

St. Louis Christian Academy

Packet Instructions

There are many forms contained in this one document. The forms have been designed to help you complete your registration with SLCA.

Some provide you with information or instructions, while other forms need to be filled out, signed by you, your parent(s) or guardian and returned to SLCA. These forms have a SLCA Crest in the upper right corner, and have a two or three character name with a page number at the bottom of each form.

Here is a list of the forms in this document:

Instructions:

Packet Instructions
International Students F-1 and J-1
I-901 Instructions
International Check Sheet
International Student Admissions Sheet
Dorm Supply List
Food Arrangements

Forms to be filled out and returned to SLCA

I-20 Information	I20
Student Contact Information	SCI
Student Profile	SP
Medical History	MH
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Medical Treatment and Consent to Travel	MC
Standards of Conduct	SC

St. Louis Christian Academy

INTERNATIONAL STUDENTS F-1 AND J-1

St. Louis Christian Academy's Academic Policy concerning admittance of international students:

- 1.) All international students admitted to SLCA must meet grade level academic standards or be willing to be placed where best suited academically.**
- 2.) International students must exhibit acceptable verbal, written and reading comprehension skills. Should a student's abilities be in question, that student must take a placement test.**
- 3.) An international student's academic record must include an officially translated transcript to assist in placement.**
- 4.) To be considered as a candidate for graduation, the international student must:**
 - a.) Attend SLCA for at least two years
(having a total of four years of high school)**
 - OR**
 - b.) Have attended another acceptable high school in the U.S. for a year prior to attending SLCA (a total of three years of high school plus their senior year at SLCA)**
 - AND**
 - c.) Must meet all qualifications for graduating at SLCA.**

***Any exception to the above must be reviewed and approved by the SLCA School Board.**

- 5.) Students are not guaranteed college placement but every effort will be made to achieve placement in a college as is done for all SLCA graduates should the international student be eligible for graduation.**
- 6.) Academic policies of the school are expected to be adhered to by the international student. These policies are available on the slcacougars.org website.**

St. Louis Christian Academy

INTERNATIONAL STUDENT ADMISSIONS SHEET

St. Louis Christian Academy welcomes admissible applicants to the academy. To be considered for admission, please submit the following documents:

_____ 1. International Student Application which can be downloaded from (www.slccougars.org).

_____ 2. A certified transcript issued directly from previous school. It should include a certified English translation, if not in English. All translated documents should include a certification stamp **and** include marking values such as:

10-8 = High mark

7-5 = Average mark

4-3 = Low mark

2-1 = Failing (no credit)

_____ 3. Records must be sent to:

St. Louis Christian Academy

Attn: Sara Barnes

3145 Lafayette Ave

St. Louis, Mo 63139

_____ 4. SLEP test results or a letter from a teacher at the student's school verifying their oral and written English abilities is required.

_____ 5. An essay explaining why the student wishes to attend SLCA.

_____ 6. **International athletes** need to register with the NCAA Clearinghouse and receive their student identification number. After receiving their number, transcripts should then be sent from their school to the Clearinghouse. The NCAA Clearinghouse address is:

NCAA Initial Eligibility Center
Certification Processing
P.O. Box 7136
Indianapolis, IN 46207

Or send by carrier:

NCAA Initial Eligibility Clearinghouse
1802 Alonzo Watford Sr. Drive
Indianapolis, IN 46202

St. Louis Christian Academy

***I-901**

All students applying for admission must file an I-901. The cost is \$235.00 which includes expediting fee.

The I-901 must accompany the I-20 when applying for a visa at the U.S. Consulate. Even if the student does not need a visa to enter the U.S., the I-901 must be filed.

