

INTERNATIONAL STUDENT APPLICATION PACKET

APPLICANT'S NAME: _____ GRADE ENTERING: _____



PINECASTLE
CHRISTIAN ACADEMY

*The mission of Pine Castle Christian Academy
is to prepare the next generation, one student
at a time, to impact the world for Christ.*

**7101 Lake Ellenor Drive ♦ Orlando, FL ♦ 32809
407.313.PCCA (7222) ♦ Fax: 407.313.7226
www.pinecastleeagles.org**

Pine Castle Christian Academy admits students without regard to race, color, sex, national or ethnic origin.



Pine Castle Christian Academy

International Student Application

PINECASTLE
CHRISTIAN ACADEMY

Instructions & Fees

- Complete ALL Application Forms
- Return with copies of the following items:
 - Copy of Passport
 - Translated School Records and grades
 - Copies of TOEFL, SAT or other standardized test scores
 - The \$300 application fee
- Interview will be scheduled (in person if possible, otherwise via phone and/or Skype)
- The full application will be reviewed along with test results and the interview summary, and an admission decision will be made. Applicant will be notified by e-mail of official enrollment decision. If accepted, a welcome letter and tuition contract will be attached to the e-mail.
- The signed tuition contract must be returned, along with the New Student Registration Fee of \$350 and the International Student Fee of \$400.
- The I-20 will be drafted and mailed to the student's home (unless other arrangements are made).
- After visa is approved, or by June 1, the full tuition and remainder of fees must be paid.
- The following documents must also be provided to Pine Castle Christian Academy by June 1:
 1. Copy of visa
 2. Current physical exam (dated within one year of acceptance)
 3. Immunization verification
 4. Proof of medical insurance

Pine Castle Christian Academy

2018-2019 Tuition and Fee Schedule

For International Students

International Student Application Fee	\$300
New Student Registration Fee	\$350
International Student Fee	\$400
Tuition	\$12,000
Senior Fee (for all 12 th grade students)	\$250
Host Family Fee (for student requiring a host family home)	\$10,000
Additional Fee (health insurance, academic guidance, uniform shirts, lunch, tutoring, and testing prep & fees)	\$8,475
<i><u>Total</u></i>	<i><u>\$31,775</u></i>

INTERNATIONAL STUDENT INFORMATION

School Year: _____

Child's Legal Name: _____ Grade to Enter: _____

Name Goes By: _____ Last First Middle Gender: Male Female

Birth Date: _____ mm/dd/yy Home Address: _____ Street, Apt. No. City State Zip

Home Phone: _____ Mailing Address (if different): _____

Student Cell Phone: _____ Student's E-Mail Address: _____

Ethnic Background (Optional) African American Asian Caucasian Middle Eastern
 Native American/American Indian Hispanic Other: _____

NATURAL PARENT INFORMATION (student's country of citizenship)

Parent Name: _____ Relationship to Student: _____

Employer: _____ Occupation: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____ @

Parent Name: _____ Relationship to Student: _____

Employer: _____ Occupation: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____ @

I am requesting for PCCA to find a host family for my student

We have a host family already. We authorize the family below to serve as a host family for our student and will assume the responsibility to pay them directly

Guardian Name: _____ Relationship to Student: _____

Home Address: _____

Employer: _____ Occupation: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____ @

Guardian Name: _____ Relationship to Student: _____

Employer: _____ Occupation: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____ @

STUDENT INFORMATION

Why do you want your child to attend Pine Castle Christian Academy? _____

I am planning on my child attending PCCA until 12th grade graduation () yes () no

If no, how long do you plan on your child attending PCCA? _____

What are college plans for your child? _____

MISCELLANEOUS INFORMATION

AGENCY/LIAISON REPRESENTATION:

Are you working with an agency or personal liaison in making this application? ____ Yes ____ No

If yes, please complete the information below:

Agency Name: _____

Contact Name: _____

Email Address _____

Street Address _____

City _____ State _____ Zip _____

CHURCH INFORMATION

1. Do you profess faith in Jesus Christ for eternal salvation?
(Mother) ____ Yes ____ No (Father) ____ Yes ____ No (Child) ____ Yes ____ No
2. Church your family currently attends (name & address): _____
Denomination: _____ Pastor: _____ Do both parents attend this church? ____ Yes ____ No
3. Are you members of the church you currently attend? ____ Yes ____ No
4. Does applicant attend Sunday school? ____ Yes ____ No
5. Please explain your current involvement in church activities (choir, Sunday School teacher, etc.) _____



