



GRACE PROGRAM APPLICATION FORM

REQUEST FOR ISSUANCE OF FORM I-20

입학을 위한 신입생 I-20 발급 요청서

APPLICANT INFORMATION			
Name: (Family Name, Given Name) 이름(성, 이름) Hong, Gil Dong		English Name: 영어 이름(성, 이름) Daniel	
I20 Issue Reason: I-20 발급 이유 Initial Attendance Transfer 교환학생 최초 발급	Date of Birth(M/D/Y): 생년월일 Dec/09/2005(월/일/년)	Place of Birth: 출생지(도시) Seoul	Country of Citizenship: 시민권 Republic of Korea
Term Applying for: 지원 학기(체크) ___ Fall ___ Spring	Current Grade: 현재 학년 7th Grade	Gender: 성별 M/ F(남/여)	Age: 만 나이 14
Program Start Date 프로그램 시작일 (Month/Day/Year): 1/8/2024(월/일/년)	Grade Applying For: 지원 학년 8th Grade	Residential Program Applying for: 주거 형식 신청(체크) ___ Dormitory 기숙사	

가족 정보 : 부모/ 법적 보호자

FAMILY INFORMATION: PARENT(S) / LEGAL GUARDIAN(S)			
부 또는 남성 법적 보호자 정보 FATHER or Male Legal Guardian.		모 또는 여성 법적 보호자 정보 MOTHER or Female Legal Guardian	
Full Name: (Last, First, Middle) 성명(이름, 성, 중간 이름) Hong, Gil Dong, Jacob		Full Name: (Last, First, Middle) 성명(이름, 성, 중간 이름) Hong, Gil Dong, Kate	
Address: 주소 Sodam-ro 70, Cheongju-si, Chungcheongbuk-do		Address: 주소 Sodam-ro 70, Cheongju-si, Chungcheongbuk-do	
Home Phone: 자택 전화 번호 +82)043.123.1234	Cell Phone: 휴대 전화 번호 +82)010.1234.1234	Home Phone: 자택 전화 번호 +82)043.123.1234	Cell Phone: 휴대 전화 번호 +82)010.1234.1234
Kakao Talk ID: 카카오톡 아이디 +82)070.0123.1234		Kakao Talk ID: 카카오톡 아이디 +82)070.0123.1234 계정 없을시 빈칸	
Email Address: (성자로 기록 부탁드립니다) 이메일 주소 gildong1234@dong.com		Email Address: (성자로 기록 부탁드립니다) 이메일 주소 gildong1234@dong.com	
Place of Employment: 직장 주소 GVCS Global Vision Christian School Gildong-ro 1, Cheongju-si, Chungcheongbuk-do		Place of Employment: 직장 주소 GVCS Global Vision Christian School Gildong-ro 1, Cheongju-si, Chungcheongbuk-do	
Position: 보직 Chief	Work Phone: 직장연락처	Position: 보직 Chief	Work Phone: 직장연락처
Marital status of parents listed above: 위 부모의 혼인 여부(체크) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together 결혼 별거 이혼 결혼 하지 않음 동거 중 If separated or divorced please explain legal custody and rights information: 만약 별거 또는 이혼하였다면 법적 보호 및 권리에 대해 설명하여 주세요			

Name of person submitting this form: **Hong, Gil Dong**

Agency: **Global Education Mission** Date: **예)Oct.12.2024**
 대리인 -> 수정하지 마세요. 서류작성날짜

Comments: **빈칸**
코멘트

GVCS Broadfording OFFICE USE ONLY: **빈칸**



GRACE PROGRAM APPLICATION FORM

Global Vision Christian School Broadfording International Program Release of Liability & Other Authorizations

부모/후견인 성함

The Undersigned, Hong, Gil Dong (Parents/Guardians Names) (referred to in this document as "Parents") parent(s)/guardian(s) of Hong, Gil Dong 학생 이름(Student's Name) (referred to in this document as the "Student", hereby grant(s) custodial responsibility and the following authorization and powers to the school relative to the Student during the entire tenure of a Student's enrollment in Global Vision Christian School/Broadfording Christian Academy, (referred to in this document as "School"). The custodial responsibility of the School and the authorities, powers and responsibilities granted to the School under this document begin at the time the Student arrives in the United States. The custody of the Student by the School and the authorities, powers and responsibilities granted to the School under this document continue until the time the Student leaves the United States for the purposes of returning to the undersigned's custody on school leave times or following the Student's graduation from the Program or removal from the Program.

I. Purposes of this Grant of Custodial Responsibility, Authorization and Limited Power of Attorney

This Grant of Custodial Responsibility, Authorization and Limited Power of Attorney is intended for the persons who are parents or guardians of the Student (referred to henceforth as "Parents" in this document) to give the School the legal authority under applicable United States national and state law to act for those persons with regard to the Student during the time the Student is attending the Program. Some activities, such as the Student's immigration into the United States for the purpose of studying in the program, are subject to the laws of the United States. Many other things, such as the right to cause the Student to get medical care, and communicate with teachers and others involved in the education of the Student, are subject to the laws of the state, the part of the United States in which The School's residential accommodations for the Student are located. As a general statement, by signing this form, the Parents are allowing The School to take the actions the parents or guardians could take with regard to the Student if the Parents were with the Student during the Student's stay in the United States. This document describes the extent of the actions The School may take with regard to the Student in more detail below. It is important for the Parents to understand what powers and authorizations the Parents are giving to The School, and that the Parents agree to those powers and authorizations. The School will attempt to contact the Parents in a timely manner in the event of medical emergency, and will keep Parents informed of the Student's progress in school and in activities in which the Student participates. However, there will be times when The School needs to act as guardians in the interests of the Student. This document allows The School to determine those times and take those actions.

