

**HEIGHTS CHRISTIAN JUNIOR HIGH**  
 12900 Bluefield Ave., La Mirada, CA 90638  
 (562) 947-3309 • office@hcjh.us • www.hcjh.us

OFFICE USE ONLY		
Start Date:		
Date Payment Rec:	Amount:\$	
Ck#	Cash	Credit

**INTERNATIONAL STUDENT REGISTRATION for 2011-2012**

**STUDENT INFORMATION**

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Birth Date</b>
American Name (if any):		Desired Start Date:	Desired End Date:
USA Address, City, Zip:			
USA Home telephone: (    )		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Enrolling in Grade:
Extended Day Care Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Late Afternoon <input type="checkbox"/> Combined			
Father and Mother are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single			
Who currently has legal rights to the student (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			
Student is to live at the above address with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Host Family			
Person financially responsible for the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			
Country of Citizenship:		Country of Birth:	
Foreign Address:		City:	
Providence/Territory:		Postal Code:	
School Last Attended:		School Telephone: (    )	
School Address:			

**PARENT/HOST FAMILY INFORMATION**

1. <b>Father/Guardian</b> Full Name:	_____	Home Phone: ( _____ ) _____
Home Email:	_____	Cell Phone: ( _____ ) _____
Work Email:	_____	Work Phone: ( _____ ) _____
Job Title:	_____	Employer Name: _____
2. <b>Mother</b> Full Name:	_____	Home Phone: ( _____ ) _____
Home Email:	_____	Cell Phone: ( _____ ) _____
Work Email:	_____	Work Phone: ( _____ ) _____
Job Title:	_____	Employer Name: _____
3. <b>Host</b> Full Name:	_____	Home Phone: ( _____ ) _____
Home Email:	_____	Cell Phone: ( _____ ) _____
Work Email:	_____	Work Phone: ( _____ ) _____
Job Title:	_____	Employer Name: _____
Employer Address:	_____	
Guardian's Relationship to the Student:	_____	

**ENGLISH SPEAKING CONTACT PERSON**

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MORE ON REVERSE SIDE**

***IMPORTANT:*** the student must notify the school within **10 DAYS** of any changes in address or phone number, or plans to transfer, withdraw, or travel.  
*If the school is not notified, the I-20 could be terminated.*

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**I-20 INFORMATION**

- Our school is authorized under Federal law to enroll non-immigrant International Students. Prior to receiving an I-20 from our school, International Students must submit all required documentation. Once all documents are submitted, please allow the school office two days for processing.
- In order for the I-20 to remain valid, the student must notify the school within 10 DAYS of any changes in address or phone number, or plans to transfer, withdraw or travel. If the school is not notified, the I-20 could be terminated and the student will be required to leave the country within 15 days of termination.

**HOST FAMILY**

- It is *recommended* that the host be an adult who is at least 25 years old and is able to speak English.
- The host must provide personal identification and proof of residency.
- The student is allowed to change host families, but must notify the school within 10 DAYS of any address change.

**BEHAVIOR**

- The student, parent/guardian, and host must agree to accept the responsibility of obeying the rules and regulations by which the school is operated, and to support the Christian principles for which it stands.
- Violation of school standards by the student, parent/guardian, or host in some cases may constitute grounds for dismissal from our school. Violations include but are not limited to: disciplinary issues, reckless or dangerous behavior, non-cooperation with staff, verbal or physical abuse of staff or students, harassment of school staff by a parent/guardian or host family, philosophical differences with the values of Family Resource Ministries.

**CAMPUS**

- The campus opens at 7:15AM. Students should not be dropped off any earlier than 7:15AM unless enrolled in the morning Extended Day Care program.
- Parents who do not wish to have their child's name, picture, art, written work, voice, verbal statements or portraits (video or still) appear in the school's publications including electronic publications, should notify the principal in writing at the start of each school year.

**TUITION & FEES**

- The application fee, registration fee, and tuition are due in-full and are non-refundable. Refunds are not issued in the event of early withdrawal.
- Your account must remain current at all times. Day care fees, extracurricular activities fees, and any other fees are due on the 1<sup>st</sup> of each month. A late fee of \$25 will be assessed on payments received after the 5<sup>th</sup> of any month. Report cards will be held until your account is made current.

