



ROCKFORD CHRISTIAN SCHOOLS

1401 N. Bell School Road
Rockford, IL 61107
www.rockfordchristian.org

Dear Student and Parents,

Thank you for your interest in Rockford Christian Schools - International. We hope you will find the following information helpful with the application process. Please contact the admissions office by phone or email if you have any questions regarding the admissions procedure.

To begin the admissions process, please complete the following steps:

- Fill out the *RCS - International Residential Student Application* and attach a recent photo of the student to the front of the application.
- Submit both Math and English Teacher Recommendation Forms with your completed application.
- Submit a copy of official academic records including translated transcripts. For consideration at Rockford Christian Schools you must maintain an average of a 2.5 GPA or equivalent.
- Submit IELTS or TOEFL test results. English proficiency of at least 60 TOEFL or 6.0 IELTS. Along with interview with Director of RCS - International.
- Submit a photocopy of your passport.
- Proof of ability to pay: Prospective international students must be able to prove their ability to pay for their educational program, a place to stay and other applicable living expenses while in the United States. Proof can be in the form of a bank statement.
- Return all of the above paperwork to Rockford Christian Schools, along with the required application fee of \$500. This fee may be paid by certified check or wired directly to the school's bank. Wiring instructions are included on the last page of this packet.

You will be notified as soon as we receive all of your paperwork. The final step in the application process is an in person or video interview with the student. Upon acceptance to Rockford Christian Schools, the student will receive an official letter of acceptance, along with information on issuance of an I-20 needed to obtain an F1 Student Visa.

Thank you again for your interest in RCS-International.

Sarah L Cernohous
Director, Rockford Christian Schools - International

ROCKFORD CHRISTIAN SCHOOLS – APPLICATION FOR RESIDENTIAL INTERNATIONAL STUDENT
(PLEASE PRINT ALL INFORMATION IN ENGLISH)

STUDENT INFORMATION

Name _____
(Last Name) (First Name) (Middle Name)

Nickname _____ Religious Background _____
(what you would like to be called in America)

Gender _____ Date of Birth _____
(male / female) (month / day / year)

Address: _____
(Street)

(City) (State) (Country)

(Postal Code) (Citizen / Passport Country)

Phone number _____
(Format as if you were being called from the US)

Email Address: _____

Current Grade in School _____ Grade Applying For _____

FAMILY INFORMATION

Father's Information:

Name _____
(last name) (first name) (middle name)

Address: _____
(Street)

(City) (State) (Country)

(Postal Code) (Citizen / Passport Country)

Phone number _____
(Format as if you were being called from the US)

Email Address: _____

Mother's Information:

Name _____
(last name) (first name) (middle name)

Address: _____
(Street)

(City) (State) (Country)

(Postal Code) (Citizen / Passport Country)

Phone number _____
(Format as if you were being called from the US)

Email Address: _____

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ESSAY:

In your own words, write a brief letter that will help the school learn more about you – your personality, personal interests, family life, and hopes and expectations for living and studying at Rockford Christian Schools (this may be handwritten or typed and attached to this form)

ADDITIONAL INFORMATION:

Do you speak any other languages? Yes No

Please list:

Please list any clubs or social activities you belong to:

How many hours a day do you spend studying:

What responsibilities do you have at home:

Have you ever lived outside the country? Yes No

If yes, where and for how long?

Do you have any pets? Yes No

If yes, what type?

Do you have any known allergies? Yes No

If yes, to what?

Does it require medication?

Do you have any dietary restrictions? Yes No

If yes, please explain:

ACTIVITIES AND INTERESTS

Please circle all that you enjoy participating in

Art/Painting	Cooking	Ice Hockey	Table Tennis
Basketball	Dancing	Ice Skating	Tennis
Bike Riding	Drama	Jogging	Travelling
Bowling	Fishing	Martial Arts	Track and Field
Computer	Fitness Training	Museums	Watching TV/Movies
Church Activities	Family Activities	Popular Music	Watching Sports
Camping	Golf	Photography	Writing
Classical Music	Hiking	Snow Skiing	

PERSONALITY PROFILE

Please circle all that best describe you:

Shy	Open	Active	Humorous
Intellectual	Quiet	Independent	Realistic
Friendly	Cheerful	Mature	Optimistic
Patient	Responsible	Spontaneous	Organized
Generous	Sensitive	Respectful	Talkative
Adaptable	Reserved	Motivated	Athletic

MATH TEACHER RECOMMENDATION FORM

Applicant Name _____ Grade Applying for _____

The purpose of this form is to help us evaluate this student's aptitude in math. Please be as accurate, honest and thorough as possible as you complete this form. Thank you.

