent (top 10% this year)	Very Good (well above average)	Good (above average)	Average	Below average
Intellectual Level Verbal Ability Social Maturity Moral Responsibility Organizational Skills Daily Preparation Class Participation Leadership Relations with Peers Abides by Rules Emotional Stability Concern for Others						

How long have you known the applicant and in what capacity?

We welcome any additional remarks. You may use this space to comment further on this candidate's strengths, weaknesses, or personal characteristics.

I RECOMMEND THIS CANDIDATE FOR ADMISSION TO HIGHVIEW CHRISTIAN ACADEMY.

	Highly	Without Hesitation	With Hesitation	Not Recommended	Comments
Academically					
Personally					

Signed: _____ Date _____

Print Name: _____

School Address: _____

Please return to:

Admissions
Highview Christian Academy
739 Main Road
Charleston, ME 04422



Counselor Recommendation

Highview Christian Academy
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Charleston, Maine 04422
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Teacher Recommendation

Name of Applicant

Authorization of Release:

Under the Family Education Rights and Privacy Act of 1974, I _____ waive _____ do not waive any right of access to this recommendation.

Applicant's Signature _____ Date _____

Comment on the student's reading comprehension and ability to express themselves in writing. _____

How has the student performed in relation to potential? _____

Intellectual Level Verbal Ability Social Maturity Moral Responsibility Organizational Skills Daily Preparation Class Participation Leadership Relations with Peers Abides by Rules Emotional Stability Concern for Others	One of the top few I have ever encountered	Excellent (top 10% this year)	Very Good (well above average)	Good (above average)	Average	Below average
--	---	--------------------------------------	---------------------------------------	-----------------------------	----------------	----------------------

How long have you known the applicant and in what capacity?

We welcome any additional remarks. You may use this space to comment further on this candidate’s strengths, weaknesses, or personal characteristics.

I RECOMMEND THIS CANDIDATE FOR ADMISSION TO HIGHVIEW CHRISTIAN ACADEMY.

	Highly	Without Hesitation	With Hesitation	Not Recommended	Comments
Academically					
Personally					

Signed: _____ Date _____

Print Name: _____

School Address: _____

Please return to:

Admissions
Highview Christian Academy
739 Main Road
Charleston, ME 04422



Teacher Recommendation

***Highview Christian Academy
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info@HighviewChristianAcademy.org
www.highviewchristianacademy.org***

English Teacher Recommendation

Name of Applicant

Authorization of Release:

Under the Family Education Rights and Privacy Act of 1974, I _____ waive _____ do not waive any right of access to this recommendation.

Applicant's Signature _____ Date _____

Comment on the student's reading comprehension and ability to express themselves in writing. _____

How has the student performed in relation to potential? _____

	One of the top few I have ever encountered	Excellent (top 10% this year)	Very Good (well above average)	Good (above average)	Average	Below average
Intellectual Level Verbal Ability Social Maturity Moral Responsibility Organizational Skills Daily Preparation Class Participation Leadership Relations with Peers Abides by Rules Emotional Stability Concern for Others						

How long have you known the applicant and in what capacity?

We welcome any additional remarks. You may use this space to comment further on this candidate's strengths, weaknesses, or personal characteristics.

I RECOMMEND THIS CANDIDATE FOR ADMISSION TO HIGHVIEW CHRISTIAN ACADEMY.

	Highly	Without Hesitation	With Hesitation	Not Recommended	Comments
Academically					
Personally					

Signed: _____ Date _____

Print Name: _____

School Address: _____

Please return to:

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English Teacher Recommendation