TUITION/ACADEMIC FEES, REGISTRATION, UNIFORMS, INSURANCE (if insurance is provided by ST. LOUIS CHRISTIAN ACADEMY), **ARE REQUIRED IN FULL AT TIME OF ADMISSION. PAYMENT MAY BE MADE BY WIRE TRANSFER, CASHIERS CHECK OR APPROVED CREDIT CARD.** Contact SLCA to obtain information on how to make a wire transfer. Any fees incurred for making a wire transfer are the obligation of the international student and should be included in their remission of all student costs. Transfer fees vary depending on the banking/transfer institution.

Should the F-1 student leave (or is expelled) prior to the end of the school year, regardless of the reason, there will be no refund of academic fees and tuition.

***Expediting fees incurred by the school in sending documents overseas will be billed to the student. Expediting fees vary by country and physical address within the country. SLCA has no control over the expediting fees that are charged.**

INTERNATIONAL CHECK SHEET

The following items are due upon application:

- \$100 registration fee***
- Student Profile sheet**
- Student Contact Information**
- Official Transcripts ****

The following items are due as soon as student has been accepted:

- I-20 information form**
- I-901 fee of \$235***
- \$60 shipping fee***
- Medical History**

The following items are due upon arrival at SLCA:

- Physical form**
- Medical Treatment/Permission to travel form**
- Standards of Conduct signed by parents and student**
- Full financial obligations met**

***Wiring information will be provided upon request. Credit cards are acceptable.**

****Official records are required for evaluation.**

Below is a detailed list of items you will need to purchase/buy for your dorm room. If you have any questions, please contact the school. Items with an asterisk (*) are a requirement.

Room Basics

Sheets, blanket, comforter & mattress pad - (XL Twin) *
Pillows *
Towels/wash clothes *
In season clothing *
Toiletries *
Hangers *
First aid kit
Shower tote *
Family photos
Paper plates/foil/plastic baggies *
Pantry basics (PB, popcorn, soup, oatmeal packets) *
Storage tub for snacks and other food items *

Academic Basics

Desk supplies (Index cards, highlighters, sticky notes)
Laptop computer
Flash drives
Book light
Pens, pencils, and paper

Cleaning Up & Organizing

Sponge and dishcloth
Disinfecting wipes
Paper towels
Tissues
Febreze
Laundry supplies (bag, detergent, fabric softener)
Instant stain remover

Things NOT to bring

Toasters or toaster oven
Candles or anything with open flame
Pets
Halogen lamp
Ironing Board/Iron

Food arrangements for SLCA boarding school students will be as follows:

- Breakfast lunch and dinner will be provided Mon-Fri with the exception of no school holidays
- Students are responsible for their own meals on the weekends (Guardians of students **MUST** provide adequate funds for weekend food/meals. Failure to do so will result in disenrollment.
- Students will be taken on a store run once a week for food and other supplies for their dorm
- Students will be responsible for breakfast and lunch on Saturdays and Sundays, plus any snacks they may want for the week
- On Saturdays and Sundays students will be dining out (approximately \$10.00 per student; transportation will be provided). If a student decides they do not want to dine out one of those days they will be responsible for their meal that day.

I-20 INFORMATION FORM

Please print or type carefully all information below.

Complete Name– (VERY IMPORTANT --- AS IT APPEARS ON YOUR PASSPORT)

Last (Family Name)	First (Given Name)	(Middle)
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Address

Apartment or House #	Street Name	City
----------------------	-------------	------

City code, if applicable	Province, if applicable	Country
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Address # 2– WHERE PAPERWORK IS TO BE SHIPPED (IF DIFFERENT FROM ABOVE)

Apartment or House #	Street Name	City
----------------------	-------------	------

City code, if applicable	Province, if applicable	Country
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Home Phone # _____ (include country code)