How long have you known this student? _____

Briefly describe the content of the course which you taught the student. _____

Do you feel the student mastered the material you taught him? If not, in what area does the student need improvement? _____

Please indicate the math classes the student has completed:

_____ Algebra I

_____ Geometry

_____ Algebra II

_____ Pre-calculus

Please describe why you believe this student will be successful at Rockford Christian School.
(Attach a separate page with written recommendation on official school letterhead)

Name of Teacher (please print) _____

Signature _____ Date _____

ENGLISH TEACHER RECOMMENDATION FORM

Applicant Name _____ Grade Applying for _____

The purpose of this form is to help us evaluate this student’s aptitude in English. Please be as accurate, honest and thorough as possible as you complete this form. Thank you.

How long have you known this student? _____

Briefly describe the content of the course which you taught the student. _____

Do you feel the student mastered the material you taught him? If not, in what area does the student need improvement? _____

Please indicate the student’s English language ability:

Spoken English	Excellent	Good	Fair	Poor
Listening Comprehension	Excellent	Good	Fair	Poor
Written English	Excellent	Good	Fair	Poor
Reading Comprehension	Excellent	Good	Fair	Poor

Please describe why you believe this student will be successful at Rockford Christian School.
(Attach a separate page with written recommendation on official school letterhead)

Name of Teacher (please print) _____

Signature _____ Date _____

**ROCKFORD CHRISTIAN SCHOOLS – APPLICATION FOR RESIDENTIAL INTERNATIONAL STUDENT
(PLEASE PRINT ALL INFORMATION IN ENGLISH)**

Student's Last Name _____
Birth Date (MM/DD/YYYY) _____

Student's First Name _____
Grade Level _____

REQUIRED IMMUNIZATIONS FOR ROCKFORD CHRISTIAN SCHOOL

All immunizations must be completed before student arrives in the U.S.

Vaccine: Give date each dose was given	1 st	2 nd	3 rd	4 th	5 th
DTaP or DTP (Diphtheria, Tetanus, Pertussis) Must have 3 vaccines	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
IPV (Polio) Must have 4 vaccines with the last one given after the age of 4 years old	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tdap (Tetanus, Diphtheria and pertussis) Must have 1 vaccine on/after the age of 11	___/___/___				
MMR (Measles Mumps, Rubella) Must have 2 vaccines-first one after the age of 1 year and second one at least 28 days after the first	___/___/___	___/___/___			
Hepatitis B Must have 3 vaccines given 2 months apart	___/___/___	___/___/___	___/___/___		
Varicella (Chicken Pox) Must have 2 vaccines- first one after the age of 1 year and second one at least 28 days after the first	___/___/___	___/___/___	If student had chicken pox, enter the date of the disease	___/___/___	
MCV4 (Meningococcal A,C,W,Y) Must have two vaccines-one on/after the age of 11 & one on/after the age of 16	___/___/___	___/___/___			

Tuberculosis (TB) Skin Test Date: ___/___/___ Results: ___ Positive ___ Negative OR BCG Test Date: ___/___/___

Please explain any positive reaction and follow-up: _____

I, the undersigned, have given a thorough physical examination and reviewed the medical history of this student. I certify that all important medical information has been included and that the above information is complete and accurate.

