

For Office Use Only
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Multi Family _____

TRI-CITY CHRISTIAN ACADEMY
 2211 W. Germann Road • Chandler, Arizona 85286
 Phone: 480-245-7902 • FAX: 480-245-7908 www.tcawarriors.org

APPLICATION FOR INTERNATIONAL STUDENT ADMISSION
 Complete ALL information for your application to be considered. (Please print or type)

STUDENT INFORMATION

Student's Name _____
Last First Middle Name English Name (if preferred)

Date of Birth (MM/DD/YYYY) _____ Age _____ Birthplace _____ Male Female

Ethnic Origin Asian Black African/Caribbean European Mexican Middle Eastern Other

Home Country Address _____

_____ Suburb/Town Postcode Country Country of Citizenship

(Home Phone) _____ Include country, state, and city codes (Mobile) _____ Include country, state, and city codes

(Email) _____

Academic Information Applying for Grade _____ For Term Beginning _____ Fall Spring
Year

Please list schools currently/previously attended:

School	Address	Dates	Grades Completed

PARENT(GUARDIAN) INFORMATION

Father/Stepfather/Guardian Name _____
Circle One Last First Middle Initial

Address: _____

(Home Phone) _____ (Mobile) _____

(Work Phone) _____ (Email) _____

Employer _____ Occupation _____

Marital Status: Married Separated Divorced Widowed Single

Mother/Stepmother/Guardian Name _____
Circle One Last First Middle Initial

Address: _____

(Home Phone) _____ (Mobile) _____

(Work Phone) _____ (Email) _____

Employer _____ Occupation _____

Marital Status: Married Separated Divorced Widowed Single

Student lives primarily with: Mother & Father Mother Mother and Stepfather Father and Stepmother

One Parent Deceased Other _____ Relationship _____

Who has legal custody? _____

STUDENT INFORMATION

To be filled out by the student in English

1. Student Name _____
2. Do you attend church regularly? Yes No Denomination _____
3. Church Name _____ Pastor's Name _____
4. Address _____
5. Give your personal testimony, and describe your present relationship with Jesus Christ? (25 words or less).

6. Why do you wish to attend Tri-City Christian Academy (25 words or less)

7. How many years have you studied English? _____
8. How many hours per week do you now spend in English classes? _____
9. Please rank your English ability: Low Average Intermediate Advanced
10. What books have you read in English recently? _____
11. How long do you plan to study in the United States? _____
12. Where do you want to go to college? _____
13. What extra-curricular activities do you enjoy? (sports, music, drama, art, etc.) _____

14.

Have you ever:	YES	NO	If yes, please explain your current attitude toward and/or use of these substances.
Used Alcohol			
Used Tobacco (any form)			
Used illegal drugs or abused drugs of any kind			

STUDENT ESSAY

Student's Name _____
Last *First* *Middle Name* *English Name (if preferred)*

Please select one of the following subjects, and write a 150-250 word response in English. Attach additional pages as needed.

- Describe a person you admire or who has influenced you in a positive way.
- Describe the qualities you like best about yourself.
- Describe your favorite place, and explain why it is important to you.

Student's Signature

Date

STUDENT STATEMENT OF INTENT

INTERNATIONAL STUDENT RULES:

- Students must obey the laws of the United States and their home country. They must represent their country in a positive manner.
- Students are not permitted to purchase or drink alcoholic beverages.
- Students are not permitted to purchase or use tobacco products.
- Students are not permitted to use illegal drugs or to abuse drugs of any kind.
- Sexual immorality is not allowed. Forbidden activities include sexual contact, possessing or using sexually explicit materials (printed materials, videos/CD's, internet sites, etc.), or visiting pornographic shops or adult theaters.
- Students are not permitted to possess dangerous weapons of any type.
- Each student must live with a guardian.
- Students must show respect for their host families by following family rules, voluntarily helping with family chores, and maintaining confidentiality regarding the families' private concerns.
- Students must follow school rules, attend school daily, complete all school assignments, and maintain at least a "C" average.
- Students must cooperate with school policies as outlined in the *TCA Parent/Student Handbook* and must cooperate with teachers and school authorities. Students must show respect for all faculty and staff and follow their instruction.
- Students must regularly attend church worship services.
- Students must not use inappropriate language.