E-Mail Address _____

Date of birth _____ Male Female
(Month) (Day) (Year) Circle One

City of birth _____

Country of birth _____

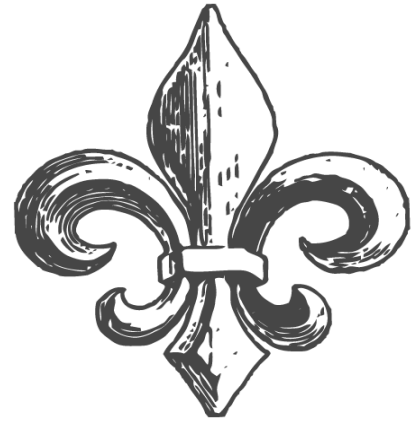
Country of citizenship _____

Country issuing passport _____

Passport # _____

Grade in school for this coming school term _____

St. Louis Christian Academy
3145 Lafayette
St. Louis, MO 63104
Phone: (314) 664-3299
Fax: (314) 664-5799



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Student Contact Information

To be completed by the students and parents

The information will be given to the host family only after the placement is confirmed

Complete student name

Last (Family)

First (Given)

Middle

Country issuing passport _____

Passport number _____

Student's permanent home address (complete address as it should appear on correspondence):

Street _____ **Telephone** _____

Postal Code and City _____ **Fax** _____

Country _____ **E-Mail** _____

Mother's business phone _____

Father's business phone _____

Family (Circle all that apply)

Mother:

Living
Deceased

Father:

Living
Deceased

Parents:

Married
Living Together
Separated
Divorced

Student lives with:

Mother Stepmother Grandmother

Father Stepfather Grandfather

Other: _____

* If parents are separated or divorced, please list address and contact information for non-custodial parent:

Complete Name of Parent: _____

Relationship: _____

Street _____ **Telephone** _____

Country code/City code

Postal Code and City _____

Country code/City code

Country _____

E-Mail _____

Emergency contacts, other than parents:

Complete name of contact

Relationship

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Student Profile

Complete Name:

Last (Family)

First (Given)

Middle

Address:

Street, Apt#, etc

Country

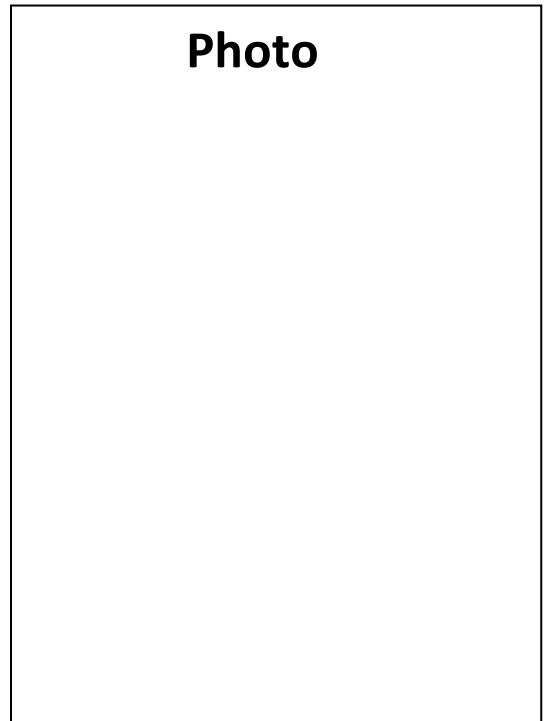
Country of Citizenship

Birthday

Month

Day

Year



1.) What is your current grade level (U.S. equivalent) at your current school?

9th

10th

11th

12th

2.) How many hours a day do you attend school? _____

3.) What are your favorite subjects? _____

4.) When you have completed high school, what do you intend to do?

5.) What do you like to do in your spare time? _____

6.) Are there any sports in which you participate? _____

7.) What is your religious affiliation? _____

8.) Do you have any dietary restrictions?
No Yes (please list) _____

9.) Do you have any allergies?
No Yes (please list) _____

10.) Do you like pets?
No Yes (what pets do you have at home)

11.) What household chores/responsibilities do you have at home?