We, the undersigned, **understand** and **agree to** the above conditions:

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date

HEIGHTS CHRISTIAN JUNIOR HIGH is an affiliate of  Family Resource Ministries

**Non-Discrimination Policy:** Our schools admit students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.

# International Student Emergency Card – Year 2011 - 2012

Heights Christian Junior High, 12900 Bluefield Ave., La Mirada, CA 90638 562.947.3309

Student's Name: Last		First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Grade:
Student lives in the USA with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Host Family						
Full Name of Father/Guardian:		Full Name of Mother:			Full Name of Host:	
Host Address (street, city, zip)				Foreign Home Address		
				City	Providence/Territory	
				Postal Code	Country	
USA Home Phone ( )	USA Work Phone ( )	ext.		Foreign Home Phone ( )	Foreign Work Phone ( )	ext.
USA Cell Phone ( )	USA Home Email			Foreign Cell Phone ( )	Foreign Home Email	
USA Job Title	USA Work Email			Foreign Job Title	Foreign Work Email	
USA Employer				Foreign Employer		
USA Employer Address (street, city, zip)				Foreign Employer Address		
<b>ENGLISH SPEAKING CONTACT PERSON</b>						
NAME: _____ PHONE NUMBER: _____ EMAIL: _____						
Persons (18 years or older) authorized to pick up your child or to be contacted if unable to reach parents:						
1.Name	Address, City, State, Zip			Phone ( )	Relationship	
2.Name	Address, City, State, Zip			Phone ( )	Relationship	
3.Name	Address, City, State, Zip			Phone ( )	Relationship	
4.Name	Address, City, State, Zip			Phone ( )	Relationship	
5.Name of person outside California	Address, City, State, Zip			Phone ( )	Relationship	
Name of your child's physician:				Phone ( )		
<b>In case of illness or accident, I hereby authorize school officials to call any local physician if none of the above persons can be reached.</b>						

## Authorization of Emergency Medical Treatment

I (we) the undersigned parent(s) or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any physical restrictions	
Allergies to drugs or foods <span style="float: right;">Allergic to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Any special medications or pertinent information	
Last Tetanus Toxide Booster	Financial Responsibility
Insurance Company	Policy Number
Date	Signature of Father/Guardian
Date	Signature of Mother

MORE ON REVERSE SIDE →

## CONFIDENTIAL MEDICAL INFORMATION

Describe any significant accidents or surgeries that would limit the student's activities on campus:

Describe any known disabilities in vision, hearing or speech:

Describe any known disabilities emotionally, psychologically, or physically:

Prescription medications needed during school hours on an ON-GOING BASIS (including inhalers):

**PRESCRIPTION MEDICATIONS** (*Physician Signature Required*)

Medication Name	Amount/Frequency	Reason for Medication
Physician Name: _____ Physician Signature: _____		

Non-prescription medications needed during school hours on an ON-GOING BASIS:

**NON-PRESCRIPTION MEDICATIONS**

Medication Name	Amount/Frequency	Reason for Medication

**NOTE:** All prescription and non-prescription medication should be in its original container with printed directions on the label, and the student name clearly written on the container.

California Education Code Section, 49423 allows designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, to maintain, or improve his/her potential for education and learning. However, this is a service or accommodation that the school is not legally required to perform. This is to be recognized by all parties signing this form, and in so signing, they agree to hold the school or its personnel free from any or all suits that might arise out of these arrangements.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, request that the staff at **Heights Christian Junior High** administer the medication(s) as described above to my child in accordance with my written instructions above. I will notify the school immediately if there are any changes in medication or physicians.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# HEIGHTS CHRISTIAN SCHOOLS

Heights Christian Jr. High • HCS - Brea Friends Campus • HCS - Chino Hills Campus • HCS - La Mirada Campus

## INTERNATIONAL STUDENT TUITION AND FEE SCHEDULE • 2011-2012

### ACADEMIC PROGRAM

<b>APPLICATION FEE:</b>	<b>\$750</b>	Due with Application; Non-refundable
<b>ANNUAL REGISTRATION FEE:</b>	<b>\$395</b>	Due each school year with tuition; Non-refundable
<b>ANNUAL TUITION – ELEMENTARY CAMPUSES:</b>	<b>\$9,100</b>	Due In-full; Non-refundable
<b>ANNUAL TUITION - JUNIOR HIGH CAMPUS:</b>	<b>\$10,100</b>	Due In-full; Non-refundable