Physician's Signature _____ Date _____

Physician's Name _____

Physician's Address _____

*****AGENCIES CANNOT SIGN IN PLACE OF THE PHYSICIAN*****

**ROCKFORD CHRISTIAN SCHOOLS – APPLICATION FOR RESIDENTIAL INTERNATIONAL STUDENT
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**ROCKFORD CHRISTIAN SCHOOL HEALTH SERVICES
Emergency Form Year _____**

Student's Name: _____ Birthdate: _____ Grade: _____
Phone: _____ **Home Address:** _____
 City _____ Zip: _____

Adult in Home: _____ Relationship: _____ Phone: _____
 Place of Employment: _____ Phone: _____

Adult in Home: _____ Relationship: _____ Phone: _____
 Place of Employment: _____ Phone: _____

II. Emergency Contact: List the names of additional adults who will assume responsibility in an emergency and provide transportation for the student if the parent/guardian cannot be reached.

1) Name: _____ Phone: _____ Cell: _____
 2) Name: _____ Phone: _____ Cell: _____

III. Student's Health History

Food Allergies: Yes No Requires Epi-Pen? Yes No

Diagnosis of asthma? Yes No
 Does child take asthma medications? Yes No
 List asthma meds child is currently taking _____
 Birth Defects? Yes No
 Developmental delay? Yes No
 Blood disorders? Hemophilia, Sickle Cell, Other? Explain Yes No
 Diabetes? Yes No
 Head injury / Concussion / Passed out? Yes No
 Seizures? What are they like? Yes No
 Heart problems/ Shortness of breath? Yes No
 Heart Murmur? Yes No
 Dizziness or chest pain with exercise? Yes No
 Eye / Vision problems? _ Glasses Contacts Last exam by Dr. _____

Medication (List ALL prescribed or taken a regular basis)

On a regular basis)
 Loss of function of one of paired organs? (eye/ear/kidney/testicle) Yes No
 Hospitalization? When? What for? Yes No
 Surgery? When? What for? List all: Yes No
 Serious injury or illness? Yes No
 TB Skin test positive? (past or present) Yes No
 TB Disease? (past or present) Yes No
 Tobacco use (type, frequency)? Yes No
 Alcohol/Drug Use? Yes No
 Family history of sudden death before age 50? Cause? Yes No
 Dental Braces Bridge Plate Other Yes No
 Allergic to any medications? Yes No
 Name of medications child is allergic to: _____

* If yes, refer to local health Department

Bee sting allergy? Yes No

Other allergies?

Yes No
 Yes No

Other concerns (crossed eye, drooping lids, squinting)
 Ear / Hearing problems?
 Bone / Joint problems / injury / Scoliosis? _____ Other Concerns?

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Parent Consent: School Nurse (RN) may share health information with appropriate members of the educational team for use in meeting the safety, student’s health, and legitimate educational needs. This shall be on a "need to know" basis, in a confidential manner and may include communication between health provider and school nurse to facilitate the process. In the event of serious illness or injury, student may receive First Aid by staff and/or care with transportation by EMS to an Emergency Department for evaluation and all treatment including X-ray and any required tests. I agree the cost of this care will be my responsibility. When necessary, the alternate contact or a school representative may act in the interest of the student on behalf of the parent.

Parent/Guardian Signature Date

AUTHORIZATION FOR MEDICAL TREATMENT

Student Name _____

Student Home Address _____

EMERGENCY CONTACT

Parents/Guardian _____

Emergency Phone Number _____

Other (if parents are unreachable) _____

Emergency Phone Number _____

RELEASE FOR MEDICAL TREATMENT

I hereby give my permission for my child to receive medical treatment, including a school physical, immunizations, and other treatment for illness or medical emergency, at a local medical center or any hospital or doctor the school deems appropriate. I authorize Sarah Cernohous, International Student Program Director for Rockford Christian School or other Rockford Christian School personnel to make medical decisions on our behalf while my child is studying in the United States at Rockford Christian School. I understand that I will be responsible to pay the medical costs if not covered by the student’s insurance.

I understand that, as required by Illinois State Law, my student must have a current school physical on file at Rockford Christian School and that my student must be compliant by having a school exam with a physician in Illinois. Any international student new to Rockford Christian School will be taken to a medical center for this exam and it will be the responsibility of the student to pay for the school physical as it will not be covered by insurance. At this time any immunizations needed to become compliant to Illinois State Law will be given at this time, also at the expense of the student.

