



West Seneca Christian School

511 Union Rd.
 West Seneca, NY. 14224
www.westsenecachristianschool.com

CHECKLIST OF NEEDED DOCUMENTS

Date

STUDENTNAME

DateofBirth

ALL of the following documents must be received BEFORE
Final acceptance of a student and the issuance of an I20

- Completed I20 Request Form
- Completed School Application
- Current School Transcript
- Copy of the Student's Passport
- Copy of the Parent's Passport or Picture Identification
- Signed Letter of Custody (the student MUST bring the original verified copy to the school)
- Medical Liability Release
- Tuition Agreement Signed
- Refund Policy Signed
- Deposit of \$5000USD Wired to the School

WIRE PAYMENTS TO:
Name of Bank: First Niagara Bank, NA
Address:
5 corners #933
3049 Orchard Park Rd.
Orchard Park, NY. 14127
Phone: (716)674-9515
Account Holder's Name: First Baptist Church of West Seneca
Acct #: 773958746
Swift Code #: 8901025461

I20's will be issued within one week after all necessary materials are received.
They will be sent by Express Mail to insure prompt delivery.

New Student Application

West Seneca Christian School
511 Union Road, West Seneca, New York 14224
(716) 674-1820

School Use Only

Transcript: _____ Requested	_____ Received	_____ Testing Fee Paid	_____ Probation
Health Records: _____ Requested	_____ Received	_____ Accepted	_____ Rejected
Immunizations: Presented, verified by _____	_____ Grade Placement		

To Parents and Guardians:

The following information is needed for the school records and is being requested in this way in order to ensure accuracy. By drawing a line through the space or writing "none" in spaces not relative to you, we know you have not omitted anything.

APPLICATION INFORMATION

Student's full name _____ Age _____ Sex _____
Last First Middle

Current Address _____ City _____ Zip _____

Email Address(es) _____

Phone Numbers: Home _____ Work _____

Emergency _____ Cell _____

Birth date: _____ Birth Place: _____ School District: _____

Last grade completed: _____ Any grade repeated: _____ *Entering grade: _____

Last school attended: _____

Address: _____ City: _____ State _____ Zip _____

Previous schools attended: _____

Reason for changing schools: _____

Has the applicant been in serious disciplinary difficulty: suspension, probation, police record, expulsion?

No ___ Yes ___ Please Explain: _____

Any physical disability? No ___ Yes ___ Describe: _____

Name and ages of brothers and sisters:

Attending WSCS _____

Not attending WSCS _____

Any unusual factors in the child's life? Absence of father or mother, invalidism of either, serious illness, etc.

Academic achievement of your child. Circle the one that best applies:

Below Average

Average

Above Average

Superior

NOTE: Kindergarten applications must include a copy of the child's birth certificate and immunization record.

PERSONAL AND FAMILY INFORMATION

FATHER	MOTHER
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Education: High School _____ years College _____ years	Education: High School _____ years College _____ years
Marital Status: Married ____ Widower ____ Separated ____ Divorced ____ Remarried ____	Marital Status: Married ____ Widow ____ Separated ____ Divorced ____ Remarried ____
Have you personally received Jesus Christ as your Lord and Savior? _____	Have you personally received Jesus Christ as your Lord and Savior? _____

Family Church: _____ Pastor's Name: _____

Address: _____

Church Attendance	Services Attended
Father: Regularly ____ Occasionally ____ Seldom ____	Father: Church ____ S. School ____ Prayer Mtg. ____
Mother: Regularly ____ Occasionally ____ Seldom ____	Mother: Church ____ S. School ____ Prayer Mtg. ____
Child: Regularly ____ Occasionally ____ Seldom ____	Child: Church ____ S. School ____ Prayer Mtg. ____

Has the applicant ever made a public profession of faith in Christ? Yes ____ No ____

Please list hobbies, music lessons, interests, or activities the child participates in at home, school, or church.

West Seneca Christian School admits students of any race, color, national and 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, national and ethnic origin in admissions policies, athletic and other school-administered programs.

We, as parents, have received and read the statement of faith. We have read and signed the statement of cooperation and do sincerely give our pledge to support the school in the items indicated in those statements.

