



2014-2015

Middle/High School International Student

7200 Emerson Road, Brooksville, FL 34601 Telephone: 352-796-0616 FAX: 352-799-3400

Hernando Christian Academy

Dear Prospective HCA Family,

Thank you for taking this first step in choosing Hernando Christian Academy as your comprehensive educational partner in your child's education!

The scriptures state, "Train-up a child in the way he should go, and when he is old he will not turn from it (Proverbs 22:6 NIV)." By choosing HCA, you are choosing us to partner with you in this responsibility.

We receive this as a tremendous honor and a high duty.

Therefore, each step of the admission process is to ensure a good fit between your family and the school. Our desire is to partner with parents whose children are most likely to grow and flourish in our rigorous Christ-centered academic program which seeks to prepare a student for college and life.

Please, should you have any questions at any point in the admissions process, do not hesitate to contact our school admissions office.

Again, thank you for taking this first step toward HCA admission, and may our Lord richly bless you in this decision and throughout the process!

By His Amazing Grace,

Ken Alvarez, Superintendent

Hernando Christian Academy

APPLICATION PROCESS

We appreciate your interest in applying to Hernando Christian Academy (HCA). This packet contains documents needed for every grade level. Please complete those that apply to your child(ren). If at any time during the application process you have questions, please contact our admissions office for assistance.

Your child's application is complete when the following has been turned in. All materials must be translated into English:

_____ Completed Application for Admission

_____ Power of Attorney/Liability Release

_____ Parental Information

_____ Homestay Information

_____ State of Financial Eligibility

_____ Report cards from 8th grade to present

_____ Educational Background- Athletics

_____ Health and Immunization Records

_____ Parent Form

_____ Copy of Birth Certificate (optional)

_____ Honor Code-Student Form

_____ Copy of passport I.D. and Visa

_____ Student Questionnaire & Essay

_____ Current picture (given to host family)

_____ English Teacher Reference Form*

_____ Picture of your family

_____ Payment must be made in full, 4 weeks before student plans to arrive in the United States or when the student's visa is approved, if applying after that period of time.

**(Students will attend academic classes in English and therefore need the ability to communicate in English in order to succeed in his or her coursework. Tutoring is available for an additional fee, but entrance in our school is not recommended for students just beginning to learn English. If a student is not successful in a course due to low English proficiency, they will be classified as attending to learn English rather than attending to receive academic credit toward a high school diploma.)*

Registrar must receive completed forms and full payment before we can continue the enrollment process. Please double check for signatures where applicable.

Admissions: After completion and submission of all above documents and payment is received, an I-20 will be processed. We will email a copy of the I-20 to you and then send the original.

Student Conference: When you arrive in the United States you will be contacted to schedule a time to discuss the partnership between the school and the student for their success 'intellectually, physically, spiritually and socially' (Luke 2:52). We will have you examine copies of our books to determine the correct placement level for your courses and determine your school schedule. Schedule changes may be completed during the first week of classes.

Application for Admission

Application Date _____ Application for Admission to Grade _____ Academic Year _____

Applicants Full Name- First _____ Middle _____ Last (Family Name) _____

Preferred to be called by _____ OR _____ I prefer the school to select an American nickname

PASSPORT INFORMATION

Name as it appears on passport: _____

Passport Number _____ City where passport was obtained _____

Date of Issuance _____ Date of Expiration _____

Date of Birth ____/____/____ Gender _____ Country of Birth _____

Country of Citizenship _____ Native Language _____

Languages with basic proficiency ability: _____

English proficiency _____

Permanent Foreign Address _____ City _____

Province _____ Country _____ Postal Code _____

Home Phone _____ Fax Number _____

Home E-Mail Address _____

If you have a U.S. driver's license: State Issued _____ Driver's License Number _____

If you have a U.S. Social Security Number, list number here: _____

VISA INFORMATION

Do you presently have a United States Visa? ____ yes ____ no If yes, what type? _____

Are you a transfer student currently in the United States with an I-20? ____ yes ____ no