Please note if your child has any medical conditions of concern:

Child’s Name _____

Parent’s Signature _____ Date _____

RESIDENTIAL STUDENT GUIDELINES

Please take time to read the below guidelines for your international student attending Rockford Christian Schools. These guidelines, along with the student handbook, are the rules your student must follow while attending RCS.

GENERAL RULES:

1. **Behavior** - Prior to leaving home to live at Rockford Christian Schools (RCS), the student's parents should discuss the importance of good behavior with their student and ensure that he or she understands the significance of acting in a manner that will reflect well on his or her family and country.
2. **English Speaking** - International Students must make a concerted effort to improve their ability in the English language prior to attending Rockford Christian Schools. They must also continue this effort while attending Rockford Christian Schools. If effort is not being made to improve their language skills, focused tutoring might be necessary at an added expense to the family.
3. **Attendance** – All students will be enrolled as a fulltime student and will be expected to attend school regularly. Students must prioritize their academic course load to make satisfactory progress. A minimum of a 3.0 GPA must be maintained. If a student is achieving a C average or lower, the program director may require study hours and/or tutoring at the student's expense and limit co-curricular and weekend activities until scores are improved.
4. Students who are accepted into the international program will register for classes upon arrival to campus. International students will be placed at an appropriate grade level and may be slightly older than their peers.
5. The student will obey the disciplinary rules of Rockford Christian School and will be respectful of school staff and faculty.
6. **Involvement** - The student must make an effort to get involved in the community by attending and participating in school, church, or community events. The student should not spend all their time with the other residential students. School personnel may advise if guidance is needed with regard to involvement and social interactions.
7. **Athletics** - The student's acceptance into RCS does allow students to be a part of the athletic culture of RCS. Participation in extracurricular and athletic activities is strongly encouraged.
8. The student's parents give RCS the right to use the student's photograph for reproduction in any medium for the purposes of publication, advertising, display, or editorial use. No personal information will be publicized.
9. The student must obey the laws of the United States and the states where they live and visit. A student found guilty of violating the law will be returned home at their family's expense as soon as the student is released by authorities.
10. Any student who sells, possesses, distributes, uses, aids in the use of, or is under the influence of illegal drugs (including look-a-likes), e-cigarettes or vaping products, controlled substances (unless lawfully prescribed), associated paraphernalia, tobacco, or alcoholic beverages during school hours, while on school property (including buses and residence hall), or at a school-

sponsored event is subject to disciplinary action. Possession is considered to exist if a student a) is aware of the presence of alcohol or a controlled substance, b) is in the proximity of or has access to the alcohol or a controlled substance, and c) fails to promptly remove himself/herself from the premises. The student will be suspended until the administration makes a recommendation to the Board of Directors regarding the student's future relationship with the school. Legal authorities may be contacted when warranted by circumstances.

11. The student is forbidden from participating in any dangerous sports or activities such as hang gliding, bungee jumping, sky diving, snowboarding, target shooting, and other potentially dangerous activities. The family will accept full responsibility for any situation arising from the student's unauthorized involvement in a forbidden activity. If a student is wishing to participate, they should consult with the International department for approval prior to participating in said event.
12. The student will abstain from all sexual activity. Serious romantic involvement is strongly discouraged. The student may not take any action that may change the nature of his life (for example, become engaged or married).
13. The student is not allowed to get any new tattoos or body piercings while participating in the Residential Student Program.
14. The student may not operate a motorized vehicle including any friend's vehicle while in the program.
15. RCS reserves the right to terminate a student's enrollment at Rockford Christian School if his/her conduct is considered detrimental or incompatible with the interests of the school. In this case, all fees paid will be nonrefundable and the student's I-20 will be cancelled.
16. Both International students and their parents are expected to be familiar with the Rockford Christian School Student Handbook, available on the RCS website. The signed Code of Conduct page is a requirement for attendance at our school.