PINECASTLE
CHRISTIAN ACADEMY

Pine Castle Christian Academy International Student Application

Legal Documents

Student Agreement

Student: *Please read this agreement carefully. Then sign and date below where indicated.*

In the city of _____, country of _____, on the ____ day of _____ in the year 20____, I _____, the student, agree that if I am accepted by Pine Castle Christian Academy (hereafter *school*), I will travel to the host country, live with an approved host family, and attend the school for the length of time agreed upon by me, my parents, and the school. I hereby state that I have read and understand the school rules and conditions. Should I, as a student, be admitted to and enrolled in the school, I agree to abide by all the school rules, conditions, and decisions throughout the duration of my enrollment in the school. I understand that while a student in the school my activities are under the authority of the school. Therefore, my parents/legal guardians cannot authorize me to engage in an activity or activities without the school's approval. I also understand that any relatives that I may have in the host country will have no authority over me while I am a student in the school. I attest that I am of good health and character, I understand the important role of an international student, and I will, to the best of my ability, maintain the high standards required of an international student should I be chosen to represent my family, school, community, state/province, and country. I further state that all the material contained in this application and in the attached documents is true and accurate to the best of my knowledge.

Student's Name (please print) _____

Signature _____ Date _____

Parents/Legal Guardians Agreement

Parents/Legal Guardians: *Please read this agreement carefully. Then sign and date below where indicated.*

In the city of _____, country of _____, on the ____ day of _____ in the year 20____, I/We, the undersigned parents or legal guardians (hereafter *parents*) of _____, agree that if my/our child is accepted by Pine Castle Christian Academy (hereafter *school*), my/our child is permitted to travel to the host country, live with an approved host family, and attend the school for the length of time agreed upon by me/us, my/our child, and the school. I/We hereby state that we have read and understood the school rules and conditions. Should my/our son/daughter be admitted to and enrolled in the school, I/we agree to abide by all the school rules, conditions, and decisions throughout the duration of his/her enrollment in the school. I/We understand that while our son/daughter is a student in the school his/her activities will be under the authority of the school. Therefore, I/we understand that I/we cannot authorize my/our son/daughter to engage in an activity or activities without the school's approval. I/We also agree that any relatives we may have in the host country will have no authority over him/her while he/she is a student in the school. I/We attest that our child is of good health and character, understands the important role of an international student, and will, to the best of his/her ability, maintain the high standards required of an international student should he/she be chosen to represent his/her family, school, community, state/province, and country. I/We further state that all the material contained in this application and in the attached documents is true and accurate to the best of my/our knowledge.

Father's/Legal Guardian's Name (please print) _____

Signature _____ Date _____

Mother's/Legal Guardian's Name (please print) _____

Signature _____ Date _____



PINECASTLE
CHRISTIAN ACADEMY

Pine Castle Christian Academy
International Student Application
Legal Documents

Liability Release

Please read carefully. Then sign and date below where indicated.

In consideration of the acceptance and enrollment of the student in Pine Castle Christian Academy (hereafter *school*), I/we, the undersigned parents/legal guardians of the student, and I, the student, if of legal age, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families and the school and its employees, agents, officers, and directors from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting intentional conduct, of any such persons or entities, which may be suffered or claimed by such student, parent, or legal guardian during, or as a result of, the student's enrollment in the school, including travel to and from the host country. I/We understand that the student will be subject to the authorities and teachers of the school, and that he/she will have to follow the rules given by his/her host family. I/We also understand that the school reserves the right to terminate the enrollment of any student whose conduct may be considered detrimental or incompatible with the interests and security of the school. I/We understand that if this occurs, payments made are not refundable.

Father's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____

Date _____

Mother's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____

Date _____

Student's Name (please print) _____

Signature _____

Date _____



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Medical Information
 International Student

PINECASTLE
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Student Emergency Medical Form (For all applicants)

This form will accompany your child on all field trips and is used in case of emergencies. It is important to fill in all required fields, or put N/A if not applicable.

Student's Name _____

Applying for Grade _____ Age _____ Date of Birth _____

Student's Country of Birth _____

Mother's Name _____ Best Phone # _____

Father's Name _____ Best Phone # _____

If parents are not in the US with the student, the host family will be given permission (on a separate form) to authorize medical treatment for the student if necessary.

Please provide the name of any other emergency contacts:

Name _____ Relationship _____

Cell # _____ Home # _____ Work# _____

Name _____ Relationship _____

Cell # _____ Home # _____ Work# _____

Proof of insurance will be required upon arrival to the school.

