

Partner Agency Application Instructions

Please read all student applications carefully before sending them to QCCS. We always try to make admission decisions quickly, and incomplete information makes this very difficult! *Incomplete applications may be rejected and or will be reviewed after all complete applications.*

We will happily accept applications on your standard forms as long as they contain all of the required information!

- Preference is given to electronic copy applications in PDF format.
- We ask that our foreign partners carefully screen all applicants. We are particularly interested in each applicant's English skills and personal motivation. These factors are very important in the decision for acceptance of your student.
- Applications must be received for August enrollment by **June 15th** and for January enrollment by **November 1st**. We will consider late applications if an opening exist!
- We need 2 **smiling** passport size photos attached to the application in the designated boxes. Photos are shared with host families, so please make photos pleasing for introduction.
- The Student Essay must be a **full typed** page. Hand written essays are not accepted. Remember, the student's motivation for coming to a Christian school must be clearly understood.
- SLEP, ETLIS, or SLATE tests are required; ETLIS minimum test score of 210 for 11th and 12th grade, or its equivalent. 9th and 10th grade entry requires a minimum of a 202. Skype interview may be required.
- Check all medical documents carefully. If immunizations are missing, the student's application will be put on **hold or may be rejected**.
- Student Interview Report- It is important that an agent from your program personally meet with each applicant and his/her parents for a personal interview. The interview should be conducted in English and translated into the students' natural language for the benefit of his/her parents. This opportunity is to gain knowledge of the student's English comprehension and personal motivations.
- The Birth Certificate Verification page must be **typed and verified**.
- Incomplete applications **will be placed on hold and could be rejected**. Use the *Foreign Partner Checklist for Complete Application* to make sure that all necessary documents are included in a student's application.

QUAD CITIES CHRISTIAN SCHOOL

Foreign Partner Checklist for Complete Application

Required documents not found in **Student Application Pack**

SLEP

- We require a minimum SLEP score of 43 or 202 on ETLIS for 9th & 10th grade acceptance, and a minimum SLEP score of 47 or 210 on ETLIS for 11th and 12th grade acceptance

Copy of Passport

2 Smiling Passport Size Photos

Student Application Documents

Foreign Partner Page

- Must be typed

Student Interview

- Completed by a Staff Member of Your Agency

Student Application: Basic Information & Information for Host Family

- Must be typed

Student Essay

- Must be typed and written by the student

English Transcript of Grades

- Last three years (or semesters) translated into American school standards

English Teacher Recommendation

- Must be signed with contact information for teacher completed

Health History & Release

- Parents must sign the Medical Release section of this form
- Immunizations must be completed by a medical doctor
- A Doctor's office stamp is required along with name and phone number of physician

Birth Certificate Verification

Photo Album

Natural Parent Agreement

- Signatures acceptable from Natural Parents *only*
- Foreign Partner must translate this document in it's entirety for non-English speaking parents

Student Rules

- Signatures required by student and parents

QUAD CITIES CHRISTIAN SCHOOL

Student Interview

International students interested in applying to QCCS are to be personally interviewed by an agency representative. Interviews are to be conducted in English in order for the interviewer to assess the student's English language proficiency. A signed statement at the end of this form confirms that the student understands his or her responsibilities while participating in the QCCS International Program.

Student Name _____ Country _____

- Present Secondary School Level _____ Date _____
- Years of English in School _____
- Years of Private English Classes _____

Student Expectations and Adaptability

How do you feel an American high school experience will change you?

What do you expect to be most difficult?

Describe your family life and your responsibilities at home?

What are your expectations regarding the following:

Host Family

School in America

Academic Performance

Why do you want to study in the United States?

What do you like best about your present school?

Describe your study habits or homework?

Are you satisfied with your academic achievements?