STUDENT STATEMENT:

By signing this application, I am indicating it is my personal desire to attend Tri-City Christian Academy and I agree to obey all school rules, including rules forbidding swearing, weapons, violence, sexual immorality, and the use, possession or selling of alcohol, tobacco, drugs and narcotics. I understand that all rules apply for the entire year, on and off the Tri-City campus. If I change my mind concerning the general rules, I will voluntarily withdraw from the school. I also realize that if I break the rules, my continued enrollment will be subject to immediate review, and my visa may be terminated. Finally, I understand and agree that my conduct as a student is continuously governed by the rules and regulations as stated in the Parent/Student Handbook and any additional rules as outlined by my teachers and administrators at Tri-City Christian Academy

Student's Signature _____ Date _____

PARENTAL CONSENT AND ACKNOWLEDGEMENT

1. COMPUTER/INTERNET USAGE GUIDELINES

The Internet is an unregulated network of millions of computers that changes and grows constantly. Although students will be using the Internet for supervised educational experiences, it will be very difficult to monitor and screen all information received. Students and parents must be aware of that possibility when students are granted permission to utilize the school's technology resources. All students in grades 7-12 will have access to the computers for instruction or school-related research.

Responsibilities for Computer/Internet Use

- The user exercising his/her right to use hardware/software/Internet as an educational resource shall also accept the responsibility for the preservation and care of that hardware and/or software and for all material received. Only those users who have received training or have prior experience shall be authorized for use.
- It is the user's responsibility to make sure no hardware or software is destroyed, modified, or abused in any way.
- No hardware or software may ever be removed from the room where it is commonly used.
- The user is responsible for not bringing food and drinks into any room containing computers or other electronic equipment.
- The user is responsible for not sharing passwords or allowing use by non-authorized students.
- It is the user's responsibility to abide by copyright laws. Making copies of copyrighted materials is forbidden.
- NO personal software may ever be brought in from outside the school and loaded onto the computers.
- Users have the responsibility to make only those contacts leading to justifiable personal and academic growth on the Internet. Good judgment must be used in determining whether or not a web site being accessed reflects the mission of Tri-City Christian Academy and the Christian values being taught.
- Users have the responsibility to report inappropriate material discovered or received via the Internet.
- Users will accept the responsibility of keeping all pornographic material and files dangerous to the integrity of the network from entering the school via the Internet.
- Under no circumstances will access to chat rooms or game rooms be termed appropriate use.
- E-mail accounts will be available only if they are utilized in conjunction with a school assignment.

Disciplinary Action

Disciplinary action for violation of network standards will be applied as deemed appropriate from the following options:

- In instances of damage to hardware or software due to negligence, misinformation, or maliciousness, the student will make full financial restitution.
- Willful misuse of computers or violation of this policy will lead to total loss of computer privileges.
- Students involved in inappropriate or obscene information will lose user privileges and will be subject to disciplinary action as stated in the school's student handbook.

2. PHYSICAL EDUCATION PROGRAM WAIVER

The undersigned parent(s) and/or guardian(s) of the student named above, each individually, jointly, and severally, do herewith waive any and all liability or obligation on the part of Tri-City Christian Academy in connection with the participation of the undersigned student in the physical education program of Tri-City Christian School.

It is the purpose of this waiver to relieve and hold harmless said Tri-City Christian Academy from any and all liability in the event the parent(s) and/or guardian(s) of the undersigned student shall

fail to obtain a report of a physical examination of said student prior to his/her participation in the physical education program, where such physical examination would or might have revealed a physical deficiency or condition which might contribute to the injury or harm of the undersigned student while said student is a participant in any physical education program of Tri-City Christian Academy.

3. SPORTS CONSENT

I, we, and each of us individually, jointly and severally, agree to allow the student named above to participate in organized athletics, realizing that such activity involves the potential for injury that is inherent in all sports. We acknowledge that even with the best coaching and supervision, the use of the most advanced protective equipment and strict observance of all rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death.