II. Specific Custody Statement, Authorizations, and Limited Power of Attorney

- A. Statement of Custodial Responsibility.** For the period the Student is enrolled in the Program, beginning and ending as described in the second and third sentences of the first paragraph of this document, the Parents give to The School temporary authority as custodian of the Student. Without limiting that grant of temporary legal authority under the state law, The School shall have the right, power, and authorization to make major and minor decisions concerning the Student including, but not limited to, the Student's health, education and welfare. The School may delegate these powers as necessary to authorized adult supervisors with whom the Student resides while enrolled in the Program. The school may communicate with such supervisors as well as with any doctor or other person concerning the Student, the Student's health and education, including the Student's progress in the Student's studies.
- B. Health Care Release.** I/We hereby designate the School (which shall include any contracted dorm supervisors/host families/homestay providers) to act as the "Health Care Agent" for health care decisions for the minor because I am/we are not available to provide consent for medical treatment and surgical diagnostic procedures. The said Health Care Agent shall have the authority, without limitation, to make any and all health care decisions on the minor's behalf, including, without limitation, decisions regarding the withholding or withdrawal of life sustaining procedures. The Health Care Agent shall have the right to receive any and all medical information necessary to make informed decisions regarding the minor's health care, including any and all confidential medical information that I/we and/or the minor would be entitled to receive. I/We intend for the Health Care Agent to be treated as I/we would be with respect to the use and disclosure of the minor's identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42 USC 1320d and 45 CFR 160-164 and M.G.L. c. 111, M.G.L. c. 112, and M.G.L. c. 123. I/We authorize the Health Care Agent to disclose any and all medical information to the School at which the student is enrolled on the minor's behalf. I/We authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau, Inc. or other health-care clearinghouse that has provided treatment or services to the minor, or that has paid for or is seeking payment from me/us for such services, to give, disclose and release to the Health Care Agent, without restriction, all of the minor's individually identifiable health information and medical records regarding any past, present or future medical or mental health condition. The authority given to the Health Care Agent shall supersede any prior agreement that I/we may have made with the minor's health-care providers to restrict access to or disclosure of the minor's individually identifiable health information. The authority given to the Health Care Agent will not expire unless I/we revoke the authority in writing and deliver it to the minor's health-care provider or until the earliest of the following: The minor reaches the age of 18, marries, or is emancipated; Revocation of the health care proxy by a court of law; or Termination or completion of the minor's participation in the Program by the School. The decisions made by the minor's Health Care Agent on my/our behalf shall have



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the same priority as my/our decisions would have over decisions by any other person, including a person acting pursuant to a durable power of attorney. The Health Care Agent shall be entitled to reimbursement by me/us or by my/our personal representative for expenses reasonably incurred by the said Health Care Agent acting in good faith hereunder. Photocopies of this Health Care Proxy shall have the same force and effect as the original. I/We understand that this delegation is voluntary and have carefully read and considered this delegation of authority before signing it. This health care proxy is intended by me/us to be valid in any jurisdiction in which it is presented. The various powers granted herein are separate and severable to the effect that the possible invalidity of any one or more of such powers shall not affect the validity of any other powers. I/We do authorize the School to share copies of this Form with its boards, commissions, committees, employees, officers, directors, servants, agents, and assigns. I/We do forever release, acquit discharge, and covenant to hold harmless the School and their affiliates and subsidiaries, boards, commissions, committees, employees, officers, directors, servants, agents, contractors, and assigns, whether past and present, or future, from and against any and all actions, rights of action, causes of action, charges and/or claims, in any way related to, arising from and/or growing out of, directly or indirectly, which I/we may now or hereafter have as the parent(s)/guardians/legal representatives of said minor, as well as any actions, rights of action, causes of action, charges, and/or claims which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, resulting from, relating to, or in any way to this Form. I/we, as parent(s)/guardian(s)/legal representative (s) of said minor, agree to indemnify and hold harmless the School, and any of their affiliates and subsidiaries, their boards, commissions, committees, employees, officers, directors, servants, agents, contractors, and assigns, whether past, present, or future, in the event that any action, charge, costs, and fees (including attorneys' fees) and/or claim, is brought against the foregoing, which is in any way related to, arising from and/or growing out of, directly or indirectly to this Form.