Are you a United States permanent resident? ____ yes ____ no

Are you a United States citizen? ____ yes ____ no

Hernando Christian Academy

PARENTAL INFORMATION

Father/Guardian

Name _____ Relationship to Child _____

Address _____

Home Telephone _____ Cellular Phone _____

Occupation _____ Employer Telephone _____

Employer _____ Email _____

Mother/Guardian

Name _____ Relationship to Child _____

Address _____

Home Telephone _____ Cellular Phone _____

Occupation _____ Employer Telephone _____

Employer _____ Email _____

IMMUNIZATION RECORD FOR SCHOOL ADMITTANCE

Students must submit a copy of their current record of immunization and health. Students will be required to submit a copy of all immunizations and their physical, including those records obtained during their departure from their home country, when they arrive at the school. (See page 15 for form)

Four or five doses of diphtheria, tetanus, and pertussis vaccine

Three or four doses of polio vaccine

Two doses of measles, mumps, and rubella vaccine

Two or three doses of hepatitis B vaccine

Two doses of varicella vaccine

One dose of tetanus-diphtheria-pertussis vaccine (Tdap)

Health insurance is included with tuition, but not all services are covered. If a co-payment or deductible is required, it is the student's responsibility for any and all charges.

Note: If students arrive without proper immunizations, they will be taken to a local health department or doctors office and acquire needed immunizations. Well care and immunizations are not covered by health insurance and any charges will be the responsibility of the student. If a student is not in compliance they cannot attend school in the United States.

Hernando Christian Academy

STATEMENT OF FINANCIAL ELIGIBILITY & TUITION/FEE AGREEMENT

Fill out this section only if you are requesting a SEVIS form I-20. All students requesting an I-20 must demonstrate evidence of financial support for their stay in the U.S.

Tuition (contact our international student department for prices) includes books, health insurance, homestay and activity fees; it does not include airfare, clothing, personal items or spending money. We do not charge a separate registration fee and we do charge for an emergency fee. All fees are non-refundable including the homestay fee, with the exception that if a student does not get a visa, a portion of the deposit will be refunded. If a student commits a status violation, it is the families' responsibility for any and all costs including cost of student returning to their home country. Potential status violations include: absent from country for five months, drop below full course load, death, expulsion, failure to re-enroll, unable to comply with school or host family rules, or has poor school attendance (absent over 18 days per school year). If a student has committed a status violation, their F-1 status with SEVIS will be terminated and the student must immediately leave the United States.

Refund Policy- The following policy applies when fees are paid:

- 1. A deposit of \$5,000 is required after the student receives a pre-acceptance letter prior to I-20 issuance.***
- 2. The deposit, less a \$500.00 fee, is refunded if a student's VISA is denied for any reason. (Refund requests must be made within 3 months.)***
- 3. A full year's tuition and fees is due after a student obtains a VISA. Students may enroll for a partial year. Tuition for a partial year is the same as a full year, but if the student successfully completes the year, a partial credit will be given towards the following year's tuition. (The amount of the partial year credit will be listed on the pre-acceptance and is determined by when the student enters the school.)***
- 4. All tuition and fees must be made prior to scheduling flights and arriving in the US.***
- 5. The deposit and any tuition and any other fees paid are non-refundable after obtaining a VISA, no matter whether the student reports to school or not. No refund of tuition or fees, including the homestay fee, is given for any student who has been admitted into any of our school programs, regardless of circumstances (i.e. withdrawal, transfer, being expelled, being asked to leave school, deciding to go to another school, scoring low on end of the year evaluation and therefore not being able to return the following year.)***

By signing this agreement, I understand and agree to the payment and relating policies above. I understand and accept all of the policies of the Student Handbook, which is available on the school's official website.

