



# INTERNATIONAL STUDENT APPLICATION INSTRUCTIONS

Dear Parent/Guardian:

Maranatha Christian Academy was established by Christian parents, to partner with families desiring their children to be influenced in a godly way. We are so happy that you have chosen to apply to MCA and we hope that this will be a beginning of a long term relationship. The enrollment process helps MCA adequately determine if this is a relationship that will benefit both parties.

In order to successfully complete the enrollment process for your child, please follow the steps as outlined. This entire process must be completed in order for your child to be considered for enrollment.

**Step #1: Schedule a two week in-school preview in advance to the semester you would like your child to begin.** This preview will discover your child's potential and compatibility with MCA. The cost for the pre-view and evaluation will be \$1,000.00. During this time the child will have the opportunity to interact within the classroom and also allow the teachers to evaluate the students social, behavioral and academic abilities. Academic testing will be administered, and English instruction will be provided daily.

**Alternative to two week in-school preview:** If available, prospective student may be evaluated by an MCA representative in the prospective students home country. (Contact MCA for availability.)

**Step #2: Completed Application Returned to MCA with \$300.00 Application Fee per Student.**

(all forms must be translated to English)

- A. Parent and Host Application completed
- B. Student Application (1 per student Applying)
- C. Authorization to Release Transcripts

*This form should be presented to your home school. Your child's school records, to include 2 years of reports cards and 2 years of Standardized Test Score Results, are required to complete the application. If applicable, include the transcripts of all secondary school grades, translated in English.*

- D. Copy of Certified Official Birth Certificate (Please present a copy, as originals will not be returned.)
- E. Certificate of Ear, Eye and Dental Form (Georgia Form 3300)
- F. Copy of Up-to-Date Immunization Record (Georgia Form 3231)
- G. Any other Health, Medical or Psychological Reports
- H. Student Medical Release/Emergency Contacts Form (1 Per Student Applying)
- I. Student Pick Up Authorization Form
- J. Pastor's Reference (or Sunday School Teacher of student) completed and returned to MCA.

**Step #3: Parent/Guardian School Interview**

(It is ideal to meet with the parents or guardian at the completion of the preview period)

Once your child's Application is completed (completion of Step #1 and Step #2), you will then be scheduled for an interview with an MCA Official. Maranatha requires that the parent(s)/guardian(s) of the applicant and the applicant meet with the Administration. This meeting will be scheduled after all required paperwork and admissions screenings and testing is completed.

**Step #4: Letter of Acceptance & SEVIS notification**

Upon completion of steps #1-3, you will next be notified regarding your child's enrollment status. Upon acceptance, parents will make payment arrangements. The student's information will be submitted to SEVIS for processing.

**Initial:** \_\_\_\_\_



# INTERNATIONAL STUDENT TUITION AND FEE SCHEDULE

## Administrative & Application Fee

**\$300.00** Application Fee is required for those applying for the first time or those students returning to MCA after attending another school. This fee covers the application processing, testing materials and billing set-up and must accompany the completed application form. This fee is due in U.S. currency upon acceptance and is **non-refundable**.

## Registration Fee

Fee for new students is **\$250**.

To be paid in full upon enrollment. *This fee is non-refundable.*

## Textbook/Instructional Fee **\$450.00**

Due upon enrollment for new students. *This fee is non-refundable.*

The fee covers the rental of textbooks, consumable workbooks, achievement testing materials, and other miscellaneous classroom materials. It also covers membership fees for Georgia Association of Christian Schools, student accident insurance, medical supplies, and one yearbook per student.

## Tuition:

Tuition in U.S. currency is due by August 1, 2016.

Grade	Registration Fee	Textbook/ Instructional Fee	Administrative & Application Fee	Academic Program	Additional Tutorial & ESL Instruction
4th - 5th Grade	\$250	\$450	\$300.00	\$7,250.00	\$5,000.00
6th - 9th Grade	\$250	\$450	\$300.00	\$7,650.00	\$5,000.00

## Exclusions:

Tuition does not include, before or after-care, lunches, snacks, field trips, class trips, retreats, homeroom activities, individual student pictures, fine arts fees, or science lab fees.

Other fees could be charged for events or functions not listed here.

