

College View Academy- Application for Admission for International Students

All questions on this form must be answered completely with ink by the applicant and not typewritten. Please submit this form to College View Academy, at least two (2) months before first day of school to allow enough time to process your student visa. Applicants should have official, and translated transcripts of previous schools attended, immunization records, and birth certification sent to College View Academy. The information contained in this form will be treated in a confidential and professional manner.

Today's date: ___/___/___ Grade entering: ___ - Gender: ___ - Date/Place of Birth ___/___/___

Student Full Name: _____ Social Security # _____
Last First Middle to be filled out when a number is acquired

Address and phone # in country of origin: _____

Address in the US: _____ Phone: _____
Street City Zip Code

Name, address & phone # of school last attended: _____

Have you taken any English Proficiency Test?: Yes ___ No ___ If yes, please write down your score:

Paper based TOEFL ___ TOEFL IBT ___ TOEFL Jr ___ IELTS ___

Religion: _____ If SDA, date of baptism: _____

Person in charge of bill _____

Has the student ever missed more than eight days in a school year? Yes ___ No ___ If yes, what was the reason?

_____ Can we verify with the last school? _____

Student's health, circle one: Excellent, Good, Fair, Poor If other than excellent, explain _____

Has student ever been suspended, expelled or asked to withdraw from any school? _____

If yes, explain _____

Has student ever used an illegal drug/substance, alcohol, or tobacco? _____

Parents and hosts information:

Name	Address	Phone #*	Email address:**	SDA	Marital Status
Father:					
Mother:					
Host Family		Work:			
Father		Cell:			
Mother		Work:			
		Cell:			

*School information will be sent via email to parents and host-parents.** School closings will be sent via automatic phone message to host parents.

Students Full Name: _____ Date of Birth: ____/____/____

College View Academy is committed to providing you with a quality Christian education and an atmosphere where you will feel comfortable and encouraged to develop a relationship with Jesus Christ. Please answer the following to help us determine if we can meet your needs.

How did you hear about College View Academy? _____

Give at least two (2) reasons why you wish to attend CVA

1. _____

2. _____

Which word best describes your spiritual life? Dedicated Searching Passive Negative

Writing Sample – Please use this space to write a short essay, at least 300 words, about yourself.

Have you taken any English Proficiency Test?: Yes ____ No ____ If yes, please write down your score:

Paper based TOEFL ____ Internet Based TOEFL ____ TOEFL Junior ____ SLEP ____ IELTS ____

The state of Nebraska requires a physical exam with a medical release signed by a physician, and the following immunizations to enroll in school:

DTaP-DTP-DT-Td (Diphtheria/Pertusis/Tetanus) 3 doses, one on or after 4th birthday; IPV/OPV (Polio) 3 doses; MMR (Measles, Mumps, & Rubella) 2 doses given on or after 12 months and separated by at least one month.; Hep B (Hepatitis B) 3 doses; Varicella (Chicken pox) 2 doses. TB test (Tuberculin-positive or negative?)

Student Contract:

I have read the CVA current school bulletin on the website and I am in agreement with the objectives, ideals and standards of College View Academy. I will endeavor at all times to uphold those standards and to observe the regulations of the school.

Legibly Print Name Student Signature

_____/_____/_____
Date

Parent/Guardian Contract:

I have read the answers to the questions on this form and believe them to be correct. I have also read the current school bulletin and I am in agreement with the objectives, ideals and standards of CVA/HHE and will support them to the best of my ability. I also recognize that I am financially responsible for this student.

Legibly Print Name Parent/Guardian Signature

_____/_____/_____
Date

College View Academy Consent to Treatment

Only designated staff will have access to the completed form, which will be stored in a locked file. This form must be filled out at the beginning of each school year, and must be taken on off-campus activities.

Student: _____ / _____ / _____
Full Name Age Birth Date (month/day/year)

Address: _____

Parents/Guardians Name(s): _____

Father/Guardian:

_____ Business Phone Home Phone Mobile Phone

Email: _____

Mother/Guardian:

_____ Business Phone Home Phone Mobile Phone

Email: _____

Please describe allergies to substances and medications: _____

If on regular medication, please specify: _____

(Date of last tetanus shot)

Please give the information of your local family physician to be called in case you cannot be reached:

Family Physician: _____

Office Phone

Physician's Office Address: _____

Hospital Preference: _____

Hospital Phone

The above named student is _____ is not _____ covered by health insurance.

