



## I-20 Instructions

Grace Christian School (GCS) has been authorized under United States Federal law to enroll non-immigrant alien students since 2009. Students who wish to attend GCS on an F-1 Student Visa will be required to receive an "I-20 Certificate of Eligibility for Non-Immigrant Student Status" (I-20). I-20 students then must apply for and receive an F-1 Visa. Acceptance of each student will be based on the number of students presently enrolled in each grade, the number of international students already enrolled, and on a "first come, first served" basis.

STEP #1 For acceptance, send all of the following:

- ☐ Application for Admission (Family Information, Student Application, Questionnaire)
- ☐ 1 full year of Report Cards with English translation. (High School Students need a Transcript translated into English including 9th grade)
- ☐ Passport copy (showing F-1 Visa if the student is transferring)
- ☐ Parent's foreign address—typed or printed as it would appear for a letter or envelope
- ☐ Non-refundable application fee
- ☐ Satisfactory score on any one of the following tests: GEPT, Stanford10, SLEP, SSAT, STAR or TOEFL or live interview via video conference
- ☐ Proof of financial responsibility including bank documents with English translation. See Contract Agreement/Financial Responsibility & Affidavit of Support for further details.

*Please allow one week for the processing.*

STEP #2, after acceptance

- ☐ GCS will assign a host family to your child and issue The I-20 Certificate.
- ☐ Fill out I-20 Guardianship Authorization (Notarized) and Emergency Release Forms and submit to GCS.
- ☐ Apply for the F-1 Student Visa at the American Embassy in the student's home country.
- ☐ Visit <https://www.fmjfee.com/> to pay the Student and Exchange Visitor Program (SEVP) fee.
  - ☐ Print the I-901 receipt.
- ☐ Bring the I-20, I-901, and a valid passport to the American Embassy or Consulate for the visa interview.
- ☐ Please notify the school office of your travel plans when the F-1 visa arrives.
- ☐ Travel: Student may enter U.S. 30 days before starting school.

STEP #3 After F1 is received; all students must submit the following before starting school:

- ☐ All outstanding payments must be paid two weeks before beginning classes.
- ☐ All International students must buy health insurance.
- ☐ Immunizations— It is school policy that all required immunizations are met before starting school

### Transfer Students

Updated I-20 Certificates will be sent after all fees and documents are submitted and the previous school performs the transfer process.

## Conciliation Agreement

### Withdrawal, Refund & Enrollment Policies

1. Notice of withdrawal must be done in writing on a Withdrawal Form
2. All Tuition and Fees are non-refundable.
3. Students may be withdrawn due to serious academic or discipline issues including:
  - a. Lack of regular school attendance
  - b. Continued school failure or lack of cooperation
  - c. Possession of firearms or weapons
  - d. Theft, vandalism, possession or use of alcohol or narcotics in the USA or home country
  - e. Immoral conduct on or off campus considered contrary to the moral position of the school
  - f. Endangering fellow students or the reputation of the school on or off campus
  - g. Any action by the student and/or parent considered serious enough as determined by the Administration.
4. All students must: meet with the Administrator before starting school, maintain minimum 2.0 GPA, and adhere to all school rules.

CONCILIATION AGREEMENT: The parties to this agreement believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church. Therefore, the parties agree that any claim or dispute arising out of or related to this Agreement shall be settled by Biblically-based mediation and, if necessary, arbitration in accordance with the Rules of Procedure for Christian Conciliation for the Association of Christian Conciliation Services. The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of this Agreement and expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

We have read and understood this document and we agree to support this student regarding academic and behavior requirements, field trips and extracurricular activities. (If anything here is unclear, please request a translator.)

Signature\_\_\_\_\_ (circle one) Parent Guardian      Date      \_\_\_\_\_

Signature\_\_\_\_\_ (circle one) Parent Guardian      Date      \_\_\_\_\_

**Fees for all New and Transferring I-20 Students**  
**Payable by Cashier's Check or Wire Transfer**

Please contact GCS for current tuition and fees.  
If you have come to GCS through an agency, please speak to your representative.

Please Note: The student is responsible to pay the U.S. Immigration and Customs Enforcement's Student and Exchange Visitor Program (SEVP) fee at <https://www.fmjfee.com/> after obtaining the initial I-20 from the school and before entering the United States. Keep the I-901 receipt, Signed I-20 with your Passport and Visa.