- C. **Medical Treatment.** The school may seek medical treatment for the Student and approve such treatment for any and all medical, surgical, optical, dental, and mental health conditions or injuries. Routine care not reasonably anticipated to have significant effects on the Student or entail significant risk of present or future injury may be approved without prior authorization by the Parents. Emergency treatment for conditions or injuries may be approved by the School without prior authorization when, in the opinion of the School, time does not permit such prior authorization by the Parents. If treatment decisions carry significant risks for the Student, in the judgment of the School, and time permits contact with the Parents before treatment is undertaken, the School will make reasonable efforts to contact the Parents for approval. In the event that the Parents cannot be reached within a reasonable time and the School determines that the treatment decision should be made without further delay, the School may approve such treatment. By this authorization, I indemnify, release, and hold the school harmless from any and all liability in providing care and treatment for my child, and further, I grant my permission regarding the use of my student's personal medical information, including but not limited to, medical history, allergies, physical evaluations, emergency contact information, and immunization records.
- D. **Authorization to Administer Immunizations.** I authorize the School or a School designated physician to administer my child's immunizations in the event that I have failed to provide proof of all immunizations required by the state of Maryland. I acknowledge that the school is bound by law to ensure that all students meet the state requirements for immunizations and that my child will be pulled out of school in the event that I have failed to provide proof of all state required immunizations for my child. I also acknowledge that I will be responsible to assume all costs associated with administering my child's immunizations.
- E. **Church Attendance Policy.** I understand that my child will be attending a Bible believing church on a weekly basis, and that my child will be required to complete one Bible course each school year. I understand that students will be expected to participate in weekly chapel services and other religious instruction as deemed necessary or required by the school. Students are not required to make a profession of faith or ascribe to any certain religious belief system.
- F. **Registration Forms and Other School Documents.** The School may execute on behalf of the Parents the standard forms required of Students as part of the registration, enrollment, and class-assignment process. These forms include, but are not limited to student registration forms, consent to treatment forms, forms for permission for the Student to participate in off-campus events, honor code acknowledgement forms and athletic emergency information forms. In addition, the School may execute on behalf of the Parents all forms necessary to select and approve elective classes in the curriculum for the Student, and the purchase of books and materials required for classes, the costs for these shall be borne according to the School standard policy.
- G. **Athletics, Activities, and Field Trips.** Many athletic pursuits, activities, and field trips typically require the approval of a parent or guardian and may also involve the payment of fees on the Student's behalf above and beyond tuition, board, books, and supplies. The Parents authorize the School to approve such athletic and non-athletic activities and trips without prior authorization of Parents. This authorization includes permission to transport the Student to locations in and out of State if the Student possesses the proper travel documents. Any travel out of the country, including travel to the Student's home country, shall require the prior approval of the Parents. The Parents acknowledge that all activities involve some risk of injury, whether from activity itself or the transportation to and from the location of the activity. The Parents authorize the School to exercise its good faith judgment in permitting participation in activities, even where there is a minor risk of injury to the Student. Apart from the school-sponsored activities, the Student may request permission to go off campus or take leave of the Student's residential accommodations with other students and their families for events and activities that are not sponsored by the School. The Parents agree that the School and/or its authorized residential supervisor(s) may, at their discretion, grant or withhold permission for a Student to be off campus or remote from the Student's residence for such purposes.
- H. **Individual Sport Permissions and Prohibitions.** I understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in all sports except:



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(By writing any sports below, you are refusing permission for your child to participate in the sport. For any other sports, your child will be asked to sign up for the sport at another time.)

List of Prohibited Sports: _____

특별 금지 스포츠 항목이 있다면 기재해주세요.

- I. **Athletic Related Transportation Permission.** I give my permission for my child to travel with the school's athletic program to and from games and tournaments. As a Parent/Guardian, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication, should an accident or other medical emergency occur during a trip or activity and the responsible leader is unable to reach me. As Parent/Guardian, I also agree to be responsible for all debts non covered by the school that are incurred by my child during the trip or activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving my child, and for all transportation costs to prematurely return the student to school, should the student's continued participation jeopardize the safety or health of the other participant.
- J. **Passenger Permission.** I hereby give permission for my child to attend on or off campus school organized or sponsored activities on a school-schedule (or any rescheduled) day and to be transported by school bus, private bus, public transportation, or private vehicle(s) as determined by the school. For myself and the named child, I hereby waive and release any claim against the school and its members, board, employees, homestay and dormitory supervisors, volunteers, and agents for any injury or loss incurred by my child during such activities (save for any personal injury directly resulting from gross negligence on the part of the school) and against any expenses, loss, or damages incurred as a consequence of any action or inappropriate inaction on the part of my child. I confirm that there are no medical or other circumstances that should be known to the chaperone(s) that have not been appropriately communicated to the school in writing. As Parent/Guardian, I give permission for my child to ride with an **authorized parent or faculty driver** for any school-sponsored events, including, but not limited to, field trips and athletic events. As Parent/Guardian, I give permission for my child to ride with another **authorized student driver** for any school-sponsored events, including, but not limited to, field trips and athletic events.
- K. **Authorization for Third Party Grade and/or Transcript Review.** By signing below, I/we authorize the school to assign privileges for School employees, including but not limited to, host parents and sports coaches to review student grades, report cards, and transcripts for the purpose of monitoring student school progress during their tenure with the school. Information garnered from this access and adequate progression throughout the school year, and aide the school to facilitate programs to meet the educational needs of the student.
- L. **Student Handbook Agreement.** I understand The School's Student-Parent Handbook and acknowledge that these are the policies of The School. By signing this form, I acknowledge the Student-Parent Handbook as a binding contract, and I explicitly accept its provisions as a condition of enrollment at The School. I agree to uphold and comply with all school regulations and policies while my/our son/daughter is enrolled as a student at The School.
- M. **Authorization to Incur Expense.** The Parents are aware that the exercise of the powers and authority granted herein may involve expenses to the Student and/or the Parents. The Parents approve the reasonable expenses associated with the activity, provided that those expenses do not exceed the amounts being charged to other School students for the same activity or event. Any activity or event for which the charge would exceed \$250 will not be approved by the School for the Student without advance consent from the Parent. The School shall not be responsible for damages or losses incurred by the Student or the Parents caused by the failure of the Parents to respond within a reasonable time to a request for approval of participation in activities or trips.
- N. **Media Authorization.** Throughout the year, the school may publish pictures and accounts of the activities and accomplishments of students in a variety of ways including, but not limited to, the internet and external publications, web sites, news releases and, at times, on television. Please be advised that through the course of conducting daily school business, your child's name and photo may appear in internal publications for distribution within the school community, such as yearbook or student publications. Your student may also appear in external publications in the School's media including, but not limited to, newsletters, brochures, websites, and online video and photo galleries. If your child participates in sports, his or her name and photo will invariably be used in local media coverage over which we have no control. Your child may be pictured in a large group photo, especially as a sports participant, in any of the above media. Also, please be aware that occasionally, media companies and individuals over whom we have no control take pictures and video of the school and our students. The school is not liable for the use or misuse of any pictures or video taken by another party. I give my permission to include my child's name, picture, and video in School media. By this authorization, I understand and agree to all terms and information listed above. I understand that the school is not liable for the use or misuse of any pictures or video taken by another party. My signature below shows my consent to the conditions of this agreement.
- O. **Release of Liability.** The Parents understand that the School is not required to assume the responsibilities associated with this GRANT OF CUSTODIAL RESPONSIBILITY, AUTHORIZATION, AND UNITED POWER OF ATTORNEY, and may instead require the Parents to make every decision and execute every form and document associated with attendance at the School and the Program, as a precondition to the Student's enrollment and participation in the activities and events that occur in the Program. The parents understand that the willingness to exercise the authority granted herein is an accommodation to the Student and the Parents for which the School receives no additional consideration. In exchange for the willingness of the School to exercise the authority and powers granted herein the Parents release(s) the School, the Program, and those participating in the Program and their respective officers, trustees, directors, agents, employees and assigns from any and all liability and arising from the good faith exercise of the powers granted herein, even if later events prove the decisions made by the School to have been unwise when made.
- P. **Agreement to Reimburse Expenses and Charges.** The Parents agree to maintain medical insurance for the Student. The Parents further agree to reimburse the School and/or its relevant assign(s) any and all charges approved by the School for any treatment not



