

Tree of Life

CHRISTIAN SCHOOLS

We are excited that you have chosen to apply for the International Student Program at Tree of Life Christian Schools! We accept students working with educational agencies as well as direct placement. Since only a limited number of students are accepted each year and admission is highly competitive, early submission of paperwork is recommended.

If you have any questions about the application or process, do not hesitate to contact me by phone or email.

Please refer to the checklist on the following page to ensure that you have submitted all required documents. Your application is not considered complete until all documents have been received.

To submit your application, please print and fill out, then send one file via email to tfraser@tolcs.org

I look forward to receiving your application and learning more about you!

Sincerely,

Terri Fraser
International Program Director
Tree of Life Christian Schools
tfraser@tolcs.org / 614-263-2688

Tree of Life

CHRISTIAN SCHOOLS

Application Checklist

1. Please print and return the following:
 - General information (pgs 2-4)
 - Signed mission statement (pg 5)
 - Signed guidelines agreement (pgs 6-7)
 - Student questionnaire (pgs 8-9)
 - Homestay application (pgs 10-12) - only for students needing homestay accommodations
 - Consent and Agreement forms (pgs 13-16)

2. Submit additional documents
 - Official Transcripts from last 2 years of school - translated into English (pg 17)
 - Official English Proficiency Test Scores (iTEP SLATE-Plus, TOEFL Jr or TOEFL iBT)
 - Parent letter: What is your reason for selecting this school? Please attach a letter (in English) including what goals you have for your child during his / her schooling; describe your child and how we can best help your child be successful.
 - Copy of Passport (and visa if available)
 - Copy of bank statement
 - 3-4 photos of the student applicant with family and friends
 - Name and email of English teacher reference

The following medical, dental and immunization records may be submitted after application and interview, but must be received prior to official acceptance.

 - Medical documents including immunization records (pgs 18-22)

3. \$300 non-refundable application fee paid online at <http://tolcs.org/international>

4. After the above information is received, the International Program Director will schedule an Interview with the student.
 - Schedule Skype, WeChat Interview, or In-Person Interview (1-1.5 hrs.)

5. Admission Offer
 - If you are admitted to the Tree of Life Christian Schools International Student Program, you will be notified in writing and receive an invoice contract.

6. Once your enrollment deposit of \$3,000 is received, your official acceptance letter and I-20 will be mailed to you for your US embassy visa interview appointment.

Tree of Life

CHRISTIAN SCHOOLS
INTERNATIONAL STUDENT PROGRAM
STUDENT APPLICATION

General Information

Student

Full Legal Name: _____
First Name Middle Name Last Name (Family Name)

Name student prefers to be called (if different than given name): _____

Student is applying to enter grade: _____ Gender: Male Female

Date of Birth: _____ Place of Birth (City, State, Country): _____

Home Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Citizenship: _____

Phone: _____ WeChat or Skype ID: _____
(Please include country code)

Student Email: _____ Parent Email: _____

Student lives with: Both parents Mother only Father only Other

Referred to Tree of Life by (name and email):: _____

Is applicant considering attending a US school longer than one year? Yes No

Please check which of the following best describes what the applicant hopes to accomplish at Tree of Life:

High school diploma Cultural experience English language acquisition College preparation

Native Language: _____

Other Languages Spoken/Studied Years Studied Proficiency Level (Excellent, Good, Fair, Low)

Parents/Guardians

Full Name of Father/Guardian: _____
First Name Last Name (Family Name)

Relationship to student (if not father): _____

Check if same as student address

Permanent Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Citizenship: _____

Phone Number: _____ WeChat ID: _____
(Please include country code)

Father's Email Address: _____ Occupation: _____

Employer: _____ Work Phone: _____

I prefer to be contacted via: Email WeChat Other: (please provide) _____

Do you speak English? Yes No

Parents/Guardians

Full Name of Mother/Guardian: _____
First Name Last Name (Family Name)

Relationship to student (if not mother): _____

Check if same as student address

Permanent Mailing Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ Citizenship: _____

Phone Number: _____ WeChat ID: _____
(Please include country code)

Father's Email Address: _____ Occupation: _____

Employer: _____ Work Phone: _____

I prefer to be contacted via: Email WeChat Other (please provide) _____

Do you speak English? Yes No

Emergency Contact

Name: _____
First Name Middle Name Last Name (Family Name)

Relationship to Student: _____

Siblings

Full Legal Name

Gender

M F

M F

Age

Is this person also applying to Tree?

