

**International Re-Enrollment
Student Application
Kindergarten - 12th Grade
2021 – 2022**

INTERNATIONAL PROGRAM ADMISSIONS
mnelson@heritagechristianschool.com

Preschool / Elementary Campus

22081 Hidalgo
Mission Viejo, CA 92691
Phone: (949) 598-9166
info@heritagechristianschool.com
www.heritagechristianschool.com

Junior High / High School Campus

23302 El Toro Road
Lake Forest, CA 92630
Phone: (949) 446-8133
info@heritagechristianschool.com
www.heritagechristianschool.com

SEVIS ELIGIBILITY FORM

MANDATORY: Only Fully Completed Form will be Accepted for Submission

Visa Type: **F-1** Passport Number: _____
Family Name: _____ First Name: _____
Middle Name: _____ Suffix: _____
Date of Birth: _____ Gender: _____
Country of Birth: _____ Country of Citizenship: _____
Education Level: Elementary (K-6) Jr. High School (7-8) High School (9-12)
Current Grade: _____ Entering Grade in the U.S. _____
Initial Date of Schooling: _____ Email: _____

Foreign Address: _____
City: _____ Province: _____
Country of Residence: _____ Postal Code **MANDATORY:** _____
Primary Phone: _____ Secondary Phone: _____
Email for Parent(s): _____

U.S. Address: _____
Physical Living Location MANDATORY, not PO Box or Business Address
City: _____ State: _____ Zip: _____
Name of Parent / Relative living with: _____
Primary Phone: _____ Secondary Phone: _____
Email for Parent / Relative living with: _____

REASON FOR ISSUANCE OF SEVIS I-20:

- Initial Attendance
 Initial Attendance – Change or Status Requested
 Continued Attendance (Transfer Only)

Current School: _____

HERITAGE CHRISTIAN SCHOOL

2021-2022 Tuition and Fees Schedule

	GRADES K to 6	GRADES 7 to 8	GRADES 9 to 12	Payment Due
Application Fee	\$300	\$300	\$300	With application
International Registration	\$1,400	\$1,600	\$1,600	With application
International Student Tuition	\$12,800	\$14,850	\$18,950	May 31, 2021* #
Textbook and Supplies	\$250	\$470	\$470	May 31, 2021* #

* For students who apply after May 31, 2021, tuition payment is due when the student receives their visa.

All payments must be paid in full when due. Any non-payments will result in cancellation of the I-20 in SEVIS.

Other Fees

Payable as needed	
Documents Mailed Overseas with Signature Required	\$80 (FEDEX Only)
Hot Lunches – ordered monthly (optional)	\$5 per day
School Uniforms (required)	~ \$200
Athletic Fees	~ \$50 to \$150
Heritage Harbor	Depends on need (see page 6 for Rates)
Class Field Trips	Depends on Grade

All fees and tuition are payable in cash, check or wire transfer. Checks are payable to **Heritage Christian School**.

Wire Information

BENEFICIARY NAME: HERITAGE CHRISTIAN SCHOOL

BENEFICIARY LOCATION: 22081 HIDALGO, MISSION VIEJO, CA 92691

BANK LOCATION: CHASE BANK (SWIFT #CHASUS33)

BANK ADDRESS: 270 PARK AVE, NEW YORK, NY 10017 ROUTING NUMBER: 021000021

ACCOUNT NUMBER: 163875570

PAYMENT AND REFUND POLICY

1. All payments are due in full. **There is no monthly payment plan for international students.**
2. All Application, Registration, and Tuition Fees are **NON-REFUNDABLE**. **There are no refunds under any circumstances.**

2021-2022 Finance Contract

MANDATORY: Only Fully Completed