Understanding each of these facts as stated above, we acknowledge that we have read and understand these warnings, and herewith grant our permission for the student named above to participate in organized sports at Tri-City Christian Academy.

4. USE OF PICTURES CONSENT

By enrolling a student in the Academy a parent (guardian) is giving permission to use their student’s image in any promotional material.

PARENT(S) STATEMENT:

I/We understand and agree that Tri-City Christian Academy is a private Christian school where enrollment is a privilege and not a right. I/We certify by signature below that I/we understand the general rules and regulations as outlined above and which are published in the Parent/Student Handbook. In our role as parents and/or guardians, we promise to enforce these rules. I/We understand and agree that violations of any Tri-City Christian Academy rules and regulations will be dealt with by the school Administration and may result in expulsion from Tri-City Christian Academy.

In addition, I agree to accept full responsibility for all obligations that may result from injury incurred by student as a result of participation in any school-sponsored activity. If I cannot be contacted in an emergency, the school is authorized to act in whatever manner is deemed appropriate by school personnel.

If Tri-City Christian Academy is misled or misdirected by the documentation supplied by the applicant for the admission process, the student may be required to withdraw, which may result in termination of the student’s visa. In such an event, any and all outstanding balances payable to Tri-City Christian Academy will automatically become due and payable in full, and any prepayments will not be refunded.

I/We hereby certify that I/we have read and agree with the Mission Statement, Philosophy and Doctrinal Statement of Faith as contained in the Parent/Student Handbook and the Computer/Internet Usage Guidelines, Physical Education Program Waiver, and Sports Consent and do affirm that my/our beliefs are consistent with those stated.

Father’s (Guardian’s) Signature _____ Date _____

Mother’s (Guardian’s) Signature _____ Date _____

ESL PROGRAM

Upon enrollment, each international student must take an English proficiency test to determine his or her level of ability to use and understand the English language. This test will be given the first full week of school. If the results of the test are unsatisfactory, the student will be required to attend ESL class.

Purpose: To assist international students as they seek to become proficient in the English language and to provide support and direction for students seeking to function successfully and efficiently in daily classes.

Emphasis will be given to the subject areas of phonics, writing development, English grammar skills, and reading comprehension. As part of their instruction, students will be enrolled in Rosetta Stone English program. The student will be required to attend after school class for a minimum of 4 days each week. Students are allowed to miss one day a week for appointments or sports practice.

Class Hours: Monday – Friday 3:15 – 4:45 p.m.
Students are to be picked up no later than 5:00 p.m.

Location: Computer Lab

Tuition: \$75 per week

Holidays: There will be no ESL class on school holidays.

Please sign the statement below indicating you understand and agree to comply with Tri-City’s ESL program.

* * * * *

I am willing for my student to take the initial English test at Tri-City. If the results are unsatisfactory, I will pay for supplementary classes in English and make sure this student receives help with his or her school assignments and homework until he or she can satisfactorily pass the English Proficiency Test.

Parent’s Signature: _____ Date: _____

ENGLISH RECOMMENDATION

To be completed by the most recent English teacher

TO THE FAMILY:

Please complete this section and submit the form to your most recent English teacher to complete and return directly to the TCA via e-mail or fax.

Student/Applicant Name _____

Family Name _____

Family Address _____

Telephone (_____) _____ E-mail _____

Applicant has studied English for _____ years and _____ months.

DEAR TEACHER:

As part of the application process at Tri-City Christian Academy, we ask our parents to obtain a teacher reference. By answering the following questions, you enable us to give clearer direction to families seeking entrance into Tri-City Christian Academy. Therefore, please complete the following section and return the form to Tri-City Christian Academy via e-mail or FAX. Thank you for your assistance.