Parent's signature

Date

Name and address of person responsible for the payment of student's expenses:

Name: _____

Address: _____

Country _____ ***Home Phone*** _____ ***Fax Number*** _____

E-Mail Address _____

Hernando Christian Academy

EDUCATIONAL/BACKGROUND INFORMATION & ATHLETICS

Applicant's Current School and Address: _____

School Telephone _____ Private _____ Public _____ Years Attended _____

Name of principal/headmaster/head administrator of school: _____

Has your child ever repeated a grade? _____ if so, state grade and date: _____

Has your child ever been suspended, expelled or asked to withdraw from school? _____

Has your child been involved with alcohol, drugs, tobacco products, or sexual immorality? _____

Has this child ever been evaluated for academic, behavior, emotional or attention difficulties by a school official, psychologist, physician, or any other professional? _____. Does your child take any prescription medication daily? _____

If you answered yes to any of the above four questions, please submit the details on a separate piece of paper.

List the following information for all schools attended by student since he/she first entered the 8th grade/year or the equivalent if applicable:

Grade/Year	Name of School	City/Country	School Year
8 th	_____	_____	_____
9 th	_____	_____	_____
10 th	_____	_____	_____
11 th	_____	_____	_____

Athletic Recruitment

Hernando Christian Academy is an educational institution and follows the guidelines of the Florida High School Athletic Association (FHSAA). Please note that we do not ask if your child is planning on playing sports or has any athletic ability. We do not guarantee your child is eligible, will be selected for a team, or offer a discount/scholarship to participate in any aspect of our athletic program. According to FHSAA rules, any student who obtains housing through a school or lives with a school employee must go before their board to attest that they were not recruited to play sports for the school they are attending in order to possibly attain eligibility.

I attest that Hernando Christian Academy did not inquire or obtain information in reference to my child participating in their athletic program.

Parent's Signature: _____ Date: _____

Hernando Christian Academy

PARENT FORM

We are in support of the educational philosophy, objectives, Student Handbook, standards of conduct and the principles of this covenant. We will cooperate with the administration and teachers in a spirit of partnership in the training of our child(ren).

If at any time during the training of our child(ren), we can no longer work together in a spirit of unity, and all reasonable avenues of communication are exhausted, we will withdraw our child(ren) from Hernando Christian Academy.

If you have any questions or concerns, please email us your questions to our office through our information site at info@HernandoChristian.org.

We have read, understood and will abide by the HCA Family Covenant, HCA Statement of Faith, and HCA Technology Usage Policy found online under the Publications section at www.HernandoChristian.org.

We hereby authorize and give full consent to Hernando Christian Academy to publish and copyright all photographs in which my child appears in while enrolled as a student in any and all programs of Hernando Christian Academy. I further agree that Hernando Christian Academy may transfer, use or cause to be used these photographs in school brochures, newsletters, advertising, posters, displays, slide shows, video tapes, catalogs, CD-ROMs/DVDs, and like publications, literature, or material without limitations or reservations.

Additionally, I agree that use of a photograph or photographs does not constitute, in any manne,r a waiver of Hernando Christian Academy policies, programs, or rules, nor does continued use constitute an agreement to continue the children's enrollment.

A student must be under supervision at all times and may not leave their host home without prior approval. If a student desires to leave the host home for a trip or vacation the parents must sign a "Release of Liability" and a person 25 years or older who will supervise the student during the trip/vacation must sign an "Acceptance of Liability" form. These forms must be approved a minimum of two weeks before the trip/vacation. If a student leaves without proper approval they will be dismissed from the program.

We understand that willful disobedience, by our child(ren), of these principles and guidelines may result in dismissal from Hernando Christian Academy and there will be no refund of tuition or fees paid.

We certify, under penalty of perjury, that all information provided in this application was completed before we signed this form and is true and correct. We certify that our child is seeking to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at Hernando Christian Academy. We also authorize Hernando Christian Academy to release any information from our child's records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine our nonimmigrant status.

Father's Signature (or Legal Guardian)

Date

Mother's Signature (or Legal Guardian)

Date

Hernando Christian Academy

HONOR CODE - STUDENT FORM

I desire to attend Hernando Christian Academy or am willing to be under the authority of my parents in submitting and deferring to their wishes concerning enrollment at Hernando Christian Academy.