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covered by medical insurance, as well as for the cost of any activity or trip in which the Student participates or fails to participate at a time when the cost cannot be reasonably avoided.

- Q. Appointment of the School as the Attorney In Fact.** The Parents appoint the School attorney in fact for the Parents for the sole purpose of carrying out the authority granted by the Parents to the School in this agreement. This power may be exercised by the School acting through its designated officers and employees.
- R. Disputes.** Disputes arising under this document and any action taken by the School, the Program, or a participating School shall be governed by the laws of the state and heard by a court of competent jurisdiction sitting in the county of the Students aforementioned the School-provided residence in the state.
- S. Copies of Forms and Documents Executed Pursuant to this Authorization.** When documents are executed by the School pursuant to this document, the School will endeavor to promptly send copies to the Parents. Unless otherwise specifically instructed, The School will send copies by email at the address provided by the Parents.

I. International Student Residential Agreement

- A. Overview & Purpose of this Agreement** The International Student Residential Agreement is designed to be a supplement to the school's rules and regulations, as published in the Student Handbook. This agreement outlines the rules and regulations that students are expected to abide by while living in a host-family or dormitory environment. These rules may be different from the rules a student would be asked to adhere to at home. They are established as an outline for students to make informed choices while living with their host-family or dorm parents and intended to maximize everyone's academic and social experience. All students who are enrolled at the School will be held to the expectations and policies outlined in this Residential Student Agreement. It is expected that all parents and students read this student agreement thoroughly and refer to it as a source of guidance and information. Students and parents are expected to have knowledge of the agreement's content.
- B. Standards of Conduct.** Students enrolled at the School are expected to treat other members of the school and their host-families with respect and courtesy. The following standards of conduct are examples and general expectations for all students at BCA:
- Honesty in academic endeavors and in all aspects of campus and home life.
 - Commitment to a safe, clean, congenial, and productive learning environment.
 - Respect for the feelings, beliefs, time, efforts, and physical well-being of others, and for their capacity for growth.
 - Respect for the property and materials of the School, their dorm supervisors, and their host-families.
 - Respect for the rules and regulations of the School, their dorm supervisors, and their host-families, and the laws of the State of Maryland, the State of Pennsylvania, and of the United States.

