



ROCKFORD CHRISTIAN SCHOOLS

1401 N. Bell School Road
Rockford, IL 61107

Dear Student and Parents,

Thank you for your interest in Rockford Christian Schools. 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 *Application for Admission for International Students* and attach a recent photo of the student to the front of the application.
- Send the Math and English Teacher Recommendation Forms to the appropriate people and ask them to place the completed forms in a sealed envelope. Submit these with your completed application.
- Obtain academic records including official transcripts in sealed envelopes and submit them with your application.
- Submit a photocopy of your passport.
- Submit SLEP or TOEFL test results.
- 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 in the attached admissions packet.

You will be notified as soon as we receive all of your paperwork. The final step in the application process is a Skype 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.

For further assistance please contact:

Sarah Cernohous
International Student Program Director

Rockford Christian School, 1401 North Bell School Road, Rockford, Illinois 61107
815.391-8000

sarah.cernohous@rockfordchristian.org

www.rockfordchristian.org



Rockford Christian Schools
 1401 N. Bell School Rd.
 Rockford, IL 61107

Please attach photo here.

**Application for Admission:
 International Dorm Stay Students**

Student Information *(please print all information in English)*

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 _____ <small>(last name) (first name) (middle name)</small> Address: _____ <small>Street</small> _____ <small>City State Country</small> _____ <small>Postal Code Phone number (format as if you were being called from the US)</small>	
_____ <small>(last name) (first name) (middle name)</small> Address: _____ <small>Street</small> _____ <small>City State Country</small> _____ <small>Postal Code Phone number (format as if you were being called from the US)</small>	

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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 about living and studying in the United States (this may be handwritten or typed and attached to this form).

Additional Information

<p>Languages Spoken:</p>		
<p>Clubs or social activities you belong to:</p>		
<p>Time spent studying (please list number of hours per day)</p>		<p>Have you ever lived outside your country?</p>
		<p>Yes _____ No _____</p> <p>If yes, where _____</p>
<p>Responsibilities (chores) at home:</p>	<p>Please list:</p>	
<p>Do you have any pets?</p> <p>Yes ____ No ____</p>	<p>Most of our families have pets.</p> <p>Are you willing to live or visit a home with pets?</p> <p>Yes _____ No _____</p>	
<p>Housing Accommodations:</p>	<p>Dorm stay students may be placed in a room that requires the student to share a bedroom with a student of the same gender.</p> <p>Are you willing to share a room? Yes _____ No _____</p>	

Do you have any dietary concerns or requirements?	Yes ____ No ____ If Yes, please list:
Do you have any allergies?	Yes ____ No ____ If Yes, please list:

Activities and Interests: Please circle all that you enjoy.

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

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



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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 _____



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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 _____

REQUIRED IMMUNIZATIONS FOR ROCKFORD CHRISTIAN SCHOOL

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

Student Name _____ Date of Birth ___/___/___

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 3 vaccines with the last one given after the age of 4 years old	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Tdap (Tetanus, Diphtheria and pertussis) must have 1 vaccine after the age of 11	___/___/___				
MMR (Measles Mumps, Rubella) must have 2 vaccines- first one after the age of 1 year	___/___/___	___/___/___			
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	___/___/___	___/___/___	If no immunization, give date when student had chicken pox.	___/___/___	
MCV (Meningococcal) Must have one vaccine 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 SCHOOL HEALTH SERVICES
Foreign Exchange Student Consent for Administration of Approved Discretionary Medications

Student's Name: _____

Birthdate: _____

Grade: _____

Food Allergies: Yes No		Requires Epi-Pen? Yes No		Medication (List ALL prescribed or taken a regular basis)	
Diagnosis of asthma?	Yes No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No		
Does child take asthma medications?	Yes No				
List asthma meds child is currently taking					
Birth Defects?	Yes No	Hospitalization? When? What for?	Yes No		
Developmental delay?	Yes No	Surgery? When? What for? List all:	Yes No		
Blood disorders? Hemophilia, Sickle Cell, Other? Explain	Yes No	Serious injury or illness?	Yes No		
Diabetes?	Yes No	TB Skin test positive? (past or present)	Yes No		* If yes, refer to local health Department
Head injury / Concussion / Passed out?	Yes No	TB Disease? (past or present)	Yes No		
Seizures? What are they like?	Yes No	Tobacco use (type, frequency)?	Yes No		
Heart problems/ Shortness of breath?	Yes No	Alcohol/Drug Use?	Yes No		
Heart Murrur?	Yes No	Family history of sudden death before age	Yes No		
Dizziness or chest pain with exercise?	Yes No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other	Yes No		
Eye / Vision problems? Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by Dr.		Allergic to any medications?	Yes No		
Other concerns (crossed eye, drooping lids, squinting)		Name of medications child is allergic to:			
Ear / Hearing problems?	Yes No	Bee sting allergy?	Yes No		
Bone / Joint problems / injury / Scoliosis?	Yes No	Other allergies?			
Other Concerns?					