Present Health Insurance Company

Policy Number

Please give the name of a relative or friend who has consented to assume the responsibility of your child in case of illness or accident until you can be reached. In the case of any changes in the named person, notify the school in writing.

Name: _____

Phone

Address: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

Signature of Parent or Guardian

Date

Physical Examination

College View Academy- 5240 Calvert, Lincoln, NE 86506

Students entering kindergarten or 1st, 7th, and all new students from out of state, must submit evidence of medical examination. Forms for this are available from the school office. The school will accept physicals within six months prior to the beginning of the school term.

Name _____ Grade _____ Age _____ Sex: M _____ F _____

School _____ Physician _____

Physical Findings

Height _____ Weight _____ Blood pressure _____ Pulse _____ Urinalysis _____ Heart _____

Thyroid _____ Lungs _____ Abdominal Organs _____ Hemoglobin/Hct _____

Vision screening, if given: OD _____ OS _____ with glasses: OD _____ OS _____

Orthopedic Exam: Neck _____ Spine _____ Knees _____ Feet _____

Upper extremities _____ Lower extremities _____

Evidence of: Scoliosis: No _____ Yes _____ Hernia: No _____ Yes _____

Audiometric Screening Report:

_____ 500 _____ 1000 _____ 2000 _____ 4000 _____

RE: _____

LE: _____

Significant findings/Chronic health problems/required medication on daily or episodic routine: _____

Past illnesses (give dates)

Measles Scarlet fever Polio
 Whooping cough Rheumatic fever Diabetes
 Diphtheria Chicken pox Epilepsy
 Frequent colds Hay fever/asthma Heart Disease
 (no. per yr)

List any other serious illnesses, operations or injuries, and age when occurred: _____

List any other items helpful to the school program in planning for student's health: _____

Please check classification:

____ Regular: Student may participate in the regular program of physical education, recreation, intramurals, athletics or related activities

without undue risk or injury

____ Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted Program as indicated by consulting physician. Re-examine each year

____ Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. Student should be re-examined for possible reclassification at the end of the exemption period.

Date: _____ Examining Physician _____

CERTIFICATION FOR INTERSCHOLASTIC ATHLETICS: Required for those wishing to participate in NSAA activities:

After Review of the medical history and as indicated by the above record, I here with certify that this student has passed the physical examinations successfully and is physically able to participate in the interscholastic athletics.

Activities student should not participate in: _____

Remarks: _____

Date: _____ Examining Physician _____

Vaccine	MO/DA/YR	Given by
DTP-DT-Td #1		
#2		
#3		
#4		
#5		
Polio #1		
#2		
#3		
#4		
#5		
MMR #1		
#2		
Hep B #1		
#2		
#3		
TB test Pos/Neg?		
HIB		
Other:		
Date:	Signature:	

**REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS:
ACETAMINOPHEN AND IBUPROFEN**
College View Academy (PreK-12)

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Your written consent is required before your child may receive these medications at school. Please complete the entire form. By signing below, you acknowledge the following:

- You have reviewed the information and agree that your child may safely take the medications *according to the recommended dose by weight*.
- The school nurse has the responsibility of approving your child's use of these medications. In the case of a child with special health care needs, the school nurse may request authorization from your physician.
- A licensed prescriber's authorization will be required if:
 - ▲ Your child requires more than 5 doses of acetaminophen and/or ibuprofen in a 30 day period;
 - ▲ Your child requires more than 5 consecutive doses of acetaminophen and/or ibuprofen
 - ▲ In the judgement of the school nurse, your child is ill and not improving.
- Your child's medication may be provided by a nurse, an unlicensed health technician, or other school personnel, determined competent to provide medication as required by Nebraska law.

PARENTAL CONSENT FOR ACETAMINOPHEN AND/OR IBUPROFEN:

I give permission for _____

Child's name

To receive the following medication:

Acetaminophen (Tylenol) _____ *Ibuprofen (Advil)* _____

Reason(s): Headache _____ Menstrual Cramps _____
Dental Pain _____ Muscle or Joint Pain _____
General Discomfort _____ Other _____

Please List

My child has taken *acetaminophen* before: Yes No without a problem: Yes No

My child has taken *ibuprofen* before: Yes No without a problem: Yes No

Please notify me **before** my child takes medications: Yes No

Please notify me the day my child takes medication: Yes No

Contact Name and Phone # _____

My child is taking other medication at this time: Yes No

Please list medications: _____

My child is under the care of a physician for the following: _____

Special instruction concerning my child: _____

Signature of Parent/Guardian

Date

College View Academy

Field Trip Permission

I hereby grant permission for my student _____ to participate in school-sponsored field trips during the current school year. I understand that all reasonable precautions will be taken to assure my child's safety and adequate supervision. I further understand that I will be notified in advance of the nature and destination of all trips involving my child, and that I may revoke this permission with written notice to the school.