I understand that Christian teachers are in partnership with my parents and host family. I will strive to obey them also as they seek to train me according to God's Word. I have read and understand the HCA Technology Usage Policy. If you have any questions or concerns, please email Hernando Christian Academy at info@HernandoChristian.org. I promise to commit myself, as a part of a school community, to live in accordance with what the school represents and believes. I promise to take my school work seriously, to be honest in all things and to apply myself to my studies. I promise to abide by the school policies concerning student conduct, dress and lifestyle as found in the Parent/Student Handbook (available online at HernandoChristian.org). This includes abstaining both on and off campus from the use or possession of tobacco, alcoholic beverages, illegal drugs, profane language and immoral behavior. The administrative team reserves the right to search any item on campus, including but not limited to backpacks, lockers and vehicles, or in the host home at any time at its discretion. International students must stay under the supervision of an adult and may not leave campus or their host home without proper authorization. Therefore, students are not allowed to drive a motorized vehicle (car, van, motorcycle, etc. unless under the supervision of a certified driving school. Students must follow directives given by the host family in connection with dating; students are not allowed to go off by themselves including on holidays. Students wishing to leave campus for the holidays must approve their trip a minimum of two weeks in advance which includes permission from their parent(s), host family and school administration, and they must be supervised by someone that is a minimum of 25 years of age. Students understand that they will live in a home stay program and are expected to become a part of a host family. Students must obey the host family rules including the place and usage of electronics (some homes request that electronics be used in the living area rather than a bedroom). Students should not use electronics after 11 pm at night to allow adequate rest on school nights. Students must attend school every day unless they are ill (running a fever or vomiting) unless they have school approval to be absent. Students are expected to participate with their families in activities such as eating meals, traveling, completion of homework, church attendance and helping with household chores or projects. Host families are primarily from middle class homes and usually do not have maids; therefore, you are expected to clean up after yourself and to keep your bedroom and bathroom clean. HCA does not guarantee the type of family you will be placed with. If a student has a problem with their host home, the student should go the host parents first to try to solve the problem. If the problem is not solved, an appointment will then be made with the parent, student and school administration. Students cannot change host homes unless the administration feels it is in the best interest of the student. Students may not change homes because they do not like the host home rules or to avoid serving a punishment. If administration feels a change in home stay is necessary, we will move students one time only. I understand that willful disobedience of these principles and the guidelines of the Student Handbook may result in my dismissal from Hernando Christian Academy and there will be no refund of tuition or fees paid. I agree with these provisions for all years of attendance at Hernando Christian Academy.

Student's Signature _____

Date _____

Hernando Christian Academy

STUDENT QUESTIONNAIRE & ESSAY

1. Why would you like to attend Hernando Christian Academy? _____

2. Which academic subjects are of greatest interest to you and why? _____

3. Which academic subjects are of least interest to you and why? _____

4. Describe any creative activities (musical, artistic, literary, and dramatic) in which you are involved. _____

6. Do you attend a church, if so what religion? _____

7. Describe any jobs in which you are involved either in or outside of the family. _____

8. What are the most important things in life to you? _____

Student Writing

This portion of the application will help the admissions office get to know you as a person and pick a host family for you. On a separate paper write an essay that tells about your family, your interests, things that you have accomplished, what you would like to do while you are in the United States and the type of family you would most like to stay with. Also include what your typical day is like and the types of food you eat.

Hernando Christian Academy

English Teacher

Recommendation Form- Page 1 of 2

WAIVER: By signing below, I agree to waive my right of access to any information provided to Hernando Christian Academy by the teacher/administrator who completes this form: Therefore, I give permission to release the information below.

Parent's Signature _____ Date _____

Student's Name _____ Current Grade: _____

Teacher's Name _____

Teacher's Signature _____

Teacher's Email Address _____

DEAR ENGLISH TEACHER, Please complete this form as thoroughly as possible. The applicant's file will not be complete without the return of this form. We appreciate your time and comments. Give this form to the student to be mailed with application or email answers to CMcAllister@HernandoChristian.org

How long have you known the student? _____ approximate number of years of English _____

Please evaluate the student as "E"-Excellent; "G"- Good; "F"- Fair; "P" – Poor

_____ Overall academic standing _____ Willingness to cooperate

_____ Ability to interact well with peers _____ Friendly personality

_____ Ability to interact well with teachers _____ Ability to cope with problems

_____ Open mindedness _____ Maturity

Do you believe that the above student's ability in English is proficient enough to succeed in taking a math , history or science class taught solely in English? _____