**Lunch Program: \$800.00 (optional; due by August 1, 2016)**

**Uniform Cost: \$500.00 (approximately per child)**

Uniforms must be purchased prior to opening day of school.

**Please initial to acknowledge that you have read and agree to the tuition/fee schedule, and that you understand any fines or charges.**

Initial \_\_\_\_\_

*Updated 01/26/2016*



# INTERNATIONAL STUDENT ENROLLMENT CONTRACT 2016-2017

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Responsible Parties (Person(s) responsible for payment) —PLEASE PRINT in ENGLISH—**

Parent or Guardian: \_\_\_\_\_ Visa/ID #: \_\_\_\_\_  
(required)

Parent or Guardian: \_\_\_\_\_ Visa/ ID #: \_\_\_\_\_  
(required)

Maranatha Christian School accepts no state, local or federal tax money for the operation of the school. The school operates solely on student tuition, fees and fundraisers. It is critical that all charges be paid completely and promptly. On the basis of this enrollment contract, the school incurs financial obligations for faculty, staff, facilities, and supplies that span the entire year. We expect, in good faith, that your child(ren) will attend MCA for the entire school year. Please read over this entire contract, **initial items 1 through 7, and sign at the bottom of the page.**

1. **Tuition payment::** Payment in full for the year . Due upon enrollment for International students. **Initial** \_\_\_\_\_
2. **Internet Agreement:** Part of the program of studies at MCA involves the use of computer technology including Internet use. I understand that my child will use the internet for educational purposes under the direct supervision of a teacher. **Initial** \_\_\_\_\_
3. **Photographs:** Unless requested by me in writing apart from this contract, MCA has permission to use photographs/video of my child as a student in school newspapers, yearbook publications, and on the MCA website as appropriate and common for school communication and publicity. Parents understand that MCA is not responsible for students who are identified in newspapers, on websites, or at public events. **Initial** \_\_\_\_\_
4. **Handbook:** I/we, the parent/guardian/host, agree to read and abide by school policies as stated in the parent/student handbook. **Initial** \_\_\_\_\_
5. **Early Withdrawal Penalty:** A student withdrawn for any reason, prior to the first day of school is eligible for a full refund of prepaid tuition , minus an early withdrawal fee of \$200. Should a student be withdrawn after school has begun, for any reason, including expulsion from the school, tuition must be paid through the last day of the month in which the student withdraws and an early withdrawal fee will be imposed on the following schedule: Withdrawal on or before January 31, 2017 will incur a \$1000 early withdrawal fee per family, withdrawal on or after February 1, 2017 through the end of the school year will incur a \$500.00 early withdrawal fee per family. Registration Fee and Textbook/ Instructional Fee are non-refundable. **Initial** \_\_\_\_\_
6. **Lost Library Book Fee:** \$20 or price of replacing the book (if book is of higher value). Student can replace the book themselves at no cost.  
**Lost text book fee:** \$60 or price of replacing the book (if book is of higher value). **Initial** \_\_\_\_\_
7. **Payment Policies and Procedures:** I/we, the parent/guardian(s), have read and agree to abide by the stipulations as set forth in the MCA Financial Policies and Tuition and Fees document. Any fees for field trips, class trips, etc. will be billed to the parent/guardian, unless a personal account has been set up. **Initial** \_\_\_\_\_

**Effective Date of Contract:** This contract shall be effective only upon my/our signatures, receipt of MCA Enrollment Contract, and acceptance by the school and is subject to the admission policies of MCA. Enrollment as specified in this agreement may be cancelled pursuant to item # 5 above, by parent(s) or guardian(s) in writing.

By my/our signatures below, we have read and agree with the Policies of MCA as outlined on the 2016-2017 Financial Policies and Tuition and Fees Schedule.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Maranatha Christian Academy admits students of any sex, race, color, national or ethnic origin to all rights privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national ethnic origin in the administration of its educational policies, admissions policies, scholarships, athletic programs, or other school-administered programs.



# INTERNATIONAL STUDENT PICK-UP AUTHORIZATION 2016-2017

## STUDENT PICKUP AUTHORIZATION FORM

ONLY PERSONS NAMED ON THIS FORM WILL BE ALLOWED TO PICK UP YOUR CHILD, without you, the parent/guardian, calling the school first. Proper identification (Driver's License) will be required.