Father's Signature: _____

Mother's Signature: _____

Date: _____

STUDENT QUESTIONNAIRE

WEST SENECA CHRISTIAN SCHOOL
GRADES 7 – 12

Student's Name _____ Age _____ Birthdate _____

Address: _____ Grade _____
Street City State Zip

Parent's /Guardian's Name _____ Phone _____

The student's attitudes, conversation, and behavior reflect the character of the institutions (the home, the school and the church) from which he receives his training. This form reflects the school's attempts to secure and retain students who would best adjust to the disciplines and high standards of our school. Honest answers to these questions will be most helpful in considering whether our school can meet your needs.

I. Student Information

Do you attend church regularly? _____ Where? _____

Are you a Christian? _____ When did you become a Christian? _____

How did you become a Christian? _____

Do you accept the Bible as God's Word? _____ Do you desire to submit yourself to the principles of God's word as the final authority in your life? _____

Do you know of any areas where your religious beliefs differ from those of our church and school? If so, where?

Do you sincerely pledge allegiance to the Christian and American flags? _____

Have you ever repeated a grade in school? _____ What grade(s)? _____

II. Conduct Information

Have you ever been suspended or expelled from school? _____ When? _____

Why? _____

Have you ever been arrested? _____ imprisoned? _____ on probation? _____

In the last year, have you used tobacco in any form? _____ alcoholic beverages? _____ illegal drugs? _____

Have you ever run away from home? _____ When? _____ For how long? _____

NOTE: If you have answered yes to any questions in this section on conduct, the principal may wish to meet with you. This questionnaire is treated as confidential and will not be placed in the student's academic file.

STUDENT'S AGREEMENT

Please answer yes or no to the following questions and give an explanation where necessary.

1. Do you want to attend this school? _____ Why? _____

2. Will you seriously endeavor to keep all the school's rules? _____
3. Will you respect and be obedient to those in authority over you without being critical or finding fault?

4. Will you seek to maintain a Christian testimony at home, at church, and in the community as well as at school?

5. Will you willingly and in good spirit conform to our school dress grooming and hair standards?

6. Will you avoid styles or fads that generate undue attention or questions and/or violate the conservative style of the dress, grooming and hair standards that we encourage? _____
7. Will you agree not to draw, wear or display any symbols or pictures that oppose the standards of our school?

General Policy:

Students are expected to abide by the school standards of conduct throughout their enrollment. Students found to be out of harmony with this school's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of this Christian school, whether on or off campus, I pledge to uphold the school's standards against cheating, swearing, smoking, drinking alcoholic beverages, using or talking favorably about narcotics or using indecent language and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this Christian school while I am a student attending the school. I will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of this Christian school.

Date _____ Student's signature _____

Date _____ Signature of
Parent reviewing _____



West Seneca SEVIS I-20 Information Form

All information on this form is required for the initial setup and reporting in the **STUDENT EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS)** and for the issuance of the I-20 document.

STUDENT INFORMATION TO BE COMPLETED BY PARENT OR GUARDIAN (Please print legibly):

Family Name (surname): _____

First (given) Name, *DO NOT ENTER MIDDLE NAME*: _____

Country of Birth: _____

Date of Birth (m/d/y): _____, Gender: Male Female

Country of Citizenship: _____

Do you presently have a United States Visa? Yes No. If yes, what type Visa? _____

Student's **Foreign** Address:

Street: _____

City: _____ Province / Territory: _____

Postal Code: _____ Country: _____

Student's **U.S.** Address (with Family or Guardian):

Street: _____

City: _____, State: _____, Zip: _____

Telephone: _____ Email (Optional): _____

Name of school student will be attending: _____

Street: _____

City: _____, State: _____, Zip: _____

School official to be notified of student's arrival in U.S.:

Name: _____, Title: **SEVIS, PDSO**, Office Phone Number: _____ Email: _____

TO BE COMPLETED BY SCHOOL PERSONNEL:

The student named above has been accepted for a full course of study at _____ and in grade _____. The student is expected to report to the school no later than (date) _____ and complete studies not later than (date) _____.

This certificate is issued to the student named above for:

- Initial attendance to this school.
- Continued attendance at this school.
- School Transfer; Transferred From: _____
- Other: _____

Level of education the student is pursuing or will pursue in the United States.