English Language Proficiency

	Poor	Fair	Average	Good	Excellent
Oral Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Personality

	Poor	Fair	Average	Good	Excellent
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talkativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Student's Motivation for Choosing to study at QCCS

	Low	Average	High
General interest in cultural exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental/Friend influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wish to improve English and Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Interviewer's Final Comments on the Program Qualifications of Student:

I verify that the above interview was conducted primarily in English and that this student is capable of communicating in both written and oral English in an American school and host family. I believe this student understands the QCCS International high school program and that the student's expectations are compatible with the QCCS International program expectations. The student understands that QCCS is a Christian school and that participation in Bible class and weekly chapel service is mandatory. The student understands that the QCCS Administrator will determine the appropriate grade for the student and that a high school diploma is never guaranteed to International students even when a student is placed in the 12th grade.

Interviewer's Name (Printed)

Title

Interviewer's Signature

Date

QUAD CITIES CHRISTIAN SCHOOL

Foreign Partner Page

Student's Name: _____

First Middle Last

I-20 Information

Country of Legal Residence:	Partner Organization:
Country of Citizenship:	Year of Program:
Date of Birth (month/day/year):	Month of Arrival:
Place of Birth (City, Country):	Duration of Stay:
Passport Number:	Passport Expiration Date:

School Application Information: (please circle)

Is the student currently studying in the U.S.? Yes/ no
If yes, where and with what organization:

Current type of School in Home Country: public / private / boarding / other

Grade level student is currently attending:

8th 9th 10th 11th 12th

Grade level student is now applying for:

9th 10th 11th 12th

Has student attended an exchange in the U.S. previously? Yes / No

If yes, what program? J1 / F1- high School / ESL / Other

School name and location:

Is the student intending to get a diploma from QCCS? Yes / No

(This information is used to help place students in proper courses; it does not commit them to a longer program)

Does student need school credit? Yes / No

Does student need validation at the end of the program? Yes / No

QUAD CITIES CHRISTIAN SCHOOL

Student Application Guidelines

Student Application - Basic Information & Information for Host Family

Student Essay

Please be sure to write at least one full **typed** page for scanning. Talk about yourself, your family, your interests or anything else that will give your host family a good understanding about YOU.

English Transcript of Grades

A copy of your last three years (or semesters) must be submitted and translated into American School Standards.

English Teacher Recommendation

This must be filled out and signed by one of your teachers, remember that it may take time for them to send it back, so turn this form in early.

Health History & Release

This must be filled out and signed by your physician; **all immunizations** must be current in order for you to be accepted by QCCS. If you have any questions regarding immunizations, please contact your local office for more information. **Parents must sign the Health Release section of this form.**

Birth Certificate Verification

The Birth Certificate Document in this packet must accompany your application.

Photo Album

Include at least four (4) photos; include a description about each photo.

Natural Parent Agreement

A signed copy of the agreement must accompany the application.

Student Rules

Signatures are required by both student and natural parents.

Copy of Passport

A copy of your passport page with photo; clear copies will only be accepted.

Passport Size Photos

Please include two (2) **smiling** passport size photos with your application attached to the designated boxes in the application. It is important to show your best face in these photos since they are a host family's first impression of you.

QUAD CITIES CHRISTIAN SCHOOL

Student Application Basic Information



Agency you are applying with in your country: _____

Intending to stay: One Semester One Year 2 Years 3 Years Longer

Month of arrival: January or August Date of this Application: _____
Month / Day / Year

Student's Name: _____
First Middle Last

Home Address: _____
Street City Country/Postal Code

Student E-mail address: _____ Cell phone of student while in U.S. _____

Date of Birth: ____/____/____ Current Age: ____ Gender: male / female
Month/ Day/ Year

Height: _____ Weight _____
 To convert meters to feet, multiply by 3.28 To convert kilos to pounds, multiply by 2.205

PARENTS OR LEGAL GUARDIANS

I currently live with: Mother Step Mother Other (who?) _____
 (Check all that apply) Father Step Father Other (who?) _____

Mother's Name: _____

Mother's Phone: _____ Mother's Email _____

Father's Name: _____

Father's Phone: _____ Father's Email: _____

What foreign languages do you speak or have you studied?