RESIDENTIAL LIFE:

1. The student will become an integral part of life in the residence hall, assuming duties and responsibilities that are normal for a child of his/her age within a residential community.
2. The student must obey rules of the residence hall and be willing to participate in activities such as attending special residence events, local international activities, as well as potential religious services.
3. Students will be introduced to the Christian faith. They will be expected to respect to those who wish to learn more about their own faith journey and adhere to the guidelines for Christian living in the student handbook.
4. Problems that arise should be handled with the assistance of the Director of Rockford Christian Schools – International or other RCS administrators. The student is not to discuss problems of a personal nature with members of the general community. If the student is experiencing any sort of relational stress or difficulty or experiences abuse or harassment of any kind, he or she should immediately disclose the incident to a member of the RCS-International team.

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5. Visits by the student's family or friends while in the program require prior approval by the Director of the international program.

COMMUNICATION & TECHNOLOGY:

1. Parents should communicate directly with the Director of RCS-I .
2. A personal cell phone must be provided to each international student by his/her parents, unless this requirement is waived by the Program Director. Internet may be limited to 2 hours per night. Internet and cell phone usage may be limited if it is interfering with academic progress or hindering social connections.
3. Students must bring their own computer. We reserve the right to install internet filtering software to the computer. Inappropriate use of the Internet by the student, including viewing pornography or visiting questionable websites, is not acceptable. Such activity may result in program termination.

MEDICAL:

1. A completed medical authorization form, health and immunizations form, and wellness consent form must be received by the Program Director prior to departure from home country.
2. Students must share with the program any medication they bring from their home country to take on a regular or occasional basis.

FINANCIAL:

1. The student should have sufficient financial support to ensure his/her well-being during the entire program. Parents must provide ATM/Credit card to be used for personal expenses during the academic year.
2. Room and board are included in the tuition amount. The students may wish to purchase items such as clothing, room decorations, music lessons, and AP testing. He or she may also wish to attend senior trip or attend banquets. These expenses are not included and are the student's responsibility.
3. The student and their parents must pay bills promptly. Full tuition for the year is due by the date specified in the contract.
4. The student is not permitted to borrow money.
5. If for any reason the student withdraws from Rockford Christian School prior to the completing of the current school term, a full refund is not guaranteed. The amount refunded will depend on the timing and the circumstances of the withdrawal.
6. If a student needs unusual help for a matter not related to the academic requirements of Rockford Christian School, the family would need to request permission for the activity and provide necessary funds and compensation for the activity.

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TRAVEL:

1. The student is required to purchase round-trip air travel before the student departs from his/her home country. This information must be forwarded to the Program Director. Parents, not students, are responsible for directly purchasing airfare and making travel arrangements.
2. The student is permitted to travel domestically with Rockford Christian School sponsorship. Independent travel, aside from trips directly to and from the home country, is not allowed unless prior approval is granted from the Program Director. The cost of independent travel would be the student and natural family's responsibility.
3. The residence hall will be closed during Christmas break (December) and spring break (March). The students will be allowed to travel home during this time or with family in the United States. If a student does not want or is not able to travel during the time of the residence hall closures, a host family can be arranged. This will be an added expense for the student and family.
4. Students will not be allowed to travel without the company of an adult (over the age of 25) or family member at any time.
5. The student must return home within 2 days of the last day of school. The school will not provide housing during the summer break. In May of a given school year, the I-20 will be extended for another academic year, provided the student has done well academically, is current on payments, and after the student demonstrates proof of travel purchase to return home for the summer months of June, July, and August.

ROCKFORD CHRISTIAN SCHOOLS – APPLICATION FOR RESIDENTIAL INTERNATIONAL STUDENT
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STUDENT AGREEMENT

Student - Please read carefully. Sign and date below where indicated

In the city of _____, country of _____, on the ____ day of _____ in the year of _____, I, the student agree that as a student admitted to the Rockford Christian School International Program, I will travel to the United States, live at the RCS approved location, and attend Rockford Christian School. By signing below, I hereby state that I have thoroughly read the International School Guidelines and agree to live by them during my time at Rockford Christian School. By signing below I hereby state that I have read and understand the Rockford Christian Student Handbook and will abide by the rules and requirements stated in the handbook. I understand that while a student at Rockford Christian School, my activities are under the authority of Rockford Christian School. Therefore, my parents/Legal guardians cannot authorize me to engage in any activity or activities without Rockford Christian School’s approval. I also understand that any relatives that I may have in the United States will have no authority over me while I am a student in the program.