In addition, conduct occurs in the context of a community of scholars dedicated to personal and academic excellence. Joining this community obligates each member to observe the following principles: Mutual respect, Personal and academic integrity, Civil discourse, Responsible decision making

- C. Alcohol & Drug Policies.** The School, in cooperation with dorm supervisors and/or the host-family, will address any behavior relating to drugs and alcohol as outlined below:
- 1. Possession of alcohol or illegal drugs.** Students who are found to possess, use, distribute, or transport alcohol or illicit drugs will be subject to suspension or expulsion. The School reserves the right to consider the presence of smoke or odors as a violation of this policy.
 - 2. Being under the influence of alcohol or other drugs.** Students who return home and are found to be under the influence of alcohol or illicit drugs will be subject to disciplinary action up to and including suspension or expulsion.
 - 3. Prescription Drugs.** Each student shall be responsible for self-administering all prescription medication. Students who are found to be sharing, selling, or trading prescription medications, or abusing or misusing their own prescription medications will be subject to sanctions ranging from Disciplinary Probation to suspension or expulsion.
 - 4. Drug Paraphernalia.** Drug paraphernalia, regardless of intended use, is not allowed.
 - 5. Alcohol Containers.** Empty alcohol bottles, cans, bottle tops, and other containers are not allowed, even for decorative purposes.
 - 6. Tobacco Products.** It is illegal for persons under the age of 18 to possess any tobacco product. Students attending the School, regardless of age, will not be permitted to use tobacco products whether on campus or at home. Students found to be in violation of these policies will be subject to sanctions up to expulsion from the School.
- D. Safety Policies**
- 1. Student Travel and Notification of Whereabouts.** Occasionally, students are allowed to travel outside of areas designated by the School and their dorm supervisors and/or respective host-family. Students must follow the guidelines outlined in the International Student Travel Policy. Unless the host-family offers to pay for such trips, students are responsible for paying themselves. The same is true for family trips. Leaving home without notifying your host-family is a direct violation of the International Student Residential Agreement and may result in disciplinary action by the school.
 - 2. Automobiles.** International students at the School are not permitted to drive cars, even if you are able to do so at home. You will travel with your home-stay family to school, local events, shopping, and for other venues to meet most of your needs. Occasionally



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you may travel with other School students who have cars so long as you obtain permission from your dorm supervisors and/or host-parents in advance.

3. **Emergency Situations.** In addition to establishing a set of general rules and guidelines, each dorm supervisor and/or host-family will go over emergency contact information with the student in the first week. They should provide a list of home, work and cell phone numbers where they can be reached at all times. In addition, each student should have an "Emergency Contact Information" card on file at the school office. It is recommended that students and host-families complete this card together in addition to reviewing the procedure of what to do in emergency situations.
4. **Fire Safety.** Compliance with fire regulations is a necessity both on campus and at home. Smoke and heat detectors are only a part of fire safety. While your home should be as safe as it is possible to make them, each room may contain combustible personal items, which make the following rules necessary: Candles, camp stoves, lanterns, hurricane lamps, incense, or any other items with open flames are permitted only with permission from the host-family. Fireworks, explosives, volatile liquids, and fuel are not permitted. Fire alarms and extinguishers are critical for safety and must not be tampered with. Students who tamper with fire safety equipment will be subject to: fines and disciplinary action up to and including suspension or expulsion, fines from the Fire Department, and may also be subject to criminal charges.
- E. **Harassment Policy** The School and its dorm supervisors and host-families are committed to maintaining an environment where students are not subjected to bigotry and discrimination on the basis of sex, race, ethnicity, national origin, religion, disability, age, or other characteristics as protected by applicable law. Such harassment is against program and school policy and may be illegal under state and federal laws and regulations. The School defines harassment as verbal or physical conduct which has the purpose or effect of creating an intimidating, hostile or offensive educational or living environment on the basis or because of a student's sex, race, ethnicity, national origin, religion, disability, or age, or other characteristics as protected by applicable law, and which would create such an environment for a reasonable person under the circumstances. Such harassment may include, for example, repeated slurs, taunts in the guise of a joke, disparaging remarks, or physically threatening or inappropriate conduct, when such is directed at a person or group of persons because of their sex, race, ethnicity, religion, physical ability or age. Retaliation against a student or host-family member for filing a complaint in good faith under this policy is strictly prohibited, and, if proven, would be considered a violation of this policy. This policy is intended to protect all School students and applies to both the students and host-family. Any person who feels that they have been harassed or retaliated against as defined in this policy may file a formal grievance with the school administration.
- F. **Modification to this Agreement.** The Residential Student Agreement is published by the School annually. The School reserves the right to add, modify or amend any part of this handbook between publication dates. The School will inform students, faculty and staff through various means when any changes to this handbook are made. These changes will supersede any previously published policies on the same topic.

SIGNATURE SECTION

*Parent/Guardian Signature
부모/ 보호자 서명

Date
작성날짜

*Parent/Guardian Signature
부모/ 보호자 서명

Date
작성날짜

*Parent/Guardian Printed Name
부모/ 보호자 이름

*Parent/Guardian Printed Name
부모/ 보호자 이름



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후견인 동의서

School Years 20 -20 입학년도

Hong, Gil Dong

(Father's Name) of
아버지 성함

Sodam-ro 70, Cheongju-si, Chungcheongbuk-do

주소
(Address)

Hong, Gil Dong

어머니 성함
(Mothers Name) of

Sodam-ro 70, Cheongju-si, Chungcheongbuk-do

주소
(Address)

Current legal parents of

Hong, Gil Dong

학생 이름
(Student's Name)

Born on Dec / 09 / 2005

(Students Birth date: MM / DD / YYYY),
학생 생년월일 월 / 일 / 년도

Hereby appoint a Represented Staff of Global Vision Christian School Broadfording in case of urgent Medical Attention: 빈칸으로 두세요 (Represented

Staff Name) 이에 긴급한 의학적 주의가 필요한 경우 글로벌선진학교 대표 직원을 임명한다. 대표 직원 이름

As legal guardian for my child for the period of time beginning on the 21st of August, 2024 and ending on the 31st of May, 2029.