SI-2

Complete Name

12. What activities do you generally do with your family?

13. What do you hope to gain from attending school in the U.S.?

14. What if any of your Junior high school is counted toward HS graduation?

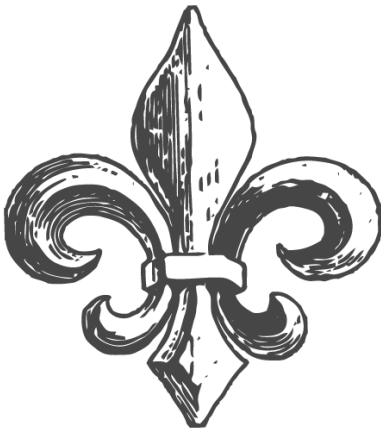
15. Have you already graduated from high school in your country? If yes when did you graduate?

16. Why do you want to attend school at St. Louis Christian Academy?

SI-3

17. Do you have plans to attend college in the United States? (yes or no)

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Medical Information and Inoculation Record
(To be completed, signed, and dated by examining physician)

The applicant must have a physical examination by a licensed doctor, who is not a family member, within one year of coming to the United States. The physician should complete this report of the applicant's medical history, current health, and inoculation record.

Student Name: _____
Birth date: ____/____/____

Medical History

- 1. Are you the applicant's regular doctor? ____ yes ____ no
- 2. How long have you known/treated the applicant? ____ (years)
- 3. Is applicant currently under treatment for any medical or emotional conditions? ____yes ____no
If yes, please explain:

- 4. Is applicant currently taking any medications: ____ yes ____ no
If yes, list medications and reason for medications:

MH-1

- 5. Does applicant currently have an eating disorder or history of an eating disorder (anorexia nervosa, bulimia, etc?) ____yes ____ no

6. Has the applicant had restriction of a physical activity during the past five years? ____ yes ____ no

7. Has the applicant had any treatment or counseling for nervous conditions, personality disorder, or emotional problems? ____ yes ____ no

8. Has the applicant ever been hospitalized? ____ yes ____ no if yes, please explain: _____

9. Has the applicant been advised to have surgery, which has NOT been done? ____ yes ____ no (if yes please explain):

10. Has the applicant ever had a history of any of the following:

Yes	No		Yes	No		Yes	No	
		Allergies to food, drugs, etc			Headache(persistent, recurring)			Pneumonia
		Appendicitis			Hepatitis			Pollmyellitis
		*Appendix removed			Goiter (struma)			Psoriasis
		Asthma			Hernia			Rheumatic Fever
		Chicken Pox Year:			Malaria Year:			Rubella Year:
		Cough (persistent/recurring)			Measles (Rubella) Year:			Scarlet Fever
		Diabetes Mellitus			Mumps Year:			Scarlet Fever
		Eating Disorder			Menstrual Disorder			Sleep Disorders
		Enuresis (bed wetting)			Mononucleosis			Tuberculosis
		Epilepsy			Parasites (Intestinal, other)			Vertigo/ Dizziness

11. Has the applicant ever had disease, impairment, or abnormality of:

Yes	No		Yes	No		Yes	No	
		Abdominal/Digestive System			Genito-Urinary System			Skin (Acne, etc)
		Bones, Joints			Heart, Blood Vessels			Varicose Veins
		Brain, Nervous System			Locomotor System			Tonsils, throat, nose
		Blood, Endocrine System			Lungs, Respiratory System			Have tonsils been removed?
		Ears, hearing			Menstrual Cycle			
		Eyes, sight						

*** If YES was checked for any of the above questions regarding applicant's current or past condition or medical history, physician must provide full details, including a description of the severity of the condition (attach a sheet, if necessary).**

**** If applicant has allergies, please describe the severity of the condition and the specific causes for allergic reactions.**

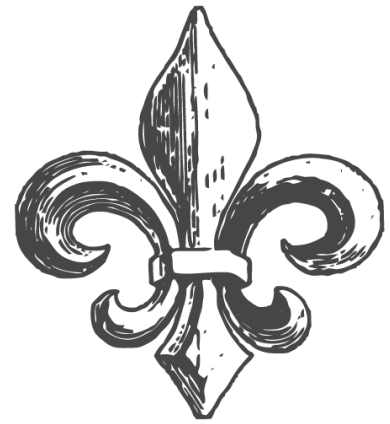
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Medical Information and Inoculation Record
(To be completed, signed, and dated by examining physician)

Physical Examination of Student

Height _____ cm (____ ft. ____ in.) Weight _____ kg. (____) lbs.