**Host or Guardian:** \_\_\_\_\_ *(Please Print)*

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Host or Guardian:** \_\_\_\_\_ *(Please Print)*

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Names listed above will be included on the pick up list automatically.*

**STUDENTS NAME(s)** (List all children this form applies to. If you have a child that has different pick up requirements, please fill out an additional form)

## INDIVIDUALS AUTHORIZED TO PICK UP MY/OUR CHILD

Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions
Name of Pickup Person	Phone Number
Relationship to Student	Special Pickup Days or Instructions



# INTERNATIONAL STUDENT MEDICAL RELEASE/EMERGENCY CONTACT 2016-2017

Student Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Emergency Contact Numbers: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

## MEDICAL INFORMATION

Check the appropriate box if your student has or has ever had any of the following medical conditions. Please explain under remarks.

- |                          |                           |   |
|--------------------------|---------------------------|---|
| ___ 1. Allergies         | ___ 5. Epilepsy           | ___ 9. Dizziness or Fainting            |
| ___ 2. Asthma            | ___ 6. Hay Fever          | ___ 10. Physical Handicap               |
| ___ 3. Bee/Wasp Reaction | ___ 7. Heart Trouble      | ___ 11. Respiratory Problems            |
| ___ 4. Diabetes          | ___ 8. Penicillin Allergy | ___ 12. Any Medical Problems not listed |

Remarks: \_\_\_\_\_

Does your child take prescribed medication regularly? Yes \_\_\_ No \_\_\_ If so, what medication \_\_\_\_\_

Will your child require an epi-pen or asthma inhaler on site? \_\_\_ Yes \_\_\_ No. If, YES, please provide one to keep on site at school.

If medication is taken at school, please provide medications and any instructions we need to know about administering this medication.

MCA is authorized to give the following OTC medications? \_\_\_ Ibuprofen \_\_\_ Acetaminophen \_\_\_ Tums \_\_\_ Pepto-Bismol

## EMERGENCY CONTACTS

The people listed below, in addition to parents/guardians, have authority to be contacted regarding the above named student in the event a parent cannot be reached.

Last Name	First Name	Relationship	Home #	Cell#	Other Phone #

In case of an emergency, we will provide this information to the hospital or physician on call.

Student's Physician: \_\_\_\_\_ Ph: \_\_\_\_\_ Dentist: \_\_\_\_\_ Ph: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## PARENT/GUARDIAN RELEASE

As the parent/legal guardian of the above named minor, I authorize representatives of Maranatha Christian Academy to administer the medication mentioned above. In the event I cannot be reached, I authorize a representative of Maranatha Christian Academy to consent to any X-ray examination, anesthetic, medical, dental, or surgical treatment which will aid the hospital and/or health care practitioner in making a diagnosis and providing emergency treatment for my child. I agree to be financially responsible for all costs and fees incurred in the emergency treatment provided to my child, including but not limited to emergency medical transportation deemed necessary by the attending staff, adult, paramedic, or healthcare practitioner. I understand that every reasonable effort will be made to contact me before these actions are taken. All copies of this form are to have an original signature and notary signature (MCA has a notary on staff)

Parent/Guardian Signature

Printed Name

Date



# CHURCH INFORMATION

*Please fax or mail to:*

P.O. Box 877  
Oakwood, GA • 30566  
770-536-6334 • Fax: 770-531-9625

**Page 1** To be completed by the family. The school must receive this form prior to consideration for enrollment (one per family). After you have completed Part 1, give this form to your Pastor or Sunday School teacher to complete.

**Page 2:** Your Pastor should mail this form directly to the school address above.

Family Name: \_\_\_\_\_

Church your family currently attends: \_\_\_\_\_ Denomination: \_\_\_\_\_

Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

Members of this church?  Yes  No

Do both parents attend?  Yes  No

**Describe your church attendance:**

Weekly (1-3 times per week)  Occassionally (1-2 times per month)  Rarely (less than once a month)  Never

**Father:** Do you profess faith in Jesus Christ for eternal salvation?  Yes  No

**Mother:** Do you profess faith in Jesus Christ for eternal salvation?  Yes  No

By signing below, I agree to waive my right of access to information provided to Maranatha Christian Academy by the Pastor who completes this form.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# CHURCH RECOMMENDATION