- Primary
- Secondary

Other: _____

Continue on back page

English proficiency is required (please answer question as it is required by SEVIS):

Does the student have the required English proficiency? ___Yes or ___No

If the student is not yet proficient, will English instructions will be given at the school? ___Yes or ___No

The average cost for the student for an academic term of _____ months will be:

\$_____ Tuition and fees

\$_____ Living Expenses

\$_____ Other(specify): _____

\$_____ Total

The school has information showing the following as the student's means of support, estimated for an academic term of _____ months:

\$_____ Student's personal funds

\$_____ Funds from this school. Specify Type: _____

\$_____ Funds from another source. Specify: _____

Remarks: _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

STUDENT CERTIFICATION: I have read and agree to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and it is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named above. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Printed Student Name

Student Signature

Date

If student is under 18 years of age, Parent/Guardian signature is required below:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Address

REGISTRATION FEE (TO BE COMPLETED BY SCHOOL PERSONNEL):

Registration fees of \$_____ for the above named student has been paid in full AND/OR the tuition for \$_____ has been paid in full. If tuition has been paid in full, no personal financial data is needed.

However, a letter on school letterhead verifying total payment, signed by the principal or designated personnel, will be required. If financial data is included with this form, please verify the information provided covers the year's tuition, etc.

Printed Name of Authorized School Representative Required

Signature of Authorized School Representative required

Date



West Seneca High School

International Student Tuition & Fees Agreement

Student Information

Student Last Name: _____ First Name: _____

Date of Birth: _____ Nationality: _____

Parent Information

Father/Mother Last Name: _____ First Name: _____

Address: _____

City: _____ Country: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Tuition & Fees

Total Fees: \$26,325.00

School Account Information

WIRE PAYMENTS TO:

Name of Bank: First Niagara Bank, NA

Address: 5 corners #933 3049 Orchard Park Rd. Orchard Park, NY. 14127

Phone: (716)674-9515

Account Holder's Name: First Baptist Church of West Seneca

Acct #: 773958746

Swift Code #: 8901025461

By signing this agreement, I understand and agree to the payment of US\$26,325.00, accept all of the policies of the Student Handbook (copies of the Student Handbook are available on the school website: westsenecachristianschool.com)

Parent Signature

Date



West Seneca Christian School

International Student Refund Policy

DEPOSIT

The deposit (\$5,000) is non-refundable.

If the student is unsuccessful in obtaining a Visa; \$4,500 of the deposit will be refunded less the wiring fees. However this is the only condition under which any of the deposit will be refunded.

TUITION AND FEES

Tuition and Fees for the 2013-2014 school year is \$26,325.00

Final payments should be wired to the school no later than two weeks prior to the beginning of the semester.

We understand there will be a time of transition and a period of time when the students work may not be up to the standard expected of students at West Seneca Christian School due to learning in another language and the extra demands that requires. However, if a student refuses to try to accomplish the work and assignments, is excessively absent, or does not make an effort to study and improve his/her academic standing dismissal may occur at the semester break.

Any student, who is expelled, dismissed, withdraws or transfers for any reason will receive a refund of any money remaining in the unused portion of their homestay money ONLY. All other tuition and fees are nonrefundable.

Parent Signature

Date

Student Signature

Date

注：该文件为英文原件之翻译件，仅供阅读参考。签字部分要求学生费用支付人亲自填写，提交后所有签字都将被认可为费用支付人签名，如产生任何签字或财务纠纷，学校不予负责。



西塞尼卡学校

国际学生退费政策

学费押金

学费押金（5000 美元）为不可退还之费用。

如学生签证拒签，则扣除手续费后，退还 4500 美元学费押金。除此情况之外，押金一概不予退还。

学费

2013-2014 学年的学费为 26,325.00 美元。

所有费用必须于学生入学至少 2 周前汇款至学校账户。

我们理解由于不同语言环境及学术要求的限制，学生需要一定时间以达到西塞尼卡学校的学术要求。但如果学生拒绝完成课堂及课后作业，过度旷课或未能努力学习以提高成绩，学校可能于学期末劝退学生。

学生因任何理由被开除、劝退，或自动退学、转学，学校仅退还未使用的寄宿家庭费用。其他所有费用不予退还。

家长签字

日期

学生签字

日期



West Seneca High School

Medical Care and Liability Release

In case of illness, accident or injury, we grant permission to examine and treat our child, whose signature appears below, at an appropriate medical facility and to make referrals to outside physicians and facilities as indicated. We grant permission to release information regarding our child's health to the assigned host parent or the President of West Seneca High School. We also grant permission for our child to receive any and all immunization(s) required for participation in an academic program. We understand that we must pay for any necessary immunizations.