Yes No

Yes No

Do you have any relatives or friends who have attended Tree of Life? Yes No

If you answered "yes," please list the names: _____

Agency/Agent Information (if applicable)

Are you using the services of an agency/agent to help you with your school selection/application process?

Yes No *If yes, please list their information below.*

Agency Name: _____

Agent Name: _____

Address: _____

Email: _____

Website: _____ Phone Number: _____

Schooling

Current Grade Level: _____ Desired Entry Grade Level at Tree of Life: _____

Name of Current School Attending: _____

School Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Website: _____ Phone: _____

Dates enrolled at current school: From: _____ To: _____

How many students are in your entire grade level at the school you are currently attending? _____

Estimate your rank in your entire grade by checking one: Top 10% Top 50% Bottom 50%

Have you ever received special accommodations or tutoring in any school? Yes No

If yes, please explain: _____

Do you have a history of physical or emotional conditions or learning disabilities which require special attention? Yes No

If yes, please explain: _____

Have you previously been enrolled as an F1 student in any other school? Yes No

If yes, please provide details of previous enrollment including name of school, contact name, phone number or website:

Dates of enrollment: _____ Reason for no longer attending: _____

Mission Statement

In partnership with the family and the church, the mission of Tree of Life Christian Schools is to glorify God as we educate in his truth and disciple in Christ.

CHRISTIAN PHILOSOPHY OF EDUCATION

Tree of Life is a Christian school and all classes are taught from a Christian worldview. The International Student Program welcomes students of all faiths, but each student must commit to abide by our Christian philosophy of education and code of conduct, support the mission statement, take Bible courses each year of enrollment, and attend church services weekly.

VISION STATEMENT

As students are led to spiritual, intellectual, social and physical maturity, they become disciples of Jesus Christ, walking in wisdom, obeying His Word, and serving in His Kingdom.

We have read and agree to support the above statements of Tree of Life Christian Schools' Mission, Christian Philosophy of Education, and Vision. We understand that as a student in the Tree of Life International Student Program, our son/daughter will be required to take a Bible class each year at Tree of Life, will attend regular chapel services, and will attend church on a weekly basis.

Father's Printed Name

Father's Signature and Date

Mother's Printed Name

Mother's Signature and Date

Student's Printed Name

Student's Signature and Date

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

Guidelines Agreement

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

___ Parent ___ Student

School:

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

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

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

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

___ Parent ___ Student

Host (students living with homestay family):

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

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

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

___ Parent ___ Student

Travel and Visits:

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

Travel within the United State requires permission and written authorization of the home parents, host parents, and the director.

___ Parent ___ Student

Financial responsibility:

Tuition for the school year is due in full by July 1 or earlier, re-enrollment deposit is due by March 1.

Student is responsible for spending money to cover all personal expenses, including cell phone related costs, school uniforms, and medical expenses not covered by insurance including vaccinations.

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

All domestic and international transportation costs including additional baggage and unaccompanied minor fees will be paid by the student.

___ Parent ___ Student

Electronics:

Students living with a host family must have a cell phone with calling coverage in the US.

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

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

Electronics must be set to English settings, and passwords provided to host parents. Electronics are not to be

Student Questionnaire:

The answers in this section must be written by the student in his or her own writing. No other party may provide responses on behalf of the student.

US Experience

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

- Grow personally
- Become more independent
- Spiritual growth
- Explore a new culture
- Increase English proficiency
- Participate in school activities
- Prepare for university
- Experience American life
- Discover new places
- For fun

Other: _____

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

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

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

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

Academics

How many hours a day do you attend school? _____

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

How would you describe yourself as a student?

Have you received any special honors in school or outside of school? Please explain.

What subjects are the most challenging for you? Do you anticipate needing tutoring or extra help in these subjects? _____

In what school activities do you participate? _____

What do you hope to contribute to Tree of Life as a student? What activities would you like to participate in?

Describe your plans for your education and goals for your future career:

Personality

How would your best friend describe you?

Describe two strengths and two weaknesses in yourself:

Strengths:

Weaknesses:

What is your hobby or favorite thing to do?

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

What do you imagine will be the most significant challenge you will face as a student in the United States (other than language)?

Describe your use of electronics (texting, messaging, gaming, youtube, etc.). Include how many hours each day you usually use electronics:

What questions, doubts, or fears do you have about coming to Tree of Life?