### ACADEMIC CALENDAR

- ◆ **1<sup>st</sup> Semester:** early September to late January
- ◆ **2<sup>nd</sup> Semester:** late January to early June
- ◆ **Summer Break:** June, July, August  
During summer break, day camp is available at all three of our elementary schools. Day camp is open to all children in the community who are *entering* grades K-7<sup>th</sup>.

### APPLICATION AND REGISTRATION INFORMATION

- ◆ The **Application Fee** is due at the time of application and is non-refundable. This fee includes processing the application, issuing the Form I-20, and one-time testing for student placement. The application will not be processed until all paperwork is turned in.
- ◆ The **Registration Fee** is an annual fee due each new school year, regardless of what time of year the student enrolled. The registration fee is due with the tuition payment and is non-refundable.
- ◆ The **Registration Fee** includes: textbook usage, consumable supplies, office records, supplemental student accident insurance, SAT testing, yearbook materials, earthquake kits, and ACSI membership.

### TUITION INFORMATION

- ◆ Tuition is an annual fee.
- ◆ Tuition is due in-full and is non-refundable.
- ◆ Tuition and all other payments are due in U.S. currency.
- ◆ **Your account must remain current. All Payments are due on the 1<sup>st</sup> of the month** (day care, extra-curricular activity fees, fines, etc.). Payments received after the 5<sup>th</sup> of any month will be assessed a late fee of \$25.00. Report cards will be held until your account is made current.
- ◆ A service charge of \$40.00 will be assessed for each NSF check or NSF E-check. After two NSF occurrences, *only* cash, credit, or money orders will be accepted for future payments.

### I-20 INFORMATION

- ◆ Our school is authorized under Federal law to enroll non-immigrant International Students. International Students must submit all required documents to our school prior to us issuing the I-20. Once all documents are turned in, please allow the school office two days to process.

MORE ON REVERSE SIDE

## EXTENDED DAY CARE PROGRAM

### BREA FRIENDS (TK-4) & LA MIRADA (TK-5)

	TIME	YEARLY	10 EQUAL PAYMENTS	12 EQUAL PAYMENTS
Morning	6:30AM – 8:00AM	\$580.00	\$58.00	\$48.33
Afternoon	3:00PM – 4:30PM	\$765.00	\$76.50	\$63.75
Late Afternoon	3:00PM – 6:00PM	\$975.00	\$97.50	\$81.25
Combined	6:30AM – 6:00PM	\$1465.00	\$146.50	\$122.08

### CHINO HILLS (K-6)

	TIME	YEARLY	10 EQUAL PAYMENTS	12 EQUAL PAYMENTS
Morning	6:00AM – 8:30AM	\$740.00	\$74.00	\$61.67
Late Afternoon	3:00PM – 6:30PM	\$1065.00	\$106.50	\$88.75
Combined	6:00AM – 6:30PM	\$1625.00	\$162.50	\$135.42

### JUNIOR HIGH (6-8)

	TIME	YEARLY	10 EQUAL PAYMENTS	12 EQUAL PAYMENTS
Morning	6:45AM – 7:15AM	\$300.00	\$30.00	\$25.00
Late Afternoon	3:30PM – 6:00PM	\$750.00	\$75.00	\$62.50

## HOLIDAY & EMERGENCY DAY CARE

<b>HOLIDAY DAY CARE:</b> (ELEMENTARY ONLY)	<b>\$15.00</b> PER DAY Martin Luther King’s Birthday, Veteran’s Day, Teacher In-Service days, Teacher Conference days, half-days, Easter Break, Christmas Break (first week).
<b>EMERGENCY DAY CARE:</b>	<b>\$5.00</b> PER HOUR Limited to 5 uses per year. Available only during Extended Day Care hours.