While under the sponsorship of West Seneca High School, Host Home program the student may not participate in skydiving, hand gliding, glider riding, parachute jumping, para-sailing, jet skiing, hot air ballooning, scuba diving, bungee jumping or any other high risk activity as determined by West Seneca High School.

In anticipation of my son/daughter's acceptance to participate in the International Studies program sponsored by West Seneca High School, we the undersigned parents/guardians hereby release West Seneca, its Administrators, Board of Directors, Agents, Host Families and Academic institutions from any and all current and future claims, charges, costs, and/or causes of action for loss of property, personal injury, illness, accident or death sustained by my child during the time he/she is in the program whether covered by current insurance or not. I further agree to indemnify and hold harmless all of the above named from any and all liabilities, including liabilities to third parties, which may arise from my child's participation in the program, including all activities specified herein, in the student handbook and elsewhere.

We, the undersigned acknowledge that it is our responsibility to provide adequate health insurance that can be accessed and is valid while in the United States and that we are financially responsible for any medical services that are not covered by the health insurance we provide for our child.

We, the undersigned grant West Seneca High School permission to use photographs and any other materials in which the participant appears for promotion or publicity of future programs.

We understand that our child must bring a copy of their medical history or injections and inoculations with them when they arrive for the program. We certify that the medical information we provided on the host family application is complete to the best of our knowledge and that West Seneca High School is not responsible if new or recurring conditions develop while participating in the program. In the event that the school determines a health issue, accident or injury or a behavior to be serious termination of the program can occur and the student be returned home. In the event that the situation resulted from incomplete or incorrect information or a student's unwillingness to follow the guidelines of the program no refund of fees will occur.

This agreement covers the period from the time our child boards transportation to West Seneca High School until the student departs the host family and boards transportation.

Signature of father/legal guardian

Print Father's Name

Date

Signature of Mother/Legal Guardian

Print Mother's Name

Date

Signature of Student

Print Student's Name

Date



AUTHORIZATION AND LIMITED POWER OF ATTORNEY

The undersigned (parent or guardian name) _____, parent/guardian of (student name) _____, hereby grants the following authority and powers to West Seneca High School(WEST SENECA) relative to the student during the entire tenure of student's enrollment as a member of West Seneca High School. The term begins with the student's acceptance and continues until the time of his graduation or removal from WEST SENECA HIGH SCHOOL CHRISTIAN:

1. Medical Treatment. West Seneca High School may seek medical treatment for students and approve such treatment for any and all medical, surgical, optical, dental, and mental health condition or injuries. Routine care not reasonably anticipated to have significant effect on the student or entail significant risk of present or future injury may be approved without prior authorization by the undersigned. Emergency treatment for conditions or injuries may be approved by West Seneca HIGH SCHOOL without prior authorization where time does not permit such prior authorization by the undersigned. If treatment decisions carry significant risks for the student, in the judgment of WEST SENECA HIGH SCHOOL CHRISTIAN, and time permits contact with the undersigned before treatment is undertaken, West Seneca HIGH SCHOOL will make reasonable efforts to contact the undersigned for approval. In the event that the undersigned cannot be reached with a reasonable time and West Seneca HIGH SCHOOL determines that the treatment decision should be made without further delay, it may approve such treatment.

2. Registration Forms and Other School Documents. WEST SENECA HIGH SCHOOL may execute on behalf of the undersigned the standard forms required of students as part of the registration, enrollment and class-assignment process. These forms include, but are not limited to, the Student Registration Form, the Consent to Treatment Form, the Parent Permission for Participation in Off-Campus Events Form, the Honor Code acknowledgement form and the Athletic Emergency Information Form. In addition WEST SENECA HIGH SCHOOL may execute on behalf of the undersigned all forms necessary to select and approve the elective classes in the curriculum for the student.