Family

How would you describe your family: _____

Describe your relationship with your family members:

Father: _____

Mother: _____

Grandparents: _____

Brothers/sisters: _____

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

HOMESTAY PROGRAM APPLICATION - only for students who are applying for Homestay

Who do you currently live with?

Do you have any dietary restrictions? Yes No

If yes, please explain.

Are there any animals you are allergic to? Yes No How do you feel about pets in the home?

If yes, please explain.

What do you expect from a host family?

Are you willing to contribute to the life of your host family by helping with chores? Yes No

List the household chores you are responsible for in your own home.

Do you have a curfew at home? Yes No

If yes, what time are you expected to be home during the week? _____ On weekends? _____

What rules are in place in your current home?

How will you handle new rules that you are not accustomed to and may not like?

How do you feel about sharing a bedroom?

What, if any, prior experience do you have adjusting to other cultures?

How would you like to share your culture with your host family and school?

When you feel frustrated or upset, how do you deal with your emotions?

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

What do you think is the best benefit of living with a homestay family?

How are conflicts or disagreements handled in your home?

What questions, or concerns do you have about living with a homestay family?



**INTERNATIONAL HOMESTAY PROGRAM
CONSENT TO RESIDE**

In the city of _____, country of _____, on the _____ day of _____ in the year 20____, I/We, the undersigned parents or legal guardians (hereafter "parents") of _____ (the "student"), agree that if my/our child is accepted by Tree of Life Christian Schools and enrolls as a student there, my/our child is permitted to travel to the United States, live with an approved family during the academic school year, and attend the school for the length of time agreed upon by me/us, my/our child, and the school.

I/We agree to accept our child's homestay placement and understand that due to the nature of the International Student Program & Homestay Program, it will be necessary for Tree of Life Christian Schools and an approved homestay family to act on behalf of my/our child in my/our absence. Therefore, I/we authorize permission for Tree of Life Christian Schools and our child's approved host family to do and perform all matters and to execute all documents with respect to the custody and care of our child. I/we give further consent for Tree of Life Christian Schools and/or the host family to travel with or to authorize travel, including school field trips, for my/our child if it is within the state of Ohio. I/We understand that if my/our child wishes to travel beyond the state of Ohio, I/we will be required to submit a separate parental permission form to Tree of Life Christian Schools at that time.

CONSENT TO RESIDE WITH HOST FAMILY

As the legal parents of _____ with a date of birth (DD/MM/YYYY) _____ we, _____ (father) and _____ (mother) consent to above said child to attend Tree of Life Christian Schools as a non-immigrant student. We hereby declare that he/she has our permission to live with a host family approved by Tree of Life Christian Schools. We hereby affirm that we have delegated to the host family the responsibility to act on our behalf in all matters concerning our child and the school.

Father's printed name

Father's signature and date

Mother's printed name

Mother's signature and date

CONSENT TO VISIT RELATIVES IN THE UNITED STATES

Should the student be selected for the program, I/we agree to abide by all program rules, conditions and decisions throughout the duration of the program. I/we understand that while the student is in the Tree of Life Christian Schools International Program, (the "program"), his/her activities will be under the authority of Tree of Life Christian Schools. Therefore, I/we understand that I/we cannot authorize our child to engage in any activity or activities without Tree of Life Christian School's approval. We also agree that any relatives we may have in the US will have no authority over the Student while he/she is in the Program unless authority is delegated to them by us in writing below prior to visits or vacations. Relatives will also be expected to abide by the school's rules and standards at all times. Relatives to who we release short-term authority over the Student during visits or vacation while in the Program include:

Name: _____

Contact Phone: _____

Name: _____

Contact Phone: _____

MEDICAL AUTHORIZATION & CONSENT TO ACT ON BEHALF OF STUDENT

I/We, the undersigned parent(s)/legal guardian(s) (hereafter *parents*), and I, the student, if of legal age, hereby authorize the release of medical information in the Student Medical Health History and Physician's Report. I/We, the parent(s), and the student, have the sole and legal right to make the decisions on the health and care of the student, and do release from liability and grant permission as noted of the following while he/she is overseas as an international student attending Tree of Life Christian Schools:

- In the event of accident or sickness, I/we authorize any school staff and/or Tree of Life Christian Schools host parent to select the appropriate medical facility and physicians, dentists, and other healthcare providers and institutions to provide treatment. I/we also authorize any school staff and/or host parent(s) to sign medical forms, documents, and paperwork on behalf of our child in our absence.
- I/We authorize any school staff and/or host parent(s) to sign any and all school medical documents and releases, including, but not limited to, school permission forms for over-the-counter and doctor-prescribed medications.
- I/We hereby authorize and consent to any X-ray examination, administration of anesthetic, blood transfusion, surgical operation, or any other medical or surgical diagnostic exam or procedure and/or treatment rendered under the general or special supervision of any member of the medical staff and emergency-room staff licensed by the state of treatment and/or the provisions of the Medical Treatment Act, or a dentist licensed by the state of treatment and/or under the provisions of the Dental Treatment Act, or staff of any acute general hospital holding a current license to operate a hospital.
- I/We further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required for my/our son/daughter in any emergency situation. I/We do request that I/we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- I/We grant permission for any additional immunizations that may be required per school and state regulations.
- I/We grant permission for a mental health evaluation(s) by a licensed professional while the student is enrolled at Tree of Life Christians Schools. I/We also grant permission for psychological or behavioral counseling if the school staff deem it necessary or beneficial for the child's well-being.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power to render care which the aforementioned physicians, dentists, and other healthcare providers and institutions in the exercise of his/her judgment may deem advisable. It is understood that effort should be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. In the case of elective surgery, I/we request that I/we be notified and our permission obtained before such arrangements are made.

I/We agree to hold harmless and release from all liability all host parents and members of their families and Tree of Life Christian Schools, its employees, agents, officers, directors, affiliates, and volunteers for any intervention in an emergency situation regardless of outcome. I/We agree to assume all financial obligations beyond those covered by the Student Accident and Sickness Insurance for any medical treatment rendered.

Father's/Legal Guardian's Name (please print) _____

Signature (mandatory if the student is under age 18) _____ Date _____

Address _____

State/Province _____ Postal Code _____ Country _____ Phone _____

Mother's/Legal Guardian's Name (please print) _____

Signature (mandatory if the student is under age 18) _____ Date _____

Address _____

State/Province _____ Postal Code _____ Country _____ Phone _____

Student's Name (please print) _____

Signature _____ Date _____



FINANCIAL AGREEMENT FOR INTERNATIONAL STUDENT ENROLLMENT

Parents agree to complete and submit the international student enrollment contract with a non-refundable deposit of \$3,000 by no later than March 1. If the deposit is not received by March 1, an additional late fee of \$500 will be applied to the student’s tuition bill. The deposit is non-refundable except in the case of the government denying the student’s request for a visa two separate times, in which case the school will refund the amount of the deposit less administrative fees.

- Parents agree to pay the remaining in full by July 1.
- Parents agree that if full payment is not made within seven (7) days of the due date, the school may, at its option, suspend the student or refuse to enroll the student.
- Parents agree that if the student violates the rules and conditions established in the *Tree of Life Christian Schools International Student Program and Homestay Program Student Handbook* or the *Tree of Life Christian Schools Student and Family Handbook*, and as a result is expelled from the school, he/she will be required to travel back to his/her home country at the parents’ expense. Students must also remain in good academic standing to remain part of the International Student Program and International Homestay Program. If a student does not remain in good standing, he/she may be placed on academic probation and if sufficient progress is not made the school may refuse to re-enroll the student for the following term or academic year. Parents acknowledge that any reimbursement of the International Student Program and/or Homestay Program cost will be at the sole discretion of the school and is not guaranteed.
- Parents agree to pay any and all additional fees that arise throughout the school year but are not covered by the annual International Student Program and/or Homestay Program cost.
- Parents agree to pay for any and all medical expenses the student incurs that are not covered by the Student Accident and Sickness Insurance policy.
- Parents agree to provide sufficient funds for student living expenses (approximately \$200/month), a cell phone, and school uniforms (approximately \$300).
- Parents understand and agree that payment of all amounts owed is required before Tree of Life Christian Schools will provide any certificates of diplomas or permit the student to participate in any events, activities, or ceremonies, including graduation. Further, payment of all amounts owed is required before the school will release any records or transcripts.

We, the parents of _____, attest that we have each read, understood, and agree to the terms and conditions above. We accept joint responsibility for the timely payment of all tuition, fees, and other amounts owed.

