



## GRACE PROGRAM APPLICATION FORM

### REQUEST FOR ISSUANCE OF FORM I-20

APPLICANT INFORMATION			
Name: (Family Name, Given Name)			English Name:
<b>I20 Issue Reason:</b> Initial Attendance      Transfer	Date of Birth(M/D/Y):	Place of Birth:	Country of Citizenship:
Term Applying for: ___Fall      ___Spring	Current Grade:	Gender:	Age:
<b>Program Start Date (Month/Day/Year):</b>	Grade Applying For:	Residential Program Applying for: _____Dormitory	

FAMILY INFORMATION: PARENT(S) / LEGAL GUARDIAN(S)			
FATHER or Male Legal Guardian.		MOTHER or Female Legal Guardian	
Full Name: (Last, First, Middle)		Full Name: (Last, First, Middle)	
Address:		Address:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Kakao Talk ID:		Kakao Talk ID:	
Email Address: (정자로 기록 부탁드립니다)		Email Address: (정자로 기록 부탁드립니다)	
Place of Employment:		Place of Employment:	
Position:	Work Phone:	Position:	Work Phone:
Marital status of parents listed above: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together			
If separated or divorced please explain legal custody and rights information:			

Name of person submitting this form:

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**GVCS Broadfording OFFICE USE ONLY:**



## GRACE PROGRAM APPLICATION FORM

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

The Undersigned, \_\_\_\_\_ (Parents/Guardians Names) (referred to in this document as "Parents") parent(s)/guardian(s) of \_\_\_\_\_ (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 accept:





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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: \_\_\_\_\_

- 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 as 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.

### III. 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 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent/Guardian Printed Name

\_\_\_\_\_  
\*Parent/Guardian Printed Name



**GRACE PROGRAM APPLICATION FORM  
CHILD GUARDIAN CONSENT FORM**

School Years 20 \_\_\_\_ -20 \_\_\_\_

\_\_\_\_\_ (Father's Name) of \_\_\_\_\_ (Address)

\_\_\_\_\_ (Mothers Name) of \_\_\_\_\_ (Address)

Current legal parents of \_\_\_\_\_ (Student's Name)

Born on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Students Birth date: MM / DD / YYYY),

Hereby appoint a Represented Staff of Global Vision Christian School Broadfording in case of urgent Medical Attention: \_\_\_\_\_ (Represented Staff Name)

As legal guardian for my child for the period of time beginning on the 21<sup>st</sup> of August, 2023 and ending on the 31<sup>st</sup> of May, 2029.

The guardian shall have the right to:

- 1) Determine and authorize necessary medical attention
- 2) Provide necessary food, and shelter
- 3) Generally act in loco parentis

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

**Parent Signatures**

\_\_\_\_\_  
Father Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## GRACE PROGRAM APPLICATION FORM PHYSICAL EXAMINATION RECORD

**PHYSICAL EXAMINATION (To be completed by Medical Provider)**

Physical Exam Date \_\_\_\_\_

LAST NAME                      FIRST NAME                      MIDDLE NAME                      DATE OF BIRTH (mo/day/yr)

TEMP                      PULSE (sitting)                      BLOOD PRESSURE (sitting)                      HEIGHT                      WEIGHT                      BMI (Body Mass Index)

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 1<sup>st</sup> PPD Placed: \_\_\_/\_\_\_/\_\_\_      Date PPD Read: \_\_\_/\_\_\_/\_\_\_      Reading in mm induration: \_\_\_\_\_ mm  
 Date 2<sup>nd</sup> PPD Placed: \_\_\_/\_\_\_/\_\_\_      Date PPD Read: \_\_\_/\_\_\_/\_\_\_      Reading in mm induration: \_\_\_\_\_ mm

**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 \_\_\_\_\_      Result: \_\_\_\_\_      **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                      Office/Clinic Address                      City/State                      ZIP





## GRACE PROGRAM APPLICATION FORM CERTIFICATE OF IMMUNIZATION

Student's NAME :

BIRTH DATE :