3. Athletics, Activities and Field Trips. Many athletic pursuits, activities and field trips sponsored by West Seneca High School and/or its personnel typically require the approval of a parent or guardian and may also involve the payment of fees on the student's behalf above and beyond tuition, board, books and supplies. The undersigned authorizes West Seneca High School to approve such athletic and non-athletic activities and trips without prior authorization of the undersigned. This authorization includes permission to transport the student to locations in and out of the state of New York. Any other travel out of the country, including to the student's home country, require the prior approval of the undersigned.

The undersigned acknowledges that all activities involve some risk of injury, whether from the activity itself or the transportation to and from the location of the activity. The undersigned authorizes West Seneca HIGH SCHOOL to exercise its good faith judgment in permitting participation in activities, even where there is a minor risk of injury to the student. Apart from school in sponsored activities, students may request permission to go off campus with other students and their families for events and activities that are not sponsored by WEST SENECA HIGH SCHOOL CHRISTIAN. The undersigned agrees that WEST SENECA HIGH SCHOOL may, in its discretion, grant or withhold permission for a student to be off campus for such purposes.

4. Authorization to Incur Expense. The undersigned is aware that the exercise of the powers and authority granted herein may involve expenses to the student and/or his parent or guardian. The undersigned approves the reasonable expenses associated with the activity, provided that those expenses do not exceed the amounts being charged to other students for the same activity or event. Any activity or event for which the charge would exceed \$200.00 will not be approved by WEST SENECA HIGH SCHOOL for the student without advance consent from the undersigned. WEST SENECA HIGH SCHOOL shall not be responsible for damages or losses incurred by the student or the student's parent or guardian caused by failure of the undersigned to respond within a reasonable time to a request for approval of participation in activities or trips.

5. Release of Liability. The undersigned understands that WEST SENECA HIGH SCHOOL is not required to assume the responsibilities associated with this AUTHORIZATION AND LIMITED POWER OF ATTORNEY, and may instead require the undersigned to make every decision and execute every form and document associated with attendance at WEST SENECA HIGH SCHOOL as a precondition to the student's enrollment and participation in the activities and events that occur on and off WEST SENECA HIGH SCHOOL campus. The undersigned understands that the willingness to exercise the authority granted herein is an accommodation to the student and the undersigned for which WEST SENECA HIGH SCHOOL receives no additional consideration. In exchange for the willingness of WEST SENECA HIGH SCHOOL to exercise the authority and powers granted herein the undersigned release(s) WEST SENECA HIGH SCHOOL and its current and former related and/or affiliated entities, officers, trustees, agents, employees and assigns from any and all liability arising from the exercise of the powers granted herein, even if later events prove the decisions made by WEST SENECA HIGH SCHOOL to have been unwise when made.

6. Agreement to Reimburse Expenses and Charges. The undersigned agrees to pay for medical insurance on the student and to furnish WEST SENECA HIGH SCHOOL with information required to purchase medical insurance. The undersigned further

agrees to reimburse to WEST SENECA HIGH SCHOOL any and all charges approved by WEST SENECA HIGH SCHOOL or any treatment not covered by medical insurance, as well as for the cost of any activity or trip in which the student participates or fails to participate at a time when the cost cannot reasonably be avoided. The charges incurred for such treatment or activities/trips shall be treated as tuition and board for all purposes. The student will not receive transcripts or graduate from WEST SENECA HIGH SCHOOL while any balance remains outstanding on such charges.

7. Appointment of West Seneca High School as Attorney in Fact. The undersigned appoints WEST SENECA HIGH SCHOOL attorney-in-fact for the undersigned for the sole purpose of carrying out the authority granted by the undersigned to WEST SENECA HIGH SCHOOL in this agreement. This power may be exercised by the Chief School Administrator, the School Nurse, the School Principal, and any Administrators. The Chief School Administrator may, in his discretion, delegate his power granted herein to any other agent or employee of WEST SENECA HIGH SCHOOL who, in the opinion of the Chief School Administrator, is an appropriate representative of WEST SENECA HIGH SCHOOL to exercise the authority granted herein for the benefit of the student.

8. Form of Written Approval. When written approval of the undersigned is required under this document or for any other purpose, WEST SENECA HIGH SCHOOL may accept as evidence of written approval and/or permission communications sent by conventional mail or by email or fax from the following addresses/phone numbers:

The undersigned understands and agrees that permission forms or documents sent from these addresses/fax numbers will be conclusively presumed to have been sent by the undersigned and to be valid documents with or without the use of secure electronic signatures.