2023년부터 2029년까지의 기간 동안 내 아이의 법적 보호자로서 아래와 같은 권한을 가질 수 있다.

The guardian shall have the right to:

- 1) Determine and authorize necessary medical attention 필요한 진료 결정 및 승인에 대한 권한
- 2) Provide necessary food, and shelter 필요한 음식과 피난처 제공에 대한 권한
- 3) Generally, act in loco parentis 일반적인 부모 역할에 대한 권한

My signature below shows my consent to the conditions of this agreement and guardianship of my child by the host family listed above.

아래의 서명은 위에 열거된 계약 조건과 내 아이의 보호 권리가 호스트 패밀리에 있음에 동의함입니다.

Parent Signatures

부모 서명

Hong, Gil Dong

Hong, Gil Dong

Oct.12.2023

Father Name (Please Print)

Signature

Date
날짜

Hong, Gil Dong

Hong, Gil Dong

Oct.12.2023

Mother Name (Please Print)

Signature

Date
날짜



GRACE PROGRAM APPLICATION FORM

PHYSICAL EXAMINATION RECORD 신체검사 증명서

병원 작성

PHYSICAL EXAMINATION (To be completed by Medical Provider)

신체검사서(의료기관에서 작성)

신체검사 날짜
Physical Exam Date _____

LAST NAME 성 FIRST NAME 이름 MIDDLE NAME DATE OF BIRTH (mo/day/yr) 생년월일(월/일/년도)

TEMP 체온 PULSE (sitting) 맥박 BLOOD PRESSURE (sitting) 혈압 HEIGHT 키 WEIGHT 체중 BMI (Body Mass Index) 체질량 지수

시력 VISION: Right Eye 20/ Left Eye 20/ Corrected: Right Eye 20/ Left Eye 20/

MEDICAL HISTORY

ALLERGIES:

MEDICATIONS:

PHYSICAL EXAM

General Appearance/Mental Status: _____

Check appropriate answer	Normal	Abnormal	Comment on abnormalities
Head/face/scalp			
Neck/nodes/ thyroid			
Eyes/Ears/Nose/Sinuses			
Mouth and teeth			
Pharynx and tonsils			
Lungs and chest			
Breasts			
Heart (size, rhythm, murmurs)			
Abdomen (scars, hernia, mass)			
Genitourinary (pelvic in females)			LNMP ___/___/___
Anus, rectum (prostate in males)			
Extremities			
Spine and musculoskeletal			
Peripheral vascular system			
Skin and lymphatics			
Neurological, reflexes			

LABORATORY DATA

TUBERCULOSIS SCREENING Annual PPD-Mantoux tests are required. Please document dates for the last two PPD readings:

Date skin test placed ___/___/___ Date skin test read ___/___/___ Reading in mm induration: ___ Date skin test placed ___/___/___ Date skin test read ___/___/___ Reading in mm induration: ___

A Two step PPD-Mantoux is required for all Health Professions students if their last PPD was placed > one year ago.

(The second PPD must be placed no earlier than a week after the first PPD but no later than 3 weeks after the first PPD is placed)

Date 1st PPD Placed: ___/___/___ Date PPD Read: ___/___/___ Reading in mm induration: _____mm
Date 2nd PPD Placed: ___/___/___ Date PPD Read: ___/___/___ Reading in mm induration: _____mm

결핵 PPD 검사
-> 흉부촬영으로 대체 가능

If PPD is positive, you must submit a copy of a chest x-ray report done within the last six months.

Date of Chest X-Ray _____ 촬영일자 Result: _____ 결과 예) normal RESTRICTED ACTIVITY: No Yes Reason for

Restriction: _____

Provider's Signature and Title: _____

Date: _____

Provider's Name and Title: _____

Office/Clinic _____

Phone No: _____

Name _____ Office/Clinic Address _____ Office/ Clinic City/State _____

병원 명판 및
의사의 직인 또는 서명



GRACE PROGRAM APPLICATION FORM

CERTIFICATE OF IMMUNIZATION

예방 접종 증명서- 수막구균2차
빼고는 모두 맞아야 합니다.

Student's NAME : Hong, Gil dong
이름(이름, 성)

BIRTH DATE : Apr/20/2005
생년월일

SEX : M or F
성별 : 남 / 녀(○체크)

VACCINE 백신	Dose 접종/복용	DATE GIVEN Month / Day / Year	접종 일자 월/일/년도	Remarks 적요(기록)
DTP Diphtheria 디프테리아 Tetanus 파상풍 Pertussis 백일해	1	Apr/20	2005	
	2	Jun/10	2009	
	3	Aug/27	2014	
	4	/ /		
	5	/ /		
DT/Tdap 디프테리아	1	/ /		Mandatory (After 12years old.)
Polio 폴리오(척추성 소아마비)	1	/ /		
	2	/ /		
	3	/ /		
	4	/ /		After 12 years old.
MMR (Measles, Mumps, Rubella) 홍역, 유행성이하선염, 풍진	1	/ /		
	2	/ /		
Hepatitis B B형 간염	1	/ /		
	2	/ /		
	3	/ /		
Hepatitis A A형 간염	1	/ /		
	2	/ /		
Varicella 수두	1	/ /		If disagree, give month and year of occurrence 접종하지 않았을 경우 수두 발생 월 및 연도를 써주세요
	2	/ /		
B.C.G 결핵예방백신	1	/ /		
Tuberculosis 결핵_흉부촬영일	1	/ /		
Meningococcal (MCV4) 수막구균	1	/ /		
	1	/ /		Second dose required for entry into 12 th grade or post grad