Father's Printed Name

Father's Signature and Date

Mother's Printed Name

Mother's Signature and Date

Student's Printed Name

Student's Signature and Date

In order to comply with U.S. federal regulations, Tree of Life Christian Schools requires international students to submit documentation to verify that they have adequate financial resources to cover all costs associated with participation in the International Student Program and Homestay Program.

In order to provide evidence of your financial resources, please attach a copy of an official bank statement from the student’s parents/guardians to this application.

Tree of Life

CHRISTIAN SCHOOLS

INTERNATIONAL STUDENT PROGRAM PARTICIPATION PARENT/GUARDIAN AGREEMENT AND LIABILITY RELEASE

In the city of _____, country of _____, on the _____ (date) day of _____ (month) in the year 20____, I/We, the undersigned parents or legal guardians (hereafter "Parents") of _____ ("Student"), agree that if my/our child is accepted by Tree of Life Christian Schools and enrolls as a student there, my/our child is permitted to travel to the host country, live with an approved family, and attend the school for the length of time agreed upon by me/us, my/our child, and the school.

I/We attest that our child is of good health and character, understands the important role of an international student, and will, to the best of his/her ability, maintain the high standards required of an international student should he/she be chosen to represent his/her family, school, community, and country. I/We further state that all the material contained in this application and in the attached documents are true and accurate to the best of my/our knowledge.

I/we, the undersigned parents/legal guardians and I, the student, if of legal age, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families and the school and its employees, agents, officers, directors, affiliates, and volunteers from any or all liability for any loss or injury whatsoever, including property damage, personal injury, death, and any such liability that may arise out of any negligent act or omission, excepting intentional conduct, of any such persons or entities, which may be suffered or claimed by such student, parent, or legal guardian during, or as a result of, the student's enrollment in Tree of Life Christian Schools, including travel to and from the host country.

I/We understand that the student will be subject to the authorities and teachers of the school, and that he/she will have to follow the rules given by his/her host family. I/We also understand that the school reserves the right to terminate the enrollment of any student whose conduct may be considered detrimental or incompatible with the interests and security of the school and its International Student Program and/or International Homestay Program. I/We understand that if this occurs, any refund will be at the sole discretion of the school.

No Refund: Recognizing that Tree of Life Christian Schools incurs all costs on an annual basis, there will be no refunds issued after enrollment. A withdrawal due to extenuating circumstances may result in a partial refund it is determined at the discretion of Tree of Life Christian Schools administration that a refund would be appropriate and necessary.

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

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

Waiver of Claims: I/we hereby expressly Waive and renounce any claims against all host parents and members of their families, Tree of Life Christian Schools, and of their respective employees, agents, trustees, officers and directors, for any and all damages actions, causes of action, liabilities, claims or demands whatsoever, including without limitation, any claims or damages resulting from injury or property or person, including death, which I/we may ever have, arising out of the Student's participation in the Program, including such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which the Student may ever have, arising out of the Student's participation in the Program including travel to, from or within the host country.

Covenant Not to Sue: I/we agree that I/we shall never institute or cause to be instituted, any suit, charge, demand, claim, complaint or cause of action, in law, in equity or otherwise, in any court or in any arbitration system or procedure, against Tree

of Life Christian Schools arising out of the Student's participation in the Program of use of Tree of Life Christian Schools facilities or homestay home.

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

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

Father's Printed Name

Father's Signature and Date

Mother's Printed Name

Mother's Signature and Date

Student's Printed Name

Student's Signature and Date

ENGLISH TRANSLATION OF ACADEMIC TRANSCRIPTS

Please attach the student's official transcript and academic records for the past two school years.

To be completed by school official or educational agent:

Student name: _____ Country: _____

Name of person completing the form _____ Title: _____

Name of school: _____ Website: _____

Number of years student has attended above school: _____

Recommended US grade-level placement (grade level placement cannot be guaranteed): _____

Please provide official transcript and an English translation.

Tree of Life
CHRISTIAN SCHOOLS
INTERNATIONAL STUDENT PROGRAM
DENTIST'S REPORT

Must be completed by a dentist who is not related to the student

Student Information:

Full Name: _____

Birth date: _____

Mother's Full Name: _____

Father's Full Name: _____

Dental Report Information:

Date of Examination: _____

The following services have been performed: (please check)

_____ Radiographs

_____ Restorations

_____ Oral prophylaxis

_____ Fluoride treatment

Please answer the following questions: (circle one)

- | | | |
|---|-----|----|
| 1. Is the student in good dental health? | Yes | No |
| 2. Does the student require dental work at this time? | Yes | No |
| 3. Do you foresee the student requiring any dental work while abroad? | Yes | No |

If you answered yes to question 3, please provide detailed information on a separate page (typed or computer-generated with the student's full legal name and date of birth at the top of each page).