**State of Vermont Immunization Requirements**

The following immunizations are required before school entry, per the Vermont School Immunization Law. Please submit a copy of actual immunization record (s) from doctor with English translation.

**Many major airports have transit clinics for the convenience of international travelers and provide immunizations at a moderate price.** GCS recommends that students use these services if they are not able to obtain the necessary immunizations in a timely manner at home.

<u>Required Doses</u>	<u>Vaccine</u>
4	Polio (OPV or IPV)
5	DTP/DTaP/DT/Td
2	MMR (Measles, Mumps, Rubella)
3	Hepatitis B
2	Varicella (Chicken Pox)
1	TB/PPD/Mantoux Skin Test - negative
1	Chest X-ray – clear (only necessary if above test was positive)
Students entering Grade 7 must have the following additional doses:	
1	Tdap
1	Meingococcal

**Health and Travel Insurance Requirements**

Grace Christian School understands that the protection and safety of your child is of the utmost importance. Medical care in the United States is paid for by the individual, and costs may be excessive without insurance. Often, doctors and hospitals in the United States do not accept insurance plans based outside of the US. **Proof of health insurance coverage through a firm with an office in the US is required for all international students.** We have found that the Independent School Management (ISM) International Student Accident and Health (ISAH) Insurance has the most comprehensive coverage at best rates. **GCS requires that international students purchase the ISAH Gold Plan.**

**Grace Christian School requires that all insurance coverage be in place BEFORE your child begins the academic year.** If you do not have an alternative insurance plan administered through a US office, we recommend you enroll your child in ISAH. Please review the information on the ISM's website at <http://isminc.com/insurance/international-student-accident/coverage-and-benefits/comparison-chart>. Next, enroll your student for health insurance at <https://secure.visit-aci.com/insurance/ISM/Start.aspx>.

## I-20 Emergency Release

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth \_\_\_\_\_  
First Middle Last English "nick name"

### Address

\_\_\_\_\_  
No. Street City Zip

RELEASE: IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY/ NATURAL DISASTER, I GIVE PERMISSION FOR THE SCHOOL TO RELEASE MY CHILD TO ANY ONE OF THE PERSONS LISTED BELOW. STUDENTS WILL BE RELEASED **ONLY** TO PERSONS LISTED ON THIS PAGE.  
**PLEASE PROVIDE AT LEAST TWO (2) ADDITIONAL ENGLISH SPEAKING CONTACTS:**

NAME	PHONE	RELATIONSHIP
1) Shawn Smith	Work: (802) 447-2233 ext. 116 Cell: (802) 688-3351	School Administrator
2)		
3)		

**AUTHORIZATION TO TREAT A MINOR:** We, the undersigned parent or legal guardian of the above mentioned child, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his 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.

Date of Last Tetanus Booster: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any Medical Restrictions: \_\_\_\_\_

Special needs: \_\_\_\_\_

Medications and Medical Conditions: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Address

\_\_\_\_\_  
No. Street City Zip

**We give permission to Grace Christian School to administer MEDICATION to this child as needed.**

Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date \_\_\_\_\_

# Guardianship Authorization Form

We \_\_\_\_\_ & \_\_\_\_\_, parents of \_\_\_\_\_

Father's Full Name

Mother's Full Name

Minor's full legal name

give Power of Attorney for Legal Guardianship of this child to \_\_\_\_\_ & \_\_\_\_\_

Host Family/Guardian

Host Family/Guardian

Birth Parent's Foreign Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email \_\_\_\_\_

It is a requirement that all International students must live with an adult at all times. The administration recommends the adult be atleast 30 years of age. Notify the school office immediately if there is any change in this information. FAILURE TO COMPLY WITH ANY OF THESE CONDITIONS MAY RESULT IN A STUDENT'S WITHDRAWAL AND TERMINATION OF THEIR I-20.

## Host Family/Guardian Information

Names: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

THIS DOCUMENT MUST BE SIGNED BY THE PARENTS IN THE PRESENCE OF A LEGAL NOTARY

\_\_\_\_\_ & \_\_\_\_\_ on \_\_\_\_\_

Legal/Birth Father

Legal/Birth Mother

Date Signed