



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 an interview: prospective student may be evaluated by an MCA representative in the prospective student's 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
- 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. Copy of Up-to-Date Immunization Record (Georgia Form 3231)
- F. Any Health, Medical or Psychological Reports
- G. Student Medical Release/Emergency Contacts Form (1 Per Student Applying)
- H. Student Pick Up Authorization Form
- I. 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, 2018.

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 - 12th 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, 2018)

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 01/16/2018



INTERNATIONAL STUDENT ENROLLMENT CONTRACT 2018-2019

Student Name: _____ Grade: _____ Date of Birth: _____

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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. Withdrawal Penalty:** Should a student be withdrawn, 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 a withdrawal fee will be imposed on the following schedule: Withdrawal on or before January 31, 2019 will incur a \$1000 withdrawal fee per family, withdrawal on or after February 1, 2019 through the end of the school year will incur a \$2,500.00 withdrawal fee per family. Registration Fee and Textbook/Instructional Fee are non-refundable. **Initial** _____
- 6. Lost Book Fee:** \$20 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 2018-2019 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 2018-2019

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 2018-2019

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 to Student	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