Check one:

- I have attached _____ additional pages
- I have not attached additional pages

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient. I certify that I have personally examined the student and reported my findings as noted above on the Dental Information page of this international student medical form and any attached page(s). I further state that all the information I have supplied is true and accurate to the best of my knowledge.

Dentist's Name (please print): _____

Signature _____ **Date** _____

Address _____

City _____ State/Province _____ Postal Code _____

Country _____

Phone _____ E-mail _____

Tree of Life

CHRISTIAN SCHOOLS

INTERNATIONAL STUDENT PROGRAM

PHYSICIAN'S REPORT

Must be completed by a physician who is not related to the student

Student's name	Date of Birth	Age	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
----------------	---------------	-----	--

Height	Weight	Blood Pressure /
--------	--------	---------------------

Date of Physical examination:

Health history (serious or chronic illnesses, injuries, surgeries):

<input type="checkbox"/> Essentially normal	<input type="checkbox"/> Abnormalities as follows:
<hr/> <hr/> <hr/> <hr/> <hr/>	

Is this child able to participate fully in the following:

Classroom and academic activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Physical education classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Competition athletics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contact and collision sports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If limitations are advised, please specify those limitations: _____

Does this child have any physical, developmental, or behavioral concerns that may affect his /her educational process?

**IMMUNIZATION
RECORD**

Type	Date	Date	Date	Date	Date
DTP	/ /	/ /	/ /	/ /	/ /
TD	/ /	/ /	/ /	/ /	
Polio	/ /	/ /	/ /	/ /	
MMR Combined	/ /	/ /			
HIB	/ /	/ /	/ /	/ /	
Hepatitis B	/ /	/ /	/ /		
Varicella	/ /	/ /			
Tdap	/ /				
MCV	/ /	/ /	/ /	/ /	

Date of most recent Tuberculin test: / /	Initial immunization information provided by:	date:
TB Test Results: <input type="checkbox"/> negative <input type="checkbox"/> positive		

PLEASE PRINT OR STAMP

Physician's name	Physician's Signature
Address	Date signed
Phone	

Attach copy of vaccines to application

**INTERNATIONAL STUDENT PROGRAM
STUDENT MEDICAL HEALTH HISTORY**

To be completed by the student's parent or guardian

PRENATAL HISTORY

Child was born: Full Term Early Late

What was the infant's birth weight? _____

Did the infant have any sickness or problems? Yes No
If yes, please explain briefly:

Did the mother have any unusual physical or emotional illness during this pregnancy? Yes No
If yes, please explain briefly:

How old was the mother when this child was born? _____

DEVELOPMENTAL HISTORY

How does this child's development compare to other children, such as his or her brothers/sisters or playmates?

About the same Slower Faster

HEALTH CONDITIONS: PLEASE CHECK ANY HEALTH CONDITIONS THAT THIS CHILD HAS HAD:

- | | | |
|---|---|---|
| <input type="checkbox"/> Abnormal spinal curvature(scoliosis, etc.) | <input type="checkbox"/> Emotional | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Ear problems, poor hearing | <input type="checkbox"/> Nervous twitches or tics |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye problems, poor vision | <input type="checkbox"/> Seizures or epilepsy |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> Cancer:: _____ | <input type="checkbox"/> Glasses or contacts | <input type="checkbox"/> Substance abuse (alcohol, drugs) |
| <input type="checkbox"/> Cystic fibrosis | | <input type="checkbox"/> Toothaches or dental infections |
| <input type="checkbox"/> Diabetes | | |

Other:

ALLERGIES

Please list and describe allergies or reactions this student has to:

Medicines/drugs: _____

Foods/plants: _____

Bee / Insects / Animal: : _____

Other: _____

Recommended treatment if allergy is severe: _____

INJURIES & ILLNESSES

Please list any severe injuries or illnesses the child has had:

<i>Injury/Illness</i>	<i>Age of Child</i>	<i>Hospitalized? (yes/no)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY HEALTH HISTORY

please list allergies, heart problems, diabetes or cancer or other serious health conditions:

Father: _____

Mother: _____

Brothers and sisters: _____

ADDITIONAL INFORMATION

What medications does the child take daily? _____

What medications does the child need frequently, but not daily? _____

What herbal or natural does the child take? _____

Do you have other comments or concerns about this child's health, development, behavior, family, or home life that you would like the school to be aware of? If yes, please explain briefly.