2차 접종은 12학년 또는 졸업 후 입학에 필요

Clinic Info: (Name / Address)
진료소 정보 : (이름/ 주소)

Signature :
Date :
일자

병원 명판 및
의사의 직인 또는 서명



GRACE PROGRAM APPLICATION FORM

Medical History **병력 증명서**

The following health history is confidential and does not affect your admission status. This information is requested to determine if you have any medical conditions that may require special assistance from the school. This information will be used to help us provide continuity of care for you. This information will not be released without your written permission except in an emergency situation, by court order or by parental consent if under age 18. Please attach additional sheets for any items that require additional explanation.

SECTION 1: REPORT OF MEDICAL HISTORY (Please print in black ink)

Hong, Gil Dong X X X

LAST NAME FIRST NAME **한국어 이름(성, 이름)** MIDDLE NAME STUDENT ID NUMBER SOC. SECURITY NUMBER

Sodam APT 101-402, Sodam-ro 70 **Seoul** **Seoul** **54321** **02/123-1234**

PERMANENT ADDRESS **현재 주소** CITY **도시** STATE **(주)도** ZIP CODE **우편번호** AREA CODE/PHONE **지역번호/전화번호**

DATE OF BIRTH (mo/day/yr) **12/09/05** PLACE OF BIRTH **Seoul** GENDER M F
생년월일 월/일/년도 성별(체크)

EMAIL **gildong1234@dong.com**
이메일주소

CLASS YOU ARE ENTERING (circle) **입학 예정 학년** SEMESTER ENTERING (circle): **입학 예정 학기**
FR. SO. JR. SR. GRAD. PROF. FALL SPRING SUMMER 1 SUMMER 2
신입생 10학년 11학년 12학년 졸업생 교수/석사 YEAR 가을 봄 여름 1 여름 2

Hong, Gil **Father**

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY **긴급시 연락 가능한 사람 이름** RELATIONSHIP **본인과의 관계**

Sodam APT 101-402, Sodam-ro 70 **Seoul** **Seoul** **54321** **02/123-1234**

ADDRESS **현재 주소** CITY **도시** STATE **(주)도** ZIP CODE **우편번호** AREA CODE/PHONE **지역번호/전화번호**

NAME AND ADDRESS OF HEALTH INSURANCE CO. **공란으로 두세요** AREA CODE/PHONE **공란**
이름, 건강보험 주소 지역번호/전화번호

NAME OF POLICY HOLDER **공란으로 두세요** POLICY/CERTIFICATE # **공란** GROUP # **공란**
보험 계약자 이름 보험증번호 그룹

SECTION 2: FAMILY MEDICAL HISTORY (Please print in black ink) 흑백으로 인쇄

가족 병력(의료) 증명

HAS ANY PERSON, RELATED BY BLOOD, HAD ANY OF THE FOLLOWING CONDITIONS: **혈연관계에서 해당사항**

	Yes	No	Relationship		Yes	No	Relationship		Yes	No	Relationship
High blood pressure 고혈압	v		예) 관계 Grand father	Cholesterol or blood fat Disorder 콜레스테롤, 고지혈증			관계	Cancer 암 (type):(종류)			관계
Stroke 뇌졸중				Diabetes 비만				Alcohol/drug problem 술/마약 문제			
Heart attack before age 55 55세 이전 심장마비				Glaucoma 녹내장				Psychiatric illness 정신적인 병			
Blood or clotting disorder 혈액 또는 응고 장애				Asthma 천식							

SECTION 3: PERSONAL MEDICAL HISTORY (Please print in black ink)

개인 병력(의료) 증명

모든 사항에 체크하여 주시고 '예' 대답에 의거한 발생 연도를 기입 하십시오

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING: PLEASE ANSWER EACH QUESTION AND INDICATE YEAR FOR YES ANSWERS

	Yes	No	Year		Yes	No	Year		Yes	No	Year		Yes	No	Year
Anemia or Sickle cell anemia 빈혈, 적혈구 빈혈증	v		발생연도 2016	Chest Pain 가슴 통증 또는 압박				Headaches 두통 (Frequent/severe)				Protein or blood in urine 통풍 또는 혈뇨			
Anorexia/Bulimia 거식/ 폭식증				Chronic cough 만성기침				Head injury (severe) 머리 부상				Chronic pain 만성 통증 (severe/recurrent) (통증 부위)			
Allergies/Hay fever 알러지/고초열				Concussion 뇌진탕				Hepatitis or Jaundice 간염 또는 황달				Pneumonia 폐렴			
Asthma 천식				Cancer or Tumor 암 또는 종양				Hearing loss 청력손실				Rectal disease 직장병(질환)			
Arthritis 관절염				Diabetes 비만				Hernia (specify) 탈장(자세히)				Rheumatic or 류마티즘 Scarlet fever 성홍열 또는			
Breathing 호흡장애 problems/				Dizziness or fainting 어지러움 또는 기절				Intestinal problems 장 문제				Serious skin 심각한 disease 피부질환			
Back or neck injury 등 또는 목 부상				Depression or Excessive worry 우울 또는 과도한 걱정				Kidney stone 신장 결석				Seizures 발작			
Bone, joint or other deformity 뼈, 관절 또는 기타 기형				Eye problem (not 시력 문제(안경 glasses) 미착용시)				Learning disorder (specify) 학습 장애 (자세히)				Thyroid trouble 갑상선 이상			
Broken 골절(자세히) bone(specify)				Easy 쉽게 피로감을 느낌 fatigability				Malaria 말라리아				Tuberculosis 폐결핵/ 결핵			
Bladder or kidney Infection 방광, 신장감염				High blood pressure 고혈압				Menstrual cramps (severe) 생리통(자세히)				Other (specify) 기타 증상(자세히)			
Blood transfusion 혈액 수혈				Heart 심장 상태 condition				Physical disability 지체장애							

Please complete reverse side.