Blood Pressure _____ Pulse _____

Applicants uncorrected vision R ____/____ L ____/____

Applicants corrected vision R ____/____ L ____/____

Does the applicant wear contact lenses? ____ yes ____ no

Does the applicant wear glasses? ____ yes ____ no

Does the applicant have hearing impairment or abnormality? ____ yes ____ no

Hearing: R ____/____ L ____/____

Urinalysis: Albumin _____ Sugar _____ Micro _____

Hemoglobin _____ gms%

Will applicant require orthodontic care during the time spent in the U. S.?

____ yes ____ no

If yes, the applicant should bring statement from orthodontist indicating care required and must provide own dental insurance.

Are there any current abnormalities of the following systems:

Yes	No		Yes	No		Yes	No	
		Cardiovascular System			Menstrual Cycle			Respiratory System
		Ears, Nose, Throat			Musculoskeletal			Skin (Acne, etc)
		Eyes			Metabolic/Endocrine System			Teeth and gums
		Gastrointestinal System			Neuropsychiatrics			Other
		Genito-Urinary System			Pelvic			Other

If YES was checked for any of the above questions regarding the applicant's current or past condition or medical history, physician must provide full details, including a description of the severity of the conditions. (Attach a sheet if necessary).

Your opinion of the general state of the applicant's health:

_____ Excellent _____ Good _____ Fair _____ Poor

Your recommendation of physical activity:

_____ Unlimited _____ Limited Please explain: _____

INOCULATION RECORD

Vaccine	Date each does was given				
	1 st Does	2 nd Dose	3 rd Does	4 th Does	5 th Dose
	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year	Month/Day/Year
Polio (TOPV)					
DPT (Diphtheria, Tetanus & Pertussis) or DT (Tetanus and Diphtheria)					
MEASLES (Rubella, 10 day measles)			If no immunization, give date applicant had measles:		
MUMPS			If not immunization, give date applicant had mumps:		
RUBELLA (3-Day Measles)			If not immunization, give date applicant had rubella:		
HEPATITIS B					
VERICELLA (Chicken Pox)					
BACILLUS CALMETTE GUERIN (BCG)		Comments:			
TB SKIN TEST (Mantoux)		Results (circle one): Positive or Negative (no evidence of TB)			
HIV Test		Results (circle one): Positive or Negative (no evidence of HIV)			
CHEST X-RAY (Radiography)		Results:			
*If TB Skin Test is positive the applicant must have a chest x-ray					

Very Important:

If a student has not had measles, mumps, or rubella, she/he is required to have a series of inoculations before going to the U.S.A. Otherwise, the student will be required to have inoculations in the United States before being admitted to an American high school. As students must meet the immunization requirements of the American high school that they will be attending, student may be required to have additional immunizations or screening tests before being admitted to high school.

Name of physician (print) _____

Date of examination _____

Signature of physician _____

Telephone number _____

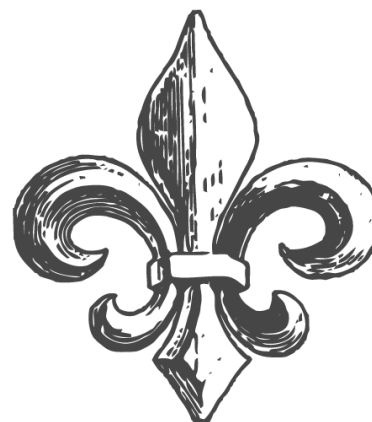
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Medical Treatment Consent