IV. Permission for Discretionary Medication

I would like the following medication(s) be made available to my child: check the following:

_____ Acetaminophen _____ Ibuprofen _____ Tylenol _____ Do Not Give Medication

I give permission for my above named child to receive any medication listed on this form as deemed necessary by the School Nurse/Registered Nurse. I understand that generic equivalent medications may be used. I understand that the medications I have checked will be administered by the School Nurse / Registered Nurse/Qualified Office Personnel. In cases of emergency, when neither parent nor family can be reached, my child may be transported to the nearest hospital deemed necessary by the school and/or Para-medicals.

Parent/Guardian Signature

Date

To be completed by family:

Address: _____ City: _____ Zip: _____

Adult in Home: _____ Relationship: _____ Phone: _____ Cell: _____

Place of Employment: _____ Phone: _____

Adult in Home: _____ Relationship: _____ Phone: _____ Cell: _____

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: _____

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 _____

International 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 the home country for Rockford Christian School (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.
3. **Attendance** - The student will attend school regularly, and will be enrolled as a full-time student. The student must make a concerted effort to make satisfactory academic progress (A or B grades). 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 the grade is 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 his or her time with the other international students and should seek guidance from school personnel when choosing friends.
7. **Athletics** - The student's acceptance into RCS does not guarantee athletic eligibility. An eligibility ruling is made for each individual case by the IHSA.
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 to home at his/her family's own expense as soon as the student is released by authorities.
10. The student is not allowed to possess or use illegal drugs. Smoking and the use of any tobacco products is forbidden. The drinking of any alcoholic beverages is expressly

forbidden. United States law strictly forbids the consumption of alcohol for everyone under age 21.

11. The student is forbidden from participating in any dangerous sports or activities such as hang gliding, bungee jumping, and sky diving. The family will accept full responsibility for any situation arising from the student's involvement in a forbidden activity.
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 International Student Program.
14. The student may not operate a motorized vehicle including any friend's vehicle.
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 read and be familiar with the Rockford Christian School Student Handbook, available on the RCS website.

Dorm Stay:

1. The student will become an integral part of dorm life, assuming duties and responsibilities are normal for a child of his/her age in a family household.
2. The student must obey rules of the dorm stay and be willing to participate in activities such as attending religious services. International students are expected to seek to learn about the Christian faith, respond to Jesus Christ and adhere to the guidelines for Christian living in the student handbook.
3. Problems that arise in with the assistance of the International Student Program Director or other RCS administrators. The student is not to discuss problems of a personal nature with members of the international community. If the student is experiencing any sort of relational stress or difficulty or experiences abuse or harassment of any kind, he or she will immediately disclose the incident to the program director.
4. Visits by the student's family or friends while in the program require prior approval by the Program Director.

Communication & Technology:

Rockford Christian School, 1401 North Bell School Road, Rockford, Illinois 61107
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1. Parents must communicate directly with the International Student Program Director.
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. This will cost approximately \$500 for the year depending on the service plan. 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 may 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 submit proof of a checking account with an ATM VISA card in the student and parent name with a \$1000 balance to be used for personal expenses while at Rockford Christian.
2. Room and board are included in the tuition amount. The student may wish to purchase items such as clothing, room decorations and music lessons. He or she may also wish to attend senior trip or attend banquets. These expenses would be paid for by the extra money students bring with them on the ATM VISA card or additional funds sent to the student during the school year by his/her parents.
3. The student and his or her 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.

Travel:

1. The student is required to purchase round-trip international 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 home family's responsibility.
3. 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, providing the student has done well academically, is current on payment, and after the student demonstrates proof of travel purchase to return home for the summer months of June, July, and August.

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 with 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 is 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 _____

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 with 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

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

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 _____



ROCKFORD CHRISTIAN SCHOOLS

1401 N. Bell School Road
Rockford, IL 61107

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
ROUTING #: 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.