## Part 2 - To be completed by the Pastor. Please feel free to make additional comments.

How long have you known this family? \_\_\_\_\_

Is the family a member of your church?      \_\_\_ Yes      \_\_\_ No

Do they participate regularly in the worship services and functions of your church?      \_\_\_ Yes      \_\_\_ No

Do you consider all of the children in the family open to spiritual instruction?      \_\_\_ Yes      \_\_\_ No

Are the children obedient and respectful to their parents?      \_\_\_ Yes      \_\_\_ No

Are the children obedient and respectful to other adults?      \_\_\_ Yes      \_\_\_ No

What is your understanding of the parents' relationship with God?

What is your understanding of the children's relationship with God?

Are there any concerns that should be known by the school, which could either positively or negatively, influence the children's ability to succeed at MCA? Please be specific.

Do you recommend this family for admission to Maranatha Christian Academy?      \_\_\_ Yes      \_\_\_ With Reservation      \_\_\_ No

Pastor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Church Name \_\_\_\_\_

Phone \_\_\_\_\_

Church Address \_\_\_\_\_

City \_\_\_\_\_

St \_\_\_\_\_

Zip \_\_\_\_\_



# STUDENT RECORD RELEASE AUTHORIZATION

*Please fax or mail to:*

P.O. Box 877 • Oakwood, GA • 30566

Student Applicant ~ *Please print*

\_\_\_\_\_  
Student \_\_\_\_\_  
Birthday

\_\_\_\_\_  
Previous School \_\_\_\_\_  
Grade Last Attended

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Phone # Fax #

\_\_\_\_\_  
**Parent/Guardian ~ *Please print***

*I certify that I am the parent or legal guardian of the above-named student.*

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date

Student Records Needed:

- Academic Records
- Birth Certificate
- Health Records
- Achievement Tests or Achievement Test Summaries
- Diagnostic Testing Summaries
- Significant Discipline or Behavior Difficulties
- Psychological Evaluations
- Recommendation for Remediation
- Record of Remediation and Resulting Summary
- Special Education, IEP





# TEACHER'S RECOMMENDATION

*Please fax or mail to:*

P.O. Box 877  
Oakwood, GA • 30566

To the Parent: *Please complete the student information and give this form to the student's teacher with a stamped envelope addressed to Maranatha Christian Academy, P.O. Box 877, Oakwood, GA 30566. Please read and sign the statement below.*

I hereby voluntarily waive my right of access to any information on this recommendation form and agree that the statement shall remain confidential.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Current Grade

To the Teacher: *We appreciate your cooperation and candor in completing this form. Please return the completed form directly to Maranatha Christian Academy. If you have any questions, please call us at 770-536-6334.*

How long have you known this student? \_\_\_\_\_

To your knowledge has this student ever been suspended or expelled from your school or any other prior school? \_\_\_\_Yes \_\_\_\_No

If Yes, please explain the circumstances? \_\_\_\_\_

\_\_\_\_\_

Please evaluate the students abilities in the following areas:

	Excellent	Above Average	Average	Needs Improvement
Follows directions				
Completes tasks				
Works independently				
Works in a group				
Seeks help when needed				
Demonstrates good organizational skills				
Works neatly				
Moves from one task to another				
Displays intellectual curiosity				
Retains learned material				
Participates in class discussions				
Cooperates with classmates				
Respects property of others				
Respects teacher				
Respects others in authority				
Exhibits self-control				
Adjusts to new situations				

# TEACHER'S RECOMMENDATION

Please comment on what you have observed regarding the student's:

**Emotional Development:** Does the student display appropriate maturity relative to his/her age? How does the student react to conflict, frustration, and transition?

**Personal Qualities:** Is he/she reserved or outgoing? Do you consider this student a person of honesty and integrity? Does the student display leadership qualities? Does she/he exhibit concern for others?

**Relationships with others:** Does this student demonstrate concern for others? Is he/she cooperative with classmates and teachers? Is he/she respected by his/her peers?

To your knowledge does this student receive outside tutoring or instruction?

Please describe the family's involvement and cooperation with the school community.

What three words come to mind when you first think of this student?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Your name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Position

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date