## EXTENDED DAY CARE INFORMATION

- ◆ Payments for Day Care are due on the 1<sup>st</sup> of the month; late fees will apply.
- ◆ A charge of \$1.00 per minute is charged for students picked up after 6:00PM (6:30PM for Chino Hills).
- ◆ Participation in Extended Day Care is a privilege. Violation of any of the conditions of school enrollment may result in a student being refused the use of the Extended Day Care program.

## HOLIDAY DAY CARE INFORMATION

- ◆ Elementary students enrolled in **Combined** Extended Day Care will receive Holiday Day Care at no extra charge, except for Easter Break and Christmas Break. Easter and Christmas breaks are an additional fee.
- ◆ There is no Holiday Day Care available at the Junior High.
- ◆ All campuses and school offices are closed on the following holidays: Presidents’ Day, Memorial Day, Labor Day, Thanksgiving (Thursday and Friday), and Christmas break (second week: Dec.24<sup>th</sup> @ 1:00 PM to Jan. 1<sup>st</sup>). There is no Holiday Day Care available on these days.



**WE ACCEPT VISA, MASTERCARD, AND DISCOVER.**

Payments can be made with credit card, debit card, or e-check via our website.  
Payments can also be made with cash, personal check, or money order in the school office.

**Non-Discrimination Policy:** Our schools admit students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.

# HEIGHTS CHRISTIAN SCHOOLS

Heights Christian Jr. High • HCS - Brea Friends Campus • HCS - Chino Hills Campus • HCS - La Mirada Campus

## INTERNATIONAL STUDENT PROCESS

Student Name: \_\_\_\_\_ Grade Enrolling: \_\_\_\_\_ School Year: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

### Step 1: Apply to our School

Submit copies of the following documents to our school office:

- Student Registration** (School Form)
- Student Emergency Card** (School Form)
- Passport**
- Birth Certificate** (Translated & Certified)  
*Must include student name, birth date, and birth place.  
Name on Birth Certificate must match name on Passport.*
- Immunization Record** (Translated & Certified)  
*Student must be up-to-date.*
- School Transcript** (Most recent year; Translated & Certified)
- Host Identification** (Person the student will live with)  
*Driver's License or passport or permanent resident card of Host*
- Host Proof of Residency** (Place the student will live at)  
*Utility bill showing name and address of Host*
- Application Fee** (non-refundable)
- Copy of I-20 from previous school** (transfer students only)

### Step 2: Issue I-20

After the above **documents** and **application fee** are submitted, the school will input the student information into SEVIS (the government system), and will then print out and sign the I-20. Please allow 2 days for the school to process the I-20.

The school can either mail the I-20 to you, or you can have someone pick-up the I-20 in the school office.

### Step 3: Apply for Student Visa

The student will use the I-20 to apply for a Student Visa through the U.S. Embassy.

### Step 4: Enter the Country

The student can enter the country up to **30 DAYS** before their scheduled program start date.

When entering the country, the student will show their Passport, Student Visa, and signed I-20 at the port of entry.

At the port of entry, an official will stamp the I-20. The official will also issue and stamp an I-94 Departure Record for the student to keep while in the country.

### Step 5: Report to School

The student must report to the office on the first day of school, and bring the following:

- I-20** (Stamped at Port of Entry)
- Student Visa**
- I-94** (Stamped at Port of Entry)
- Registration Fee** (non-refundable)
- Tuition Payment** (non-refundable)

After the student reports to the school office with the above items, the office will make copies of the items, and then "activate" the I-20.

- If the student enters the country but does not report to the school within **30 DAYS**, the school must "Terminate" the I-20, and the student will have **15 DAYS** to leave the country.
- If the student has not yet entered the country, and the start date has not yet passed, the student can call the office and request to "Defer the Start Date" to a later date.
- If the student does not enter the country by the program start date nor contact the school, the school will "Cancel" the I-20.

### Step 6: Maintain Status

To maintain status the student must continue to **attend class**, and **notify the school** within **10 DAYS** of any of the following:

- Change of address or phone number
- Plans to withdraw or transfer
- Plans to travel outside the U.S.

*If school is not notified, the I-20 could be "Terminated."*

### Step 7: Program End Date / Close Record

When the student reaches their program end date (and does not re-enroll or transfer), the student I-20 record will automatically close after 60 days. The student has a **60 DAY** grace period in which to leave the country after their program end date.