GRACE PROGRAM APPLICATION FORM Medical History **병력 증명서**

SECTION 3: PERSONAL MEDICAL HISTORY – CONTINUED (Please print in black ink)

Describe any conditions or disabilities that would exclude participation in physical education (e.g., swimming).

Do you exercise three or more times per week? YES NO **체육수업에 있어 제약이 되는 것이 있다면 설명하여 주세요. (예, 수영)**
Do you use a seatbelt on a regular basis? YES NO **안전벨트를 주로 착용하나요?(체크)**

Please list any drugs, medicines, birth control pills, vitamins, minerals (prescription and nonprescription or herbal medicines) you use and indicate how often you use them? **약물, 약품, 피임약, 비타민, 미네랄(처방 또는 비처방) 등 복용하는 것이 있습니까? 있다면 아래에 내용을 써주세요.**

Name of drug	약 이름	Reason for taking drug?	복용 이유	How much are you taking and how often?	복용 빈도수
1.					
2.					
3.					
4.					

Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash, hives, etc.) to any of the following? If yes, please explain the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once. **아래의 약 중 부작용과 같은(과민, 알러지, 배탈, 발진, 두드러기 등) 증상이 있었는가? 있었다면 어떤 나이에 어떤 반응이 있었는지 설명하여 주세요.**

	Yes	No	Explanation	설명
Penicillin 페니실린				
Sulfa sulfa(세균성 질환特效약)				
Other antibiotics (name) 기타 항생제(이름)				
Aspirin 아스피린				
Codeine or other pain relievers 코데인 또는 기타 진통제				
Other drugs, medicines, chemicals (specify) 기타 약품, 약물, 화학제품(자세히)				
Insect bites 벌레 물림				
Food allergies (name) 식품 알러지(이름)				

	Yes	No	Explanation (specify when, where and why)	설명(자세히 언제, 어디서, 왜)
Have you ever been a patient in any type of hospital? 병원 입원 경험이 있나요?				
Has your academic career been interrupted due to physical or emotional problems? 신체적 또는 감정적인 문제로 학업에 지장이 있었던 적이 있나요?				
Have you ever had any serious illness or injuries other than those already noted? 이미 기입한 것 외에 심각한 병 또는 부상을 당한 것이 있나요?				

IMPORTANT INFORMATION.....PLEASE READ AND COMPLETE

STATEMENT BY STUDENT: **학생 이름**

(A) I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, except in an emergency or by Court Order. However, if I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission for the Student Health Center to release information from my record to a physician, hospital or other medical agency involved in providing me with emergency treatment and/or medical care.

(B) I hereby authorize any medical treatment for myself that may be advised or recommended by the providers of the Student Health Center.

(C) Mental Health: I also hereby authorize transportation to Howard University Hospital when recommended by the psychologist/psychiatrist of the University Counseling Center.

학생 서명

Signature of Student

Date

작성일

PARENTAL/GUARDIAN PERMIT – MUST BE COMPLETED IF STUDENT IS UNDER 18 YEARS OF AGE 부모/보호자 허가 - 학생이 만 18세 미만일 시 필수

The LAW requires that parental permission be obtained for medical treatment of minors. A parent or guardian should sign the following consent form so that medical treatment may be given to the student who is a minor. However, no major operation will be performed except in extreme emergency, without parent/guardian being contacted and fully informed.

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my daughter/son/ward.

(Signed) _____ (Relationship) _____ (Date) _____

보호자서명

관계

작성일

GRACE PROGRAM 환불 동의서

Grace Program 참가자 중 조기 복귀 시 국제교류실 운영규정에 근거하여 아래와 같이 환불되는 것에 동의합니다.

제11조 (GRACE Program)

- ⑦ Grace 프로그램의 환불은 다음 각호와 같이 진행한다.
1. 프로그램 시작일 전 반환 사유가 발생한 경우 I-20 발급비 및 진행비 공제 후 환불한다
 2. 부득이한 사정으로 동일재단 학교로 전학할 경우 총 납부액의 10%는 행정비용으로 공제하고 전출이 발생한 날이 속한 주까지 주별 분할 계산하여 공제 후 환불한다
 3. 외부 학교로 전학할 경우 총 납부액의 20%는 행정비용으로 공제하고 전출이 발생한 주까지 주별 분할 계산하여 공제 후 환불한다.

위 규정을 이해하고 앞으로 개정된 모든 환불규정을 공식 절차에 따라 준수할 것을 서약합니다.

20 년 월 일

학생 성명: _____

부 성명 및 서명: _____

모 성명 및 서명: _____