1. Description of applicant (circle all that apply)

<i>Behavior</i>	well-behaved needs discipline respects authority does not respect authority ambitious over-aggressive retiring
<i>Peer Influence</i>	very good good indifferent bad very bad
<i>Attitude</i>	emotionally stable emotionally erratic optimistic pessimistic self-centered considerate
<i>Characteristics</i>	studious athletic social musical mechanical artistic
<i>Leadership</i>	leader follower

2. How would you rate this applicant academically?

above average average below average capable of better work

3. Describe student's academic effort including following instructions, attentiveness, etc.

4. Have you known this applicant to use narcotics, tobacco, or alcohol? If so, please explain.

5. Would you recommend admitting this student to a Christian school?

yes no with reservations

6. Reading: Given an American newspaper or magazine article of at least 5 paragraphs, the student is able to:

- _____ Excellent Reads aloud with few errors and explain the meaning clearly and completely (understands 7-8 out of every 10 words).
- _____ Good Reads aloud except for difficult terms or place names, and explain most of its meaning (understands 7-8 out of every 10 words).
- _____ Fair Reads most of the basic vocabulary and explains the basic idea of the article (understands 5-6 out of every 10 words).
- _____ Poor Reads and understands only the simplest words (understands 1-4 out of every 10 words) and can explain little or none of the article's meaning.

7. When asked to write a short essay, telling about himself and his family, he or she:

- | | |
|-----------------|--|
| _____ Excellent | Writes with near fluency, using lengthy sentences, abstract terms, and strong vocabulary. Uses English grammar well. |
| _____ Good | Uses good vocabulary, sentences are lengthy and logical, but grammar is sometimes irregular. |
| _____ Fair | Can make only simple sentences using limited or basic vocabulary. Grammar is extremely irregular, but understandable. |
| _____ Poor | Does not make complete sentences or uses short sentences with limited vocabulary. It is difficult to understand what the student means at times. |

8. What are the applicant's major strong points?

9. What are the applicant's major weaknesses?

10. List any special awards, honors, or achievements the applicant has received in his or her study of English.

11. I recommend this applicant for college-preparatory level work

- without reservation with reservation not at all

Please use the space below for any additional information which you feel might help us in our evaluation.

<i>Printed Name</i>	<i>Signature</i>	<i>Position</i>	<i>Date</i>
<i>School</i>	<i>Address</i>	<i>Phone</i>	
<i>E-Mail Address</i>		<i>FAX</i>	

NOTE: If you wish this information to remain confidential, please indicate by signing below.

MATH RECOMMENDATION

To be completed by the most recent math teacher

TO THE FAMILY:

Please complete this section and submit the form to your most recent math teacher to complete and return directly to TCA via e-mail or fax.

Student/Applicant Name _____

Family Name _____

Family Address _____

Telephone (_____) _____ E-mail _____

DEAR TEACHER:

As part of the application process at Tri-City Christian Academy, we ask our parents to obtain a teacher reference. By answering the following questions, you enable us to give clearer direction to families seeking entrance into Tri-City Christian Academy. Therefore, please complete the following section and return the form to Tri-City Christian Academy via e-mail or FAX. Thank you for your assistance.

1. Description of applicant (circle all that apply)

<i>Behavior</i>	well-behaved needs discipline respects authority does not respect authority ambitious over-aggressive retiring
<i>Peer Influence</i>	very good good indifferent bad very bad
<i>Attitude</i>	emotionally stable emotionally erratic optimistic pessimistic self-centered considerate
<i>Characteristics</i>	studious athletic social musical mechanical artistic
<i>Leadership</i>	leader follower

2. How would you rate this applicant academically?

above average average below average capable of better work

3. Describe student's academic effort including following instructions, attentiveness, etc.

4. Have you known this applicant to use narcotics, tobacco, or alcohol? If so, please explain.

5. Would you recommend admitting this student to a Christian school?

yes no with reservations

6. Briefly describe your course:

7. What would be the most appropriate math placement for the student next year?

- | | | |
|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> General Math | <input type="checkbox"/> Geometry | <input type="checkbox"/> Calculus |
| <input type="checkbox"/> Pre-Algebra | <input type="checkbox"/> Advanced Algebra | |
| <input type="checkbox"/> Algebra I | <input type="checkbox"/> Pre-Calculus | |

8. Student's Mathematical Background. The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. secondary schools. Please check those courses or list others which the student will have completed by the end of the current school year.