<u>Language</u>	<u>Years of Study</u>	<u>Proficiency</u>		
_____	_____	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/>
Excellent				
_____	_____	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/>
Excellent				
_____	_____	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/>
Excellent				

QUAD CITIES CHRISTIAN SCHOOL

Student Application Information for Host Family

First Name: _____ Middle: _____ Last: _____

Country: _____ male / female Chosen English Name: _____ Age: _____

Languages you speak: _____

Would you accept a host family placement with a student from a different country? Yes / No

Grade level applying for: 9th / 10th / 11th / 12th / Post Graduate Year

Do you have any brothers or sisters?	Name	Age	Gender

Mother:	<u>Name</u>	<u>Age</u>	<u>Profession / Work</u>

Father:	<u>Name</u>	<u>Age</u>	<u>Profession / Work</u>

Your Religion is: _____ Very active Some interest Little interest No interest

Do you have any Allergies? _____ Vegetarian or food restrictions _____
(list all known allergies)

Do you have any animals / pets? _____ Do you like animals / pets? _____

Smoking: I do not smoke.

I smoke occasionally, but agree to stop smoking completely while in the U.S.

Would you live with a family who smokes? yes no yes, but if they only smoke outside

What do you like to do in your free time?

What sports or after school activities would you like to participate in?

Have you ever spent an extended time away from your family? If so, please describe this experience.

Personality Traits

Use the following code to number only the activities that you are interested in:

1 = Active

2 = Interested

Computers		Visit Museums		Swimming		Hunting
Photography		Poetry		Badminton		Fishing
Volunteer work		Theatre		Volleyball		Sailing
Sewing		Watching TV		Golf		Camping
Playing cards		Church Activities		Cycling		Hiking
Paint/draw		Social Dances		Tennis		Martial arts
Gardening		Movies		Football		Aerobics
Indoor games		Woodworking		Basketball		Weight Lifting
Stage Performance/Plays		School clubs		Skiing		Gymnastics
Play Musical Instrument _____		Listen to music type _____		Track, Running, Sprinting		Snow Sports
Choir /singing		Ballet / Dance		Baseball		Reading
Politics		Reading		Ice Hockey		Cooking
Babysitting		Animals, Pets etc.		Soccer		Horseback riding

Please mark topics that describe you with an X

Circle only **ONE** option on each line below

What would you rather do:

- | | | | | |
|---------------------|-----------------|--------------------------------|-----------|-------------------------------|
| _____ Shy | _____ Moody | _____ Spend time with Family | or | _____ Read a book |
| _____ Talkative | _____ Outgoing | _____ Use the Internet | or | _____ Spend time with friends |
| _____ Friendly | _____ Serious | _____ Take a long walk | or | _____ Play sports |
| _____ Patient | _____ Sensitive | _____ Cook dinner | or | _____ Clean your room |
| _____ Temperamental | _____ Adaptable | _____ Go out with many friends | or | _____ Go out with 1 friend |
| _____ Impatient | _____ Neat | _____ Help your parents | or | _____ Study |
| _____ Stubborn | _____ Messy | _____ Take care of animals | or | _____ Take care of children |

Your Comments about your personality, please write at least two (2) sentences.

QUAD CITIES CHRISTIAN SCHOOL

Student Essay

Student Name: _____

This letter will be shared with your host family. Include a summary about why you want to study and live in another country. Describe yourself, and include information about your personality, family, daily life, home, school, interests and hobbies. You may use this form or create one of your own, but be sure your essay is **typed** and at least **one full page**.

QUAD CITIES CHRISTIAN SCHOOL

English Transcript of Grades

Student Name: _____ Date of Birth: _____
First *Last*

Directions: This is to be completed by a school official or teacher. List ALL the courses taken in the **past three years, including current courses**. If final grades are not available for current courses, list most recent grades/evaluation. Official school transcripts for all three years must also be submitted with this section.

ORIGINAL TRANSCRIPTS IN NATIVE LANGUAGE SHOULD ALSO BE UPLOADED

 School's Name Phone Number

 Street Address Postal Code City Country

Subject	Year:		Year:		Year:	
	Fall Semester	Spring Semester	Fall Semester	Spring Semester	Fall Semester	Spring Semester
Native Language						
- Literature						
- Grammar						
FL English						
FL French						
FL German						
FL Spanish						
FL Latin						
FL Other						
History						
Geography						
Politics						
Religion						
Philosophy						
Mathematics						
Physics						
Chemistry						
Biology						
Physical Education						
Art						
Music						
Semester Grade Average:						

QUAD CITIES CHRISTIAN SCHOOL

English Teacher Recommendation

Student's Name: _____ Country: _____

Home Address: _____

Dear Teacher,

In the selection of students for the Quad Cities Christian School Program, we are looking for mature, academic students who would represent their home country and school. This teacher's evaluation has proven to be a very reliable aid in our selection process. We would greatly appreciate your assistance in the completion of this brief questionnaire. The evaluation will be "confidential" so please be honest.