Indicate any allergies

Food _____

Medications _____

Medical conditions and/or history about your child (surgery, chronic conditions, etc.)

Routine Medications _____

If your child has a chronic medical condition or a condition that might lead to a potential emergency, please provide more detail in an attached letter.



PINECASTLE
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International Student

Release of Medical Records and Liability

Please read carefully. Sign and date below where indicated.

I/We, the undersigned parent(s)/legal guardian(s) (hereafter *parents*) of the student, and I, the student, if of legal age, hereby authorize the release of medical and dental information mentioned in the International Student Medical Form and acquired in the course of examinations by a physician and dentist. I/We, the parent(s), and the student, who have the sole and legal right to make the decisions on the health and care of the student, do release from liability and grant permission as noted of the following while he/she is overseas as an international student attending Pine Castle Christian Academy (hereafter *school*):

- In the event of accident or sickness, I/we authorize any school staff and/or host parent(s) of the student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- I/We hereby authorize and consent to any X-ray examination, administration of anesthetic, blood transfusion, surgical operation, or any other medical or surgical diagnosis and treatment rendered under the general or special supervision of any member of the medical staff and emergency-room staff licensed by the state of treatment and/or the provisions of the Medical Treatment Act, or a dentist licensed by the state of treatment and/or under the provisions of the Dental Treatment Act, or staff of any acute general hospital holding a current license to operate a hospital.
- I/We further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by my/our son/daughter for any emergency situation. I/We do request that I/we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- Permission is granted for any additional immunizations that may be required per school and state regulations.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power to render care which the aforementioned physician or dentist in the exercise of his/her 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. In the case of elective surgery, I/we request that I/we be notified and our permission obtained before such arrangements are made.

I/We agree to hold harmless and release from all liability the school and all staff or all members of the host family for any intervention in an emergency situation regardless of final outcome. I/We agree to assume all financial obligations beyond those covered by health, accident, and sickness insurance for any medical treatment rendered.

Father's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____ Date _____

Address—Street _____

City _____ State/Province _____ Postal Code _____

Country _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____ Date _____

Address—Street _____

City _____ State/Province _____ Postal Code _____

Country _____

Home Phone _____ Cell Phone _____ Work Phone _____

Student's Name (please print) _____

Signature _____ Date _____

Witness' Name (please print) _____

Signature _____ Date _____

International Family Commitment to PCCA

Statement of Faith

This statement of faith defines the foundation of our educational ministry at PCCA upon which we build the unity between home and school. While there will always be diversity within the framework of these foundational beliefs, we may choose to not enroll or to withdraw a student should he/she or his/her family hold contradictory beliefs and/or support a lifestyle at home that contradicts these scriptures and biblically based values.

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God.
2. We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit.
3. We believe in the deity of Christ
 - His virgin birth
 - His sinless life
 - His miracles
 - His vicarious and atoning death through His shed blood
 - His bodily resurrection
 - His ascension to the right hand of the Father
 - His personal return in power and glory
4. We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.
5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.
6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Statement of Support

As the parent(s) or guardian of the student applicant named herein before, I/we state that we have read and agree with the Statement of Faith and Mission of PCCA and agree that upon acceptance of the herein named student, I/we will commit ourselves to work with administration, faculty and staff within these statements to the betterment of our student, and to assist and cooperate with the school in the Christian education of my/our child. Additionally I/we commit to upholding the guidelines and policies as stated in the Parent/Student Handbook. I understand that the application fee is non-refundable and abide by the financial guidelines as stated above and on the tuition contract that is required.

Student Likeness Waiver Agreement

With my/our signature below, I/we give my/our full consent to Pine Castle Christian Academy (PCCA) to publish and copyright my/our child's likeness including photographs and video. I/we further agree that PCCA may, at any time and from time to time, transfer, use or cause to be used such photographs in PCCA brochures, newsletters, advertising, posters, displays, websites, slide-shows, PCCA Facebook page, videos, catalogs, and other similar publications or literature, without limitations or reservations. THIS IS A BLANKET CONSENT FOR ALL PHOTOGRAPHS AND/OR VIDEOS TAKEN OF YOUR CHILD.

My/our signature below confirms support for all statements and policies and understanding of the withdrawal policy. It also certifies that all information provided in this application is true and accurate. I/We also understand that misrepresentation will invalidate the application process.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Non-Discriminatory Policy: Pine Castle Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in the administration of its education, admission policies, tuition assistance, athletic and other school-administered programs.