- Basic First Year Algebra - does not include extensive study of rational expressions, irrational numbers, and quadratic equations
- First Year Algebra - a thorough course including quadratics
- Geometry
- Second Year Algebra - not including trigonometry
- Second Year Algebra - including numerical trigonometry through the laws of sine and cosine
- Pre-Calculus - including analytical geometry
- Calculus - an introduction
- _____
- _____

9. What are the applicant's major strong points?

10. What are the applicant's major weaknesses?

11. List any special awards, honors, or achievements the applicant has received in his or her study of Math.

12. I recommend this applicant for college-preparatory level work

- without reservation with reservation not at all

Please use the space below for any additional information which you feel might help us in our evaluation.

Printed Name _____ *Signature* _____ *Position* _____ *Date* _____

School _____ *Address* _____ *Phone* _____

E-Mail Address _____ *FAX* _____

NOTE: If you wish this information to remain confidential, please indicate by signing below.

PASTOR RECOMMENDATION FORM

TO THE FAMILY:

Please complete this section and submit the form to your pastor to complete and return directly to TCA via e-mail or fax.

Student/Applicant Name _____

Family Name _____

Family Address _____

Telephone (_____) E-mail _____

DEAR PASTOR:

As part of the application process at Tri-City Christian Academy, we ask our parents to obtain their pastor's reference. We believe the Christian training of our students can be most effective when the home has the support systems of both the Christian day school and the church family and programs. By answering the following questions, you enable us to give clearer direction to families seeking entrance into the Academy. Therefore, please complete the following section and return the form to Tri-City Christian Academy via e-mail or FAX. Thank you for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____

Are you related? _____ Does the applicant have a Christian testimony? _____

Comment:

1. Description of applicant (circle all that apply)

<i>Behavior</i>	well-behaved needs discipline respects authority does not respect authority ambitious over-aggressive retiring
<i>Peer Influence</i>	very good good indifferent bad very bad
<i>Attitude</i>	emotionally stable emotionally erratic optimistic pessimistic self-centered considerate
<i>Characteristics</i>	studious athletic social musical mechanical artistic
<i>Leadership</i>	leader follower

2. In what church activities does applicant participate? (circle all that are applicable)
music teaching counselor does not participate other _____

3. Make a brief statement concerning applicant's relationship with his/her family (i.e. respectful, rebellious, etc.)

4. Have you known this applicant to use narcotics, tobacco, or alcohol? If so, please explain.

5. Would you recommend admitting this student to a Christian school? yes no with reservations

Please use back of form for any additional information which you feel might help us in our evaluation.

Printed Name _____ Signature _____ Position _____ Date _____

Church _____ Address _____ Phone _____

E-Mail Address _____ FAX _____

NOTE: If you wish this information to remain confidential, please indicate by signing below.

HEALTH HISTORY

Student's Name _____
Last First Middle Name

Date of Birth _____ Grade _____ Male Female

PARENTS: Please complete all sections, except section reserved for examining physician.

Y	N	Has this student ever had ...	Y	N	Has this student ever had...	Y	N	Has this student ever had...
		01. Allergies			14. Hearing Trouble			27. Joint Pain
		02. Anemia			15. Heart Murmur			28. Kidney Trouble
		03. Arthritis			16. Hepatitis			29. Menstrual Cramps
		04. Asthma			17. Hernia (<i>Rupture</i>)			30. Migraine Headaches
		05. Back Pain			18. Hives			31. Mononucleosis
		06. Concussion			19. Dislocations/Sprains			32. Rheumatic Fever
		07. Loss of Consciousness			20. Ankle Injury			33. Scoliosis
		08. Diabetes			21. Elbow Injury			34. Sinus Trouble
		09. Eczema			22. Knee Injury/Surgery			35. Sore Throat (<i>Chronic</i>)
		10. Emotional Problems			23. Neck Injury			36. Tuberculosis
		11. Epilepsy (<i>Seizures</i>)			24. Spine Injury			37. Valley Fever
		12. Fainting			25. Wrist Injury			38. Other
		13. Operations			26. Fractures			

PLEASE EXPLAIN COMPLETELY EVERY "YES" ANSWER ABOVE:

If student has to stop while running the half-mile, explain: _____

If student has prolonged absences from school, state why and when: _____

If now under a doctor's care, list reason and doctor's name: _____

Sports from which student is to be excluded : _____

Date of last Tetanus Booster: _____ Chest X-Ray: _____

Name of Family Insurance: _____

If emergency service involving medical action or treatment is required, and neither the parents nor guardians can be contacted, the undersigned herewith consents for the student named above to be given medical care by a doctor selected by the school. Any intentional omission or falsification of this form may subject the parents to full liability for any subsequent injury, or may cause the student to be removed from sports participation.