SEX : M or F

VACCINE	Dose	DATE GIVEN Month / Day / Year	Remarks
DTP Diphtheria Tetanus Pertussis	1	/ /	
	2	/ /	
	3	/ /	
	4	/ /	
	5	/ /	
DT/Tdap	1	/ /	Mandatory (After 12years old.)
Polio	1	/ /	
	2	/ /	
	3	/ /	
	4	/ /	After 12years old.
MMR (Measles, Mumps, Rubella)	1	/ /	
	2	/ /	
Hepatitis B	1	/ /	
	2	/ /	
	3	/ /	
Hepatitis A	1	/ /	
	2	/ /	
Varicella	1	/ /	If disagree, give month and year of occurrence
	2	/ /	2 <sup>nd</sup> mandatory
B.C.G	1	/ /	
Tuberculosis	1	/ /	
Meningococcal (MCV4)	1	/ /	Mandatory
	1	/ /	Second dose required for entry into 12 <sup>th</sup> grade or post grad

Clinic Info: (Name / Address) :

Signature :

Date :



## GRACE PROGRAM APPLICATION FORM

### Medical History

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)

LAST NAME FIRST NAME MIDDLE NAME STUDENT ID NUMBER SOC. SECURITY NUMBER

PERMANENT ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

DATE OF BIRTH (mo/day/yr) PLACE OF BIRTH GENDER  M  F

EMAIL	CLASS YOU ARE ENTERING (circle) FR. SO. JR. SR. GRAD. PROF.	SEMESTER ENTERING (circle): FALL SPRING SUMMER 1 SUMMER 2 YEAR
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NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY RELATIONSHIP

ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND ADDRESS OF HEALTH INSURANCE CO. AREA CODE/PHONE

NAME OF POLICY HOLDER POLICY/CERTIFICATE # GROUP #

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

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

	Yes			No			Relationship		Yes			No			Relationship
	Yes	No	Year	Yes	No	Year			Yes	No	Year	Yes	No	Year	
High blood pressure							Cholesterol or blood fat Disorder							Cancer (type):	
Stroke							Diabetes							Alcohol/drug problem	
Heart attack before age 55							Glaucoma							Psychiatric illness	
Blood or clotting disorder							Asthma								

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

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			Yes	No	Year	Yes	No	Year				
Anemia or Sickle cell anemia							Chest Pain or pressure							Headaches (Frequent/severe)				Protein or blood in urine
Anorexia/Bulimia							Chronic cough							Head injury (severe)				Chronic pain (severe/recurrent)
Allergies/Hay fever							Concussion							Hepatitis or Jaundice				Pneumonia
Asthma							Cancer or Tumor							Hearing loss				Rectal disease
Arthritis														Hernia (specify)				Rheumatic or Scarlet fever
							Diabetes							Intestinal problems				Serious skin disease
Breathing problems/							Dizziness or fainting							Kidney stone				Seizures
Back or neck injury							Depression or Excessive worry							Learning disorder (specify)				
Bone, joint or other deformity							Eye problem (not glasses)							Malaria				Thyroid trouble
Broken bone(specify)							Easy fatigability											Tuberculosis
Bladder or kidney Infection							High blood pressure							Menstrual cramps (severe)				
Blood transfusion							Heart condition							Physical disability				Other (specify)

Please complete reverse side.



## GRACE PROGRAM APPLICATION FORM

### Medical History

**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      Do you use a seatbelt on a regular basis?  YES  NO

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?

Name of drug	Reason for taking drug?	How much are you taking and how often?
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.

	Yes	No	Explanation
Penicillin			
Sulfa			
Other antibiotics (name)			
Aspirin			
Codeine or other pain relievers			
Other drugs, medicines, chemicals (specify)			
Insect bites			
Food allergies (name)			

	Yes	No	Explanation (specify when, where and why)
Have you ever been a patient in any type of hospital?			
Has your academic career been interrupted due to physical or emotional problems?			
Have you ever had any serious illness or injuries other than those already noted?			

**IMPORTANT INFORMATION.....PLEASE READ AND COMPLETE**

**STATEMENT BY STUDENT:**

**(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.

\_\_\_\_\_  
**Signature of Student** \_\_\_\_\_  
**Date**

**PARENTAL/GUARDIAN PERMIT – MUST BE COMPLETED IF STUDENT IS UNDER 18 YEARS OF AGE**

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) \_\_\_\_\_



## GRACE PROGRAM APPLICATION FORM

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### 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 1-20 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←

←

학 생 성 명: \_\_\_\_\_ ←

부 성명 및 서명: \_\_\_\_\_ ←

모 성명 및 서명: \_\_\_\_\_ ←