Please complete the form in English (type or print). The following must be filled out and signed by the teacher.

Teacher's Name: _____

Name of School: _____ Telephone: _____

Address: _____
street city postal code country

Applicant is currently enrolled in grade: _____

Please provide us with information under "General Comments." This information is needed to properly evaluate the student.

1. **English** - The English Teacher's Evaluation of a student's oral comprehension, writing, and speaking helps us determine whether a student is eligibility for the QCCS program.

Comprehension

If the student is reading an English article, can the student do the following?

- Understand and explain the article in detail
- Explain the basic idea of the article (Understand 5 to 6 English words out of 10)
- Explain little or none of the article's meaning

Writing

When asked to write a one page essay in English, the student can:

- Write using complex sentences, varied vocabulary and good grammar
- Write with only a few minor, irregular sentences and varied vocabulary,
- Write with incomplete, short sentences and limited vocabulary

Speaking

When speaking with someone who is fluent in English, the student can speak with:

- Absolute understanding and proficiency of the language – The student communicates and uses varied vocabulary.
- Some understanding and proficiency – Student responses come naturally and he/she has good speaking ability, but still needs practice.
- Little understanding at all – The student may not be able to respond.

Additional comments on Student's English proficiency:

2. Overall Attitude at School – Maturity and a student's attitude toward school and schoolwork is very important. What is your experience with this student's attitude toward school and schoolwork?

Does the student demonstrate cooperation and show respect to the school faculty and students?

Does the student have a history of school absences or disciplinary problems?

Please comment on the student's study habits and motivation, e.g., has the student ever held a position of responsibility within the school?

3. Overall Student Qualifications – Based on your experience, how do you evaluate the potential success of this applicant as an exchange student in a foreign country?

Very Good

Good

Average

Poor

Please provide further comments to aid us in our selection. Thank you for your cooperation and assistance.

Teacher's Signature

Date

QUAD CITIES CHRISTIAN SCHOOL

Health History & Release

This must be completed by a Medical Doctor (please print or type legibly)

Student's Name: _____ Country: _____

Home Address: _____
City Postal Code

Home Telephone: _____

Date of Birth: ____/____/____ Sex: Female / Male
Month / Day /Year

Height: _____ **Weight:** _____
To convert meters to feet multiply by 3.28 To convert kilos to pounds multiply by 2.205

	Yes	No		Yes	No
<i>No</i>					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Heart Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>
Has Appendix been removed?	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Tumors	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Convulsive Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Smallpox	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
German measles	<input type="checkbox"/>	<input type="checkbox"/>	Serious or Persistent Cough	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Serious or Persistent Headache	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Been operated for hernia?	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Other Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Lungs, Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>

Any disease, impairment, or abnormality of:

Eyes or Sight	<input type="checkbox"/>	<input type="checkbox"/>	Bones, Joints or Locomotor	<input type="checkbox"/>	<input type="checkbox"/>
Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Sys Brain or Nervous System	<input type="checkbox"/>	<input type="checkbox"/>
Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	Blood or Endocrine System	<input type="checkbox"/>	<input type="checkbox"/>
Has his/her Tonsils been removed?	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		
Stomach or Digestive System	<input type="checkbox"/>	<input type="checkbox"/>	For female students only:		
Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>	Age of onset of menstruation: _____		
			Date of last menstrual period: _____		

Please give detailed information (including dates) regarding any disease or impairment mentioned on the first page:

Has the applicant ever been hospitalized? Yes No

If yes, please give date, diagnosis and description of illness or accident:

Is the applicant currently taking any injections or medication? Yes No

If yes, please give name(s) of medication(s), injection(s), and diagnosis:

Does the applicant have a history or present evidence of nervous, emotional, or mental abnormality, i.e. neurosis, nervous breakdown, nervous fatigue, recurrent nightmares, sleepwalking?