Mother/Guardian Name: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Father/Guardian Name: _____

Home Phone #: (_____) _____ Work Phone #: (_____) _____

Parent/Guardian
 Signature: _____ Date _____

PHYSICAL EXAMINATION

Student's Name _____
Last First Middle Name

Date of Birth _____ Grade _____ Male Female

List all expected sports participation:

1. _____ 2. _____
3. _____ 4. _____

PHYSICAL EXAM REQUIRED BY ALL STUDENTS TO BE COMPLETED BY PHYSICIAN
--

Age: _____ Height: _____ Weight: _____ Eyes: R _____ L _____
Skin: _____ Mouth: _____ Teeth: _____ Ears: R _____ L _____
Nose: _____ Throat: _____ Tonsils: _____ Heart: _____
Back: _____ Spine: _____ Chest: _____ Abdomen: _____
Arms: _____ Legs: _____ Pulse: _____ Blood Pressure: _____
Nutrition: _____ Neurological: _____

Other: _____

LABORATORY (Only if specifically indicated or required):

Dip Stick Urinalysis: Albumin _____ Sugar _____ Blood _____
Urinalysis: Specific Gravity _____ HCT _____
Date of last Tetanus Booster _____
Other: _____

IMMUNIZATIONS: (Only if administered at time of examination):

DPT Polio Varicella Tetanus MMR Meningococcal
 Tuberculin: Positive Negative Hepatitis B 1 - 2 - 3 (please circle one) Other: _____

I certify that I have, on this date, personally examined the above student and that I have found no medical reason why this student should be disqualified from participating in all supervised athletics and physical education classes and activities, except as specifically noted below:

Physician's Signature: _____

Printed Name of Physician: _____ DO MD

Physician's Address: _____

Telephone: (_____) _____ Date: _____

IMMUNIZATION VERIFICATION FORM

Student's Name _____
Last
First
Middle Name

Date of Birth _____ Grade _____ Male Female

The required immunizations and number of doses are listed below. Please record the date of each required dose.

IMMUNIZATIONS	Dose #1 Month/day/year	Dose #2 Month/day/year	Dose #3 Month/day/year	Dose #4 Month/day/year	Dose #5 Month/day/year	Dose #6 Month/day/year
Diphtheria, Tetanus & Pertussis (DtaP/DTP)	Required	Required	Required	Required	Required	Required
Polio Vaccine (IPV/OPV)	Required	Required	Required	Required		
Measles, Mumps, and Rubella (MMR) 12 th grade - only one dose required	Required	Required				
Hepatitis B (Hep B) Not required for 12 th grade	Required	Required	Required			
Tetanus (Td/Tdap)	Within 10 years					
Varicella	Required by 13 years old unless proof of immunity	If first dose given at 13 years of age or later				
Meningococcal	11 years and older					

I verify that this immunization record is accurate.

Physician's Signature: _____

Printed Name of Physician: _____ DO MD

Physician's Address: _____

Telephone: (_____) _____ Date _____

OBLIGATIONS OF GUARDIANSHIP

Only a parent or person who has legal custody of the student can nominate a guardian for that student.

Eligibility

The person accepting the role of guardianship is required to:

- Be over 25 years of age and reside in central Arizona while the student is at TCA.
- Must be of good character and have permission to reside in Arizona until the student has completed their course
- Provide documentary evidence from the parent of the student of his/her guardianship by completing the *Appointment of Guardianship* form.
- Provide a statement to the school of his/her acceptance as guardian to the nominated student by completing the *Acceptance of Guardianship* form
- Be fluent in English or willing to provide an interpreter when required.