Please describe this student's strengths and inclinations, including any unique challenges in meeting the needs of this student. _____

Hernando Christian Academy

English Teacher

Recommendation Form- Page 2 of 2

Please check what ability level in English you feel the above student rates (please check one only)

- Student has memorized some words and basic phrases in English*
- Student understands words and is beginning to compose short sentences*
- Student understands and participates in basic English conversations, but has to put forth a lot of effort*
- Student understands and participates in basic English conversations, but needs practice*
- Student can understand most conversations. Student can go beyond basic responses and elaborate thoughts.*
- English responses, although not perfect, come naturally. Has good vocabulary and understands almost everything.*
- Student possesses near fluency. Sentence structures are near perfect. Can understand and respond to difficult questions.*
- Absolute proficiency in English; student is able to both understand and converse, dealing with abstract terms.*

Any concerns or comments concerning this student's ability or with this student in traveling to the United States and participating in a home stay educational program:

Hernando Christian Academy

POWER OF ATTORNEY AND LIABILITY RELEASE

I, _____, of _____, being the parent of
(Parent or Guardians Name) (Address)

_____, a minor attending school in
(Student's Name)

Brooksville, Florida; hereby appoint any Hernando Christian Academy employee, host parent of the above listed student, or person designated by the school as my true and lawful attorney-in-fact, for me, and in my name, place, and stead, to allow guardianship for travel for school trips, host family vacations including cruises and foreign travel, and/or authorize, order, purchase, and contract for such hospitalization, medical treatment, or surgical operations or procedures as he or she shall deem necessary for my above child in the event of said child's injury or illness as long as they are enrolled at Hernando Christian Academy. The above named may generally do and perform, in my name, all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present.

We hereby release Hernando Christian Academy and all of its employees and host families from all liability, damages or claims which were incurred during the time of my child participating in their school program.

We understand that, on occasion, students may choose to be transported by vehicles not operated by the School and we hereby release the school and all of its employees and host families from all associated liability.

We understand that, on occasion, students may be injured in daily activities or while playing sports and we hereby release the school and all of its employees and host families from all associated liability. We understand that we, the parents, will be responsible for all charges associated with illness and or accidents not covered by the health insurance policy.

We understand that our child will be subject to the authorities and teachers of Hernando Christian Academy and that he or she will have to follow the rules given by the family with whom he or she may live. We understand that our child must comply with all local and state laws. We understand that our child and family must comply with all policies regarding the United States foreign exchange program. We also understand that the school reserves the right to terminate the participation in the homestay program of any participant whose conduct may be considered detrimental or incompatible with the interest and security of the program. We understand that if this course of action is ever taken, the participant and we (his or her parents, or legal guardians), will be formally warned and have no right to any refunds. We agree that we are also financial responsible for any damages or charges incurred due to our child's negligence in not complying with the above listed rules, laws, and/or regulations.

The participant agrees to accept and uphold the standards of conduct set by Hernando Christian Academy, and the family or families with whom he or she may live, for the duration of the program. He or she agrees to maintain friendly and respectful relations with his or her teachers and classmates and, especially, with all the members of the family with whom he or she may be living, to accept the rules of conduct imposed by said family, to participate in the family life as much as possible, to try his or best to adjust to the normal system of family life, and to treat all the members of the family with respect.

The Parent and Student must sign in front of a witness who is willing to verify the signing of the form.

Signature of Student: _____ Date: _____

Signature of Parent: _____ Date: _____

Witness Name, Address & Phone Number: _____

Hernando Christian Academy

HOMESTAY INFORMATION

This form will be used to select a host home for you and will be given to the host family.