Is there any history of anorexia or bulimia? _____ Yes _____ No

If yes, please give details:

Does applicant have any health limitations and/or any pertinent medical information necessary for QCCS to be aware of? _____ Yes _____ No

If yes, please comment fully:

Will the applicant need any orthodontic care during the coming year? _____ Yes _____ No

If yes, attach a statement from the Orthodontist, including patient's present status and date orthodontic care will be completed.

Has the applicant any history or present of any allergy?

Applicant is allergic to what? (food, drug, pollen, animals, other) _____

Reaction to allergy (e.g., eczema, hives, hay fever, asthma, other) _____

Last known allergic reaction: _____

Will the applicant need to have allergy medication while in the United States?

•Injected Medication (give names, dosages and dates): _____

•Oral Medication (give names, dosages and dates): _____

Has the applicant had asthma? If so, give details and dates:

In your opinion, the general state of applicant's health is: *Excellent* *Good* *Fair* *Poor*

IMMUNIZATION RECORD FOR:

Student Name _____
Date of Birth: Month ___ Day ___ Year _____

Please record all dates with MONTH/DATE/YEAR: (Example: 8/ 23 / 99)

DTP Needs 4 ___/___/___ ___/___/___ ___/___/___ ___/___/___ Tdap ___/___/___

POLIO ___/___/___ ___/___/___ ___/___/___ ___/___/___

MEASLES ___/___/___ ___/___/___ Date of Disease: ___/___/___

MMR OR MUMPS ___/___/___ ___/___/___ Date of Disease: ___/___/___

RUBELLA ___/___/___ ___/___/___ Date of Disease: ___/___/___

HEPATITIS ___/___/___ ___/___/___ ___/___/___ (Needs three)

VARICELLA ___/___/___ ___/___/___ Date of Disease ___/___/___

MCV4 ___/___/___

Has student ever had a BGC? Yes ___ No ___ Date: ___/___/___

TB Test: date of test: _____ Result: Test was: ___ Negative (no TB) ___ Positive

Has Student ever had a chest X-Ray? Result: _____ Date: ___/___/___

Name of Physician		OR	Office Stamp (type or print)
_____ Signature of Physician			
_____ Street Address			
Postal Zone		City	
_____ Date of Student Examination / _____ Month/Date/Year			

PERMISSION FOR MEDICAL CARE /RELEASE FORM

We/I give our/my permission for my son/daughter to receive the immunizations in the United States if deemed necessary (DTP, Polio, MMR, TB Test or Chest X-Ray). Also as the applicant's parent(s) or legal guardian(s), WE/I agree to authorize Quad Cities Christian School or the Host Family to act for us/me in any emergency, accident, or illness during the period of time the student is involved in the QCCS Program. This covers the period of time the student arrives at QCCS until the student leaves the program and returns to his home country.

We hereby certify that the information given in this Certificate of Health is complete and accurate.

Signature of Father or Legal Guardian _____ Date: _____
Month/Day/Year

Signature of Mother or Legal _____ Date: _____
Month/Day/Year

Immunization Requirements for American Schools

Please take this with you to the doctor's office

To attend school in the United States, the series of vaccinations required by the schools here MUST be completed prior to acceptance into school. If a student does not have the vaccinations required by the American school system, he or she will not be permitted to start school. An accurate and documented record of all immunizations is required as follows:

DPT

4 Doses of DPT: (Diphtheria, Tetanus, Pertussis) Childhood series at 2 mo., 4 mo., 6 mos., 15-18 mo. , and 4-6 yrs.

Note: If dose #4 is received after the 4th birthday, #5 is not necessary. There must be 4 weeks between doses #1, and #2 and #3. There must be 6 mo. between dose #3 and #4.

A "Tdap" booster is now required on or after the student's 10th birthday.

Polio

3 or 4 Doses of POLIO: Childhood series at 2 mo., 4 mo., 12-18 mo., 4-6 yrs.