PINECASTLE
CHRISTIAN ACADEMY

International Student Admissions

Financial Form

C O N F I D E N T I A L

All international applicants on an F1 or J1 visa must provide a Financial Guarantee to show evidence of funds for studies abroad before the application can be processed.

Financial Guarantee

Applicant

Last Name _____

First Name _____

Parent / Sponsor

Last Name _____

First Name _____

I guarantee that I will be fully responsible for all the expenses of the above named person for the duration of attendance at Pine Castle Christian Academy.

Parent's Signature _____ Date _____

Bank Verification

Bank Name _____

I certify that I have read the information provided by the applicant on this form and that the funds described are available.

Authorized Bank Official's Signature _____ Date _____

Important: Attach an official copy of bank statement to this form.

Please mail this form directly to: Pine Castle Christian Academy
ATTN: Admissions Office
7101 Lake Ellenor Drive
Orlando, FL 32809

I-20 Information Form

Please print clearly as this is what will appear on your I-20 and it must be correct.

1. Name: Last _____ First _____ Middle _____
2. Date of Birth (MM/DD/YYYY): _____
3. Gender: _____
4. Country of Birth: _____
5. Country of Citizenship: _____
6. Foreign Address (clearly written, answer all applicable):
Address 1 _____
Address 2 _____
City _____
Province/Territory _____
Postal Code _____
Country _____
7. U.S. Address:
Name of Guardian/Host (if known) _____
Address 1 _____
City, State, Zip _____
8. Program Start Date: _____
9. Funds Needed (in addition to Host family fees):
Monthly Living Expenses (if applicable) \$ _____ a month
Monthly Personal Funds (if applicable) \$ _____ a month

International Student Questionnaire

To be completed by the applicant needing a host family

YOUR NAME _____ NICKNAME _____

AGE _____ BIRTH DATE _____ GRADE APPLYING FOR _____

Why do you want to attend Pine Castle Christian Academy? _____

Tell us about your family:

- 1) How many brothers do you have? _____ Ages of brothers _____
- 2) How many sisters do you have? _____ Ages of sisters _____
- 3) Do you have a pet? _____ If so, what kind? _____
- 4) Do you attend church? _____ How often? _____
- 5) What is your religion? _____
- 6) Are you a Christian? _____
- 7) Are you a member of a Club, Organization or Team? (sports, academic, religious, etc.) _____
- 8) Do you have any food or pet allergies? _____ If yes, please list: _____
- 9) Will this be your first time in the United States? _____
If no, where in the U.S. have you been? _____
- 10) Can you swim? (If your host family has a pool) _____

INTERESTS AND ACTIVITIES

PLEASE CIRCLE THE ACTIVITIES THAT INTEREST YOU FROM THE LIST BELOW:

- | | | |
|------------------------|------------------------------|-----------------|
| SWIMMING | COLLECTING | WEIGHT TRAINING |
| BOATING | MOVIES | HOCKEY/SKATING |
| FISHING | THEATER | CAMPING |
| TENNIS | MUSIC (SPECIFY) | COOKING |
| GOLF | DANCE (SPECIFY) | SHOPPING |
| HORSERIDING | CONCERTS | PHOTOGRAPHY |
| SOCCER | MUSEUMS/HISTORY | COMPUTERS |
| FOOTBALL | PAINTING/DRAWING | CHESS |
| BICYCLING | MUSICAL INSTRUMENT (SPECIFY) | READING |
| BASKETBALL | CRAFTS | OTHER _____ |
| BASEBALL/SOFTBALL | WALKING/HIKING | |
| MARTIAL ARTS (SPECIFY) | FITNESS/AEROBICS | |

Is there anything you would like your host family to know? _____

New Student Interview Sheet

For students entering 6th - 12th grades. To be completed in the student's own handwriting.

Student's Full Name _____

Nickname _____

Grade Entering _____

1. Do you want to attend Pine Castle Christian Academy? YES / NO Why?

2. Do you trust Christ as your personal Savior? YES / NO When?

3. Are you involved in any youth group or church activities? YES / NO Please list.

4. In what extracurricular activities have you participated? Please list. _____

5. In what extracurricular activities would you like to participate at PCA? _____

6. What special talents or abilities do you have? _____

7. What is your favorite subject? _____

8. Have you ever failed a subject? YES / NO Which subject? _____

9. What is your favorite book? _____ Radio Station? _____

10. What 3 words would friends use to describe you? _____

11. Have you ever served detention or other disciplinary measures? YES / NO
If yes, please explain: _____

12. Have you ever been suspended or expelled from school? YES / NO
If yes, please explain: _____

13. Do you know any current students at PCCA? YES / NO If so, who? _____

What else would you like to share about yourself? _____

ENGLISH TEACHER RECOMMENDATION

To be completed for 6th - 12th grade applicants



PINECASTLE
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One Family. One Purpose.