Name: _____ Date of Birth: _____ Sex: _____

Email address for your host family to write to you: _____

Arrival Date, Time and Flight Number if known: _____

Hobbies: _____

Other countries I have visited: _____

Some things I like: _____

Some things I don't like: _____

Will you bring a laptop computer yes no plan to buy one in the US

Which of these applies to you? Check all that apply:

Sociable Quiet Shy Talkative Athletic Neat

Do you have any medical conditions that we should be made aware of? _____

Do you have any medications you take on a regular basis? _____

Do you have any allergies? _____

Do you have any food restrictions? _____

Do you know how to swim? _____

Most US homes have pets (dogs, cats, fish). Are there are pets you are allergic to or would not want in your home?

Which would you prefer? A home with no other children A home with other children

Religion _____ (Note: students will be attending a Christian school and live with a Christian family. Students will be expected to attend a Christian church if the host family is attending.)

Emergency Contact Information: Contact person (with English speaking skills) to notify in case of an emergency:

Name: _____ Relationship to Student: _____

Telephone number and country: _____ Email: _____

Please attach a current picture which will be used by the host family and teachers to identify you. We would also like a picture of you with your family.

Hernando Christian Academy

HEALTH & MEDICAL RECORD QUESTIONNAIRE

Student Information	Student's Name: _____ Address: _____ City: _____ Country: _____ Telephone: _____
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Physician Information	Physician's Name: _____ Address: _____ City: _____ Country: _____ Telephone: _____
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Medical History	<p>Have you had? Please check all that apply.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Concussion or Head Injuries</td> <td><input type="checkbox"/> Sexually Transmitted Disease</td> </tr> <tr> <td><input type="checkbox"/> Mumps</td> <td><input type="checkbox"/> Rheumatic Fever or Heart Disease</td> <td><input type="checkbox"/> Strokes</td> </tr> <tr> <td><input type="checkbox"/> Chickenpox</td> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Tuberculosis</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Broken Bones</td> </tr> </table> <p>Have you ever been hospitalized, had surgery, or been under extended Medical care? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, for what reason? _____</p>	<input type="checkbox"/> Measles	<input type="checkbox"/> Concussion or Head Injuries	<input type="checkbox"/> Sexually Transmitted Disease	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rheumatic Fever or Heart Disease	<input type="checkbox"/> Strokes	<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cancer	<input type="checkbox"/> Broken Bones
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<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Tuberculosis											
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cancer	<input type="checkbox"/> Broken Bones											

Immunization Requirements	<p><i>Pupils enrolled in kindergarten through grade 12 (in the United States) are required to have written proof on file at their public or nonpublic school that they have been immunized against DPT (diphtheria, pertussis, tetanus), poliomyelitis, measles, mumps and rubella and Hepatitis B. Failure to do so is cause for exclusion from school. Required immunizations may vary from state to state.</i></p> <p>MINIMUM IMMUNIZATION REQUIREMENTS: Five or more doses of DPT, DT (Pediatric), TD (Adult) vaccine or a combination thereof. Three or more doses of trivalent oral polio vaccine (TOPV). Two doses measles vaccine. Three doses of Hepatitis B Two doses mumps vaccine. Two doses of Varicella (Two doses required if first doses issued after thirteenth birthday) Two doses rubella vaccine.</p> <p>If the final dose of any of the above vaccines occurs before the third birthday, a booster shot is required.</p>
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Immunization Record	DPT	1.	2.	3.	4.	5.	<i>Booster if Required</i>
		<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>
	TOPV		1.	2.	3.		<i>Booster if Required</i>
		<i>Date of Disease</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	
	Measles		1.	2.		<i>Booster if Required</i>	
		<i>Date of Disease</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>		
	Mumps		1.	2.		<i>Booster if Required</i>	
	<i>Date of Disease</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>			
Rubella		1.	2.		<i>Booster if Required</i>		
	<i>Date of Disease</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>			
Hepatitis B		1.	2.	3.			
	<i>Date of Disease</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>			
Varicella (chickenpox)		1.	2.	3.			
	<i>Date of Disease</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>			

Physician Signature	Signature of Physician: _____ Date: _____ <p style="font-size: small;"><i>Any immunizations not available in your country are available here, but they are expensive and are not covered by insurance. The student must be prepared to pay for any immunizations they receive in the USA. Please make every effort to obtain all immunizations before your departure from your home country.</i></p>
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