TO WHOM IT MAY CONCERN:

To any hospital and any physician on the staff thereof: You are hereby authorized to furnish medical care, treatment and/or hospitalization including the use of local or general anesthetic, sedation or analgesia to:

Name of Minor: _____

Date of birth: _____ who is in the physical custody of:

Name of Caretaker (host family):

At the request of the above caretaker acting on behalf of minor, without further written or other authorization from the undersigned parent(s) or legal guardian(s) of said minor child. We further authorize the above caretaker to give permission for the minor to participate in various school activities when authorization is needed and release of school and/or medical records when requested by said caretaker.

_____/_____/_____
Parent's Signature day month year

Parent Consent

We hereby affirm that we,

_____ and _____

are the legal parents of _____

whose birthday is _____.

We hereby consent to our child's application for admission to attend school in the United States as a non-immigrant student. We hereby declare that he/she has been given our permission to live with a St. Louis Christian Academy host family. We hereby affirm that we have delegated to the host family the responsibility to act on our behalf in all matters concerning our son/daughter and the school.

_____ / _____ / _____

Parent's Signature

day

month

year

Permission to Travel

Please check one box

Student's Name

We hereby give our full consent for our son/daughter to travel within their host country if accompanied by an adult person approved by St. Louis Christian Academy, or together with the host family. We understand that any travel must be approved in writing by the host family. Approval must also be given by St. Louis Christian Academy. We further understand that our son/daughter will be responsible for any expenses incurred during any trip or excursion. Our son/daughter may not travel while school is in session unless the trip is approved by St. Louis Christian Academy.

We do not give our consent.

Parent's Signature _____ / _____ / _____
day month year

**Parent's signature is required even if the student is over 18.*

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Standards of Conduct

Part I **Laws**

If a student is involved in activities that are illegal based on local, state, and federal laws, the student will be sent to the home country as soon as legally possible. Such expenses incurred will be the responsibility of the student's parents. Illegal activities include:

_____ **Drinking or purchasing alcoholic beverages and/or tobacco products**

_____ **Buying, selling, possessing or using illegal drugs as defined by local, state or federal law (controlled drugs must be prescribed for the student by a licensed physician).**

_____ **Committing or taking part in an act of violence against another person or property.**

_____ **Shoplifting or theft.**

_____ **Accessing or downloading pornography on the internet.**

Part II School

The student must obey all school rules, attend class regularly and be responsible for assuming a full course load, maintaining a “C” average with no failing grades at the end of the semester. Academic probation may result if grades are not acceptably maintained. (All tutoring costs are to be borne by the student).

Part III Driving

The student may not drive any car, motorcycle, or other motorized vehicle for which an operator's license is required.

Participation in a high school driver's education program is not guaranteed. The expense of such program must be borne by the student.

Part IV Host Family

Student must comply with the rules of the host family.

Student must keep host family informed at all times of his/her whereabouts, associates, and times of departure from and return to host family's home.

Student must not lend or borrow from host family. The student's natural parents are to provide the student with adequate spending money.

Under no circumstance is the student to drive the host's family car, even for driving practice.

All international students at St. Louis Christian Academy are required to attend an approved church with their host family.

Part V Personal Conduct

Students are to refrain from sexual behavior, contact, and activity. Students who are found to be sexually active may be terminated.

Students who become pregnant or impregnate will be terminated and sent home.

Student may not tattoo or pierce any part of their body.

Standards of dress, hair, etc. must comply with the school in which the student is enrolled

We, the undersigned have read and agree with the Standards of Conduct as outlined. We certify that all information provided is correct and complete. We acknowledge that this agreement is in force from the time the student arrives until the time the student leaves the United States at the end of the high school exchange program. I understand that ANY breach of these codes of conduct will result in immediate disenrollment with NO REFUND of any kind.

Mother

Date

Father

Date

Student

Date