I attest that I am of good health and character, understand the important role of a Rockford Christian International Student, and will, to the best of my ability, maintain the high standards required of a Rockford Christian International Student as I represent my family, school, community, state/province and country, I further state that all the material contained in this application, and the attached documents, are true and accurate to the best of my knowledge.

Student’s Name (please print) _____
Signature _____ Date _____

STUDENT LIABILITY RELEASE

Student - Please read carefully. Sign and date below where indicated

In consideration of my acceptance and participation in the Rockford Christian School International Program, I, the student, if of legal age, to the full extent permitted by Law, hereby release and agree to defend, hold harmless, and indemnify Rockford Christian School, its employees, agents, officers and directors, from any or all liability for any loss, property damage, personal injury, or death, including 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 me during, or as a result of, my participation in the Rockford Christian School International Program, including travel to and from the host country.

Student’s Name (please print) _____
Signature _____ Date _____

**ROCKFORD CHRISTIAN SCHOOLS – APPLICATION FOR RESIDENTIAL INTERNATIONAL STUDENT
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PARENT/LEGAL GUARDIAN AGREEMENT

Parent/Guardian - *Please read carefully Sign and date below where indicated.*

In the city of _____, country of _____, on the _____ day of _____ in the year of _____.

I/we, the undersigned parents/legal guardians (hereafter referred to as “parents”) of _____, agree that my child is permitted to travel to the United States, live at the RCS approved location, and attend Rockford Christian School. By signing below, I/we state that I/we have thoroughly read the International Student Guidelines and agree that our child will live by them during their time at Rockford Christian School. I/we hereby state that we have read and understood the Rockford Christian Student Handbook and will abide by the rules and requirements stated in the handbook. Should our child be selected for the program, I/we agree to abide by all the program rules, conditions and decisions throughout the duration of the program. I/we understand that while our child is a student in the Rockford Christian School International Program, his/her activities will be under the authority of Rockford Christian School. Therefore, I/we understand that I/we cannot authorize our child to engage in an activity or activities without Rockford Christian School’s approval. We also agree that any relatives we may have in the United States will have no authority over him/her while he/she is in the program. I/we attest that our child is of good health and character, understands the important role of a Rockford Christian International Student, as he/she represents his/her family, school, community, state/province and country. We further state that all the material contained in this application and the attached documents is true and accurate to the best of our knowledge.

Father’s/Legal Guardian’s Name (*please print*) _____
Signature _____ Date _____

Mother’s/Legal Guardian’s Name (*please print*) _____
Signature _____ Date _____

PARENT/LEGAL GUARDIAN LIABILITY RELEASE

In consideration of the acceptance and participation of my student in the Rockford Christian School International Program, I/we, the parents/legal guardians of the student, to the full extent permitted by law, hereby release, and agree to defend, hold harmless, and indemnify Rockford Christian School, its employees, agents officers and directors, from any or all liability for any loss, property damage, personal injury, or death, including 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 participation by the student in the Rockford Christian School International Program, including travel to and from the host country.

I/we understand that our child will be subject to Rockford Christian School International Program personnel and the authorities and teachers of Rockford Christian School and that the student will have to follow the rules given by the dorm stay program. I/we also understand that Rockford Christian reserves the right to terminate participation of my/our child in the program if his/her conduct may be considered detrimental or incompatible with the interest and security of the program. I/we understand that if this occurs, I/we will have no rights to a refund of any kind.

Father’s/Legal Guardian’s Name (*please print*) _____
Signature _____ Date _____

Mother’s/Legal Guardian’s Name (*please print*) _____
Signature _____ Date _____

**INSTRUCTIONS FOR WIRING MONEY TO
ROCKFORD CHRISTIAN SCHOOLS**

BANK INFO: HARRIS N.A.
ADDRESS: 111 W. MONROE
CHICAGO, IL 60603

SWIFT: HATRUS44

BENEFICIARY: ROCKFORD CHRISTIAN EDUCATION ASSOCIATION

ACCOUNT #: 3854932

ABA #: 071000288

Please ask the bank to put the student's name on the wiring note so that we can credit the amount to the correct family.