General Responsibilities

The responsibilities of the guardian include:

- Regular contact with both the student and his/her parents
- Notifying the school of student absences
- Acting on the parents' behalf in dealings with the school
- Being readily available to discuss matters of concern
- Attending the school functions and events that concern the student such as information briefings, parent/teacher interviews or guardian meetings
- Being readily available to support the student when needed for example with health matters, medical emergencies, travel and accommodation arrangements during vacations
- Being actively involved in the well-being of the student through showing an interest in, and monitoring the academic progress of the student
- Informing the school of an appropriate proxy guardian when the guardian is unavailable for any reason. If the guardian needs to leave Arizona for a short duration, i.e. four weeks or less, a proxy guardian must be nominated. For absences longer than one month, a new guardian must be appointed.

A student's place at Tri-City Christian Academy is dependent on compliance with these terms and conditions.

Please retain this copy for your records.

NOTARIZED APPOINTMENT OF GUARDIANSHIP

I/We / _____ / _____
(Mother) (Please print) (Father)

of _____
Address of Parent/s (Please print)

_____ Suburb/Town _____ Postcode _____ Country

appoint Mr/Mrs/Ms/Dr/Rev _____
Name of Guardian (given name) (family name)

of _____
Address of Guardian (Please print)

_____ Suburb/Town _____ Postcode _____ Country

Telephone (Home) _____ (Work) _____
(Mobile) _____ (Email) _____

in the role of guardianship for my child: _____
Student's Name (Please print)

Guardian's relationship to student: _____

- I/We give the named appointee the authority to act on my/our behalf concerning the welfare, discipline, and academic progress of my/our child who will be studying at Tri-City Christian Academy.
- I/We understand that my/our student's continued enrollment is dependent on the appointed Guardian meeting the *Obligations of Guardianship* and I/we have discussed the *Obligations of Guardianship* with the appointed Guardian.
- I/We agree to inform the school immediately if there is a need to change guardian, and will submit full details of the proposed new guardian. I/We also agree to appoint a new guardian if my/our student's current guardian leaves central Arizona for more than four weeks.
- Any change of guardianship must be made by completing new Appointment of Guardianship and Acceptance of Guardianship forms and then be approved by the Administrator.

Signed: _____ Date: _____
Signature of Father

Signed: _____ Date: _____
Signature of Mother

Official Notarial Certificate/Stamp from country of origin:

ACCEPTANCE OF GUARDIANSHIP

I, _____
Name of Guardian (Please print) (Title) (Given name) (Family name)

of _____
Address of Guardian (Please print)

_____ *Suburb/Town* _____ *Postcode* _____ *Country*

Telephone (Home) _____ (Work) _____

(Mobile) _____ (Email) _____

Name of church you attend: _____

agree and accept the role of guardianship, as detailed in the *Obligations of Guardianship* document,

for _____
Student's Name (Please print)

Relationship to Student _____

whose parents have given me the authority to act on their behalf.

I agree to carry out the duties of guardianship as outlined in the *Obligations of Guardianship*. I also agree to nominate a 'proxy' guardian if I need to leave central Arizona for four weeks or less and organize a new guardian if I am absent from central Arizona for more than four weeks.

Signed: _____ Date: _____

Signature of Guardian

Any change of guardianship must be made by completing new Appointment of Guardianship and Acceptance of Guardianship forms and then be approved by the Administrator.

FAITH BACKGROUND ASSESSMENT

Because Tri-City Christian Academy is a Christian academy, we desire to know the faith background of our students in order to better meet their needs while a student with us. The answers given on this assessment have no bearing on a student's admittance to TCA but do give us a better picture of the background of each of our international students. The student applying for admittance should answer each of the questions below.

<i>How did the world come into existence?</i>	
<i>Who are Adam and Eve?</i>	
<i>Who is Jesus Christ?</i>	
<i>Who is Buddha?</i>	
<i>What is the Bible?</i>	
<i>Is the entire Bible true?</i>	
<i>What is Sin?</i>	
<i>How does one know that something is sin?</i>	
<i>Where would the soul of a person go after they die?</i>	
<i>How does one know that they will enter into Heaven when they die?</i>	
<i>What is your faith background, if any?</i>	