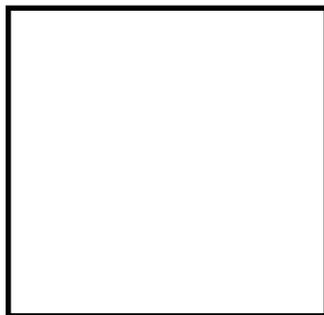
9. Copies of Forms and Documents Executed Pursuant to this Authorization. When documents are executed by WEST SENECA HIGH SCHOOL pursuant to this document, WEST SENECA HIGH SCHOOL will endeavor to promptly send copies to the undersigned. Unless otherwise specifically instructed, WEST SENECA HIGH SCHOOL will send copies by email at the address provided by the undersigned in paragraph 8, above.

Parent's Signature **Date**

Parent's Signature **Date**

Witness Signature **Date**

Witness Seal



Custody Agreement

Date: _____

Student's Name: _____

I, _____ give and assign custody for my child

(Print Parent Name)

_____ to _____,

(Print Child's Name)

(Host Family)

_____, New York, for providing a residence and transportation and for

(Host Family City)

all matters that might require a parent's approval. This custody agreement is in effect for the duration of the time my child is a student at _____.

(School Name)

In the event that a change in the Host Family is necessary, as determined by the Host Family or the School's President, I

authorize the school President, _____, to make

(Print School President's Name)

the necessary decisions with respect to placing my child with another Host Family and this custody agreement and authority will transfer to the new Host Family with full force and effect.

I understand that I will be informed of any changes in the Host Family PRIOR to the change being made and my approval will be sought. By signing this agreement and approving any assignment to another Host Family, I hereby waive any claim against the President or the School for making a Host Family available for my child. This custody agreement will travel with my child to any subsequent Host Family to which my child is assigned by the President of the School.

I understand that this form needs to be notarized or legally verified according to local law, and brought to the United States with the original signatures when my child arrives in the United States.

Parent's Signature

Date

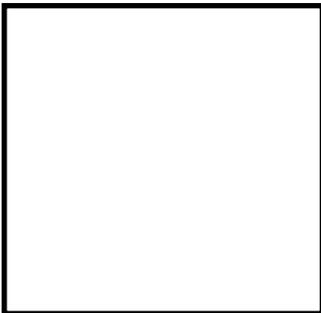
Parent's Signature

Date

Witness Signature

Date

Witness Seal



HOMESTAY APPLICATION FORM

(Please Print In English)

Students Information

Name: _____
Family name *Given Name*

Date Of Birth: _____ Male _____ Female _____
Day Month Year

Home Address: _____

City Country Postal Code

Telephone: _____
Home Business

Fax: _____ Email: _____

Languages Spoken: _____ Student Skype ID: _____

Arrival Date: _____ Time: _____ Flight #: _____

Emergency Contact Information(Parent or Agent)

Contact Person (with English speaking skills) to notify in case of an emergency:

Name: _____
Family name Given Name

Relationship to student

Telephone: _____ Fax: _____

Email: _____

Tell Us About Yourself

Proficiency in English: (This is a personal assessment of your proficiency in English.)

	SPEAKING	LISTENING	READING	WRITING
BEGINNER				
INTERMEDIATE				
ADVANCED				

My Hobbies include: _____

Other Countries I have visited: _____

Some things I really like: _____

Some things I dislike: _____

Will you bring your laptop computer: Yes _____ No _____

Character Traits (Check all that apply):

Sociable	Sensitive	Humorous	Active	Cooperative
Outgoing	Adapts	Curious	Positive	Quiet
Easily	Shy	Talkative	Other	_____

Please answer the following health questions as accurately as possible.

1 Have you any medical conditions that we should be made of aware of? Yes _____ No _____

If yes, please explain: _____

2 Are you taking any medication for this condition? Yes _____ No _____

3 Do you smoke? Yes _____ No _____

4 Would you object to staying in a home that has pets? Yes _____ No _____

I certify that the information given above is correct to the best of my knowledge.

Date: _____
Day Month Year

Student's Signature: _____