Form completed by: _____

Relationship to child: _____

Date completed: _____

You have been named as one who is able to assess the student's (applicant) academic ability as well as provide information concerning personality and character traits. Please evaluate the applicant as objectively and thoroughly as possible. Thank you for completing this reference form. Additional information may be provided on a separate sheet of paper if desired.

TO BE COMPLETED BY INSTRUCTOR:

Student Name (Applicant)	
Duration of Instruction	Grade Level of Student During Instruction

Based on the following scale, please score the applicant's ability in the areas listed below by placing the corresponding number in the blanks provided.

1 = Superior	3 = Grade Level	5 = Very Poor
2 = Above Grade Level	4 = Below Grade Level	6 = Not Studied Yet

- | | |
|---------------------------------------|----------------------------|
| _____ Reading Ability | _____ Oral Vocabulary |
| _____ Reading Comprehension Ability | _____ Reading Vocabulary |
| _____ Composition Skills | _____ Mastery of Mechanics |
| _____ Spelling Dictated Words | _____ Creativity |
| _____ Spelling in his/her own writing | |

Does the student read beyond required assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student demonstrate a curiosity to learn? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you noticed signs of possible learning problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
What do you consider the major strengths of the student?
What do you consider the major weaknesses of the student?
Indicate any special awards, honors, or achievements the student has received in English.
Does the student demonstrate the ability and desire to learn English? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain
Does the student demonstrate the ability to adapt well to various cultures? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain.
Do you have any reservations concerning the student's honesty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Do you have any reservations concerning the student's integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
Tree of Life Christian Schools is a Christian, co-educational, college-preparatory school. Please check your recommendation below: <input type="checkbox"/> Recommend without reservation <input type="checkbox"/> Recommend hesitantly <input type="checkbox"/> Do not recommend

Please check the appropriate answers below. Please feel free to check more than one if applicable.

Areas	Rating	Comments
Home Background	<input type="checkbox"/> Superior <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Home Discipline	<input type="checkbox"/> Balanced <input type="checkbox"/> Too much <input type="checkbox"/> Inconsistent <input type="checkbox"/> Too little	
Obedience	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable; moody; upsets others <input type="checkbox"/> Apathetic; irresponsible	
Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy; needs constant supervision	
Sociability	<input type="checkbox"/> Prefers to spend time with others <input type="checkbox"/> Prefers to be solitary <input type="checkbox"/> Cooperates reasonably <input type="checkbox"/> Has difficulty relating to others <input type="checkbox"/> Tends to be bossy; argumentative	
Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Showing improvement <input type="checkbox"/> Often demonstrates poor judgment	
Responsibility	<input type="checkbox"/> Excellent; volunteers for tasks <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Personal Appearance	<input type="checkbox"/> Well groomed along conservative lines <input type="checkbox"/> Well groomed following newer styles <input type="checkbox"/> Neglects appearance	
Homework	<input type="checkbox"/> Assignments always on time & done well <input type="checkbox"/> Assignments occasionally late or disorderly <input type="checkbox"/> Assignments often not completed <input type="checkbox"/> Assignments seldom done adequately	
Parental Involvement	<input type="checkbox"/> Eagerly seek to be involved <input type="checkbox"/> Must be contacted to encourage involvement <input type="checkbox"/> Always cooperative and supportive <input type="checkbox"/> Often defensive and unsupportive <input type="checkbox"/> Have remained uninvolved	

NAME	TITLE
SIGNATURE	
SCHOOL	ADDRESS
EMAIL ADDRESS	DATE

This form should be completed and returned **by the recommender** (not the applicant) to Terri Fraser, the Tree of Life Christian Schools International Program Director. You may submit this form by mail, fax, or email to the following:

Terri Fraser, International Program Director
Tree of Life Christian Schools
935 Northridge Road, Columbus, OH 43224 USA
tfraser@tolcs.org
Tel: 614.263.2688 Fax: 614.263.6450