Note: If dose #3 is received after 4th birthday, #4 is not required. All doses of polio vaccinations should be at least 6 weeks apart. Student over 18 should receive IPC rather than DPV.

Measles, Mumps, Rubella

2 Doses of each or combined MMR: (Measles, Mumps, Rubella) Series of 2 vaccinations at least 1 month apart after the age of 1 year.

Note: In the United States the Measles, Mumps, Rubella vaccination is a "combined" vaccination. If the vaccinations were given as individual doses of "Measles", Mumps" or "Rubella" two doses of each is required. If the student has had the disease, this must be verified through a blood test and one dose of the vaccination is required. SINCE

THE UNITED STATES VACCINATIONS ARE 'COMBINED' IF THE STUDENT NEEDS A DOSE OF ANY OF THE THREE UPON ARRIVAL IN THE U.S., HE/SHE WILL RECEIVE THE "COMBINED" DOSE. (Example: Student had Measles doses, 2 Mumps doses, but only 1 Rubella dose – he/she must receive the "Combined" Measles, Mumps, Rubella dose in the U.S.

Tuberculosis - TB Test

All students must have had a Tuberculosis Test within six (6) months of the application. A Normal test result should be reported as a negative test. If a positive result was recorded, an explanation must follow and a chest x-ray must be completed.

Hepatitis

3 Doses - Most schools require hepatitis immunizations, it is better to have it completed prior to departure.

VARICELLA

Students must have 2 Doses of Varicella. If students have had Chickenpox, they do not need any Varicella vaccines.

MCV4

1 dose of meningococcal conjugate vaccine.

QUAD CITIES CHRISTIAN SCHOOL

Birth Certificate Verification

Father's Name

First

Middle

Last

Mother's Name

First

Middle

Last

We hereby certify that our son/daughter

First

Middle

Last

was born in

_____ / _____

City

Country

on _____ / _____ / _____

Month

Day

Year

Student is: Male _____ Female _____

According to his/her **passport**, is a legal **Citizen** of _____

Passport Number _____ Country _____

This student is a **Legal Permanent Resident** of _____
Country

This is in accordance with the enclosed Extract of the Population Register.

Signature of Father

Signature of Mother

Date: _____ / _____ / _____

Month

Day

Year

QUAD CITIES CHRISTIAN SCHOOL

Photo Album

Student Name: _____ Birth date: _____ Country: _____

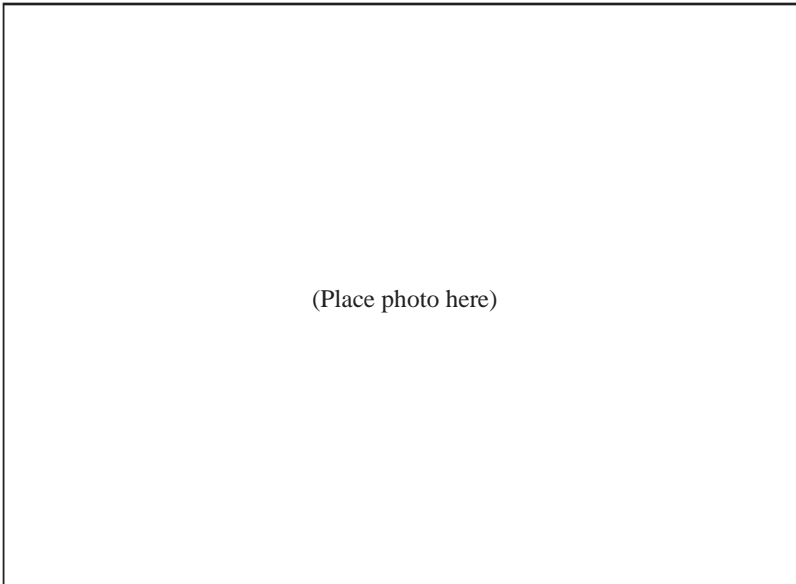
Please create a photo album with some of your favorite photos of your family and friends. Be sure to use recent photos. You may use this form or create an album of your own.

(Place photo here)

Description of photo...

Description of photo...

(Place photo here)



Description of photo...

Description of photo...