Parents: Please provide information in top portion only. Give to your child's teacher to complete & return to PCCA at address below.

Permission to release information: _____ Date: _____

Student's Name: _____ Parent signature _____ Current Grade: _____

LAST FIRST

Teacher: _____

Dear English Teacher:

The child named above has applied for admission to Pine Castle Christian Academy. Please complete the form below and return to the address provided. Check one rating for each area. If you wish to discuss this student personally rather than completing this form, please check here _____, sign the form and note your telephone number, and the Academy will contact you.

AREAS TO EVALUATE	Poor	Average	Good	Excellent	Comments
Academic ability					
Academic performance					
Motivation					
Attitude/Cooperation					
Maturity/Stability					
Conduct					
Ability to relate to peers					
Respect for adults					
Integrity					
Attendance					
Reading Comprehension					
Writing Skills					

Is the student on an IEP and/or receiving accommodations? If yes, please list: _____

Is the student working on a modified curriculum? YES NO Is the student on grade level? YES NO

Does the student have any significant limitations (physical, social, or emotional)? _____

Is the student in good standing and eligible to return next year? YES NO

If no, why not? _____

Has there been a need for administrative involvement in disciplinary action with this student? YES NO

If yes, please explain. _____

How would you rate the parents' involvement?

Very cooperative Rarely cooperative Disinterested No communication with them

Is this recommendation consistent with the student's report card? YES NO

Print your name _____ School Name _____

Signature and position _____

Thank you for your assistance; your prompt response is much appreciated. If you have any questions, please call (407)313-7222
Please return to: PCCA Main Office; 7101 Lake Ellenor Drive; Orlando, FL 32809; fax 407-313-7226

MATH TEACHER RECOMMENDATION

To be completed for 6th - 12th grade applicants



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Parents: Please provide information in top portion only. Give to your child's teacher to complete & return to PCCA at address below.

Permission to release information: _____ Date: _____

Student's Name: _____ Parent signature: _____
LAST FIRST Current Grade: _____

Teacher: _____

Dear Math Teacher:

The child named above has applied for admission to Pine Castle Christian Academy. Please complete the form below and return to the address provided. Check one rating for each area. If you wish to discuss this student personally rather than completing this form, please check here _____, sign the form and note your telephone number, and the Academy will contact you.

AREAS TO EVALUATE	Poor	Average	Good	Excellent	Comments
Academic ability					
Academic performance					
Motivation					
Attitude/Cooperation					
Maturity/Stability					
Conduct					
Ability to relate to peers					
Respect for adults					
Integrity					
Attendance					
Reading Comprehension					
Writing Skills					

Is the student on an IEP and/or receiving accommodations? If yes, please list: _____

Is the student working on a modified curriculum? YES NO Is the student on grade level? YES NO

Does the student have any significant limitations (physical, social, or emotional)? _____

Is the student in good standing and eligible to return next year? YES NO

If no, why not? _____

Has there been a need for administrative involvement in disciplinary action with this student? YES NO

If yes, please explain. _____

How would you rate the parents' involvement?

Very cooperative Rarely cooperative Disinterested No communication with them

Is this recommendation consistent with the student's report card? YES NO

Print your name _____ School Name _____

Signature and position _____

Thank you for your assistance; your prompt response is much appreciated. If you have any questions, please call (407)313-7222

Please return to: PCCA Main Office; 7101 Lake Ellenor Drive; Orlando, FL 32809; fax 407-313-7226



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Student Record Release Authorization Form

Student's Current School

Student's Name

School Street Address

Date of Birth

City, State, Zip

Current Grade

The above student has expressed an interest in attending PCCA. These records are for review purposes only.

The above student has enrolled in PCCA. This is an official request to transfer records.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974, please send Pine Castle Christian Academy the following information on the above referenced student:

- Last two years report cards (minimum)
- Transcript (Grades 10 - 12)
- Standardized test scores (Last two years for a review, ALL years for a transfer request)
- Psychological and Educational Evaluations
- IEP, 504 Plan (if applicable)
- Attendance Records
- Health Data
- Discipline Records
- Accelerated Reader Records (if available)
- Other Pertinent Information

Parent/Guardian's Name (PLEASE PRINT)

Parent/Guardian's Signature

Date

FOR OFFICE USE ONLY:

1st Request

2nd Request