Trips include, but are not limited to:

- One day field trips
- 7th/8th grade canoe trip
- High school retreat to Broken Arrow Ranch
- Senior class trip
- 7th grade class trip
- 8th grade class trip
- Music trips
- Washington, D.C. trip

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

STUDENT INTERNET USAGE POLICIES

College View Academy is pleased to offer students access to the Internet. To gain access to the Internet, all students must submit this completed form.

The Internet is a powerful resource for expanding the educational experience of each student by enabling students to explore thousands of libraries, databases, bulletin boards, and informative web pages.

The school is very serious about student using a high degree of integrity when making decisions using the Internet. Some of the sources can contain items that are rare, illegal, defamatory, inaccurate, offensive, or inappropriate. Students should apply Christian standards and ethics to their use of this service. Materials available but inherently inappropriate for students' use include (but are not limited to) material that is of sexually explicit nature or that advocates violence against women/men, minorities, ethnic groups, religions, governments, etc.; humor of an offensive or sexually explicit nature; pirated commercial software; pinup pictures, etc.

In signing this document, parents and students state that they have read and understand the guidelines set for Internet and computer use by the student; that they understand that individuals and families may be held liable for any inappropriate behavior; and that the student agrees to policies stated herein.

Students will:

1. Be polite and courteous in all communications.
2. Be responsible with all computer hardware and software.
3. Respect others' passwords, folders, and work files.
4. Observe all copyright laws.
5. Have access for recreational browsing during specified times unless a class is in session or others need to use computers to complete class assignments.

Students will NOT:

1. Access inappropriate materials. Students who access inappropriate material will lose all rights to Internet Access for a specified amount of time.
2. Access the Internet during class time unless an assignment specifically calls for it or the instructor gives permission for access.
3. Send messages during class time unless instructed by the teacher to do so.
4. Send obscene, threatening, or "flaming" ("flaming" is sending messages designed to provoke an inflammatory response) messages to anyone anytime.
5. Download applications and/or files (including games, screensavers, etc.) onto computers or servers unless the teacher instructs student to download that specific material.

Penalty:

1st Time Offense: The student will not have further access to the Internet for a period of time equal to or greater than the length of a semester.

2nd Time Offense: The student will lose all computer use privileges at CVA for a period of time equal or greater than the length of a semester.

3rd time Offense: The student will lose all computer use privileges for the remainder of the school year and will be referred to the school administration for further discipline.

Student Acceptance of Policy

I, _____, have read this policy and agree to abide by the terms.
Legibly Print Student Name

Student Signature

_____/_____/_____
Date

Parent/Guardian Consent:

I have reviewed this policy and am aware that my child is accessing the Internet. My child and I have discussed the consequences of inappropriate use of the internet.

Legibly Print Parent/Guardian Name

Parent/Guardian Signature

_____/_____/_____
Date

Rev. 5/11/11

College View Academy Release and Authorization

Use of personal Photograph, Name, or Likeness for Publications, Promotions, Advertising, or Soliciting:

The undersigned hereby consents to the use of any and all photographs, slides, digital images, names or any other agreements, by College View Academy, their agents, employees, successors, newspapers, magazines, periodicals, publications, brochures, web site materials, annual calendars, advertising forums, solicitations, promotions, or for any other media, business, or commercial purpose. The undersigned hereby waives any right to inspect or approve the photographs, slides, digital images, names, or any other likeness, prior to their use by College View Academy and its entities. I understand that, as a service to the parents, College View Academy may post images of school events, which may include my child, online for viewing and print purchasing, and I grant them the right to do so.

AS used in this release, the term "photograph" indicates any photograph or photographic reproduction, slide, digital image, still of moving, name, or any video tape or live television transmission, of any person, such that the person is readily identifiable.

Printed Name

Signature

Date

Authorization of Parent or Guardian

If the releaser is a minor, under 18 years of age, the parent or guardian of the minor must sign this release and waiver below. The undersigned hereby declares that he or she is the parent or legal guardian of _____, a minor born on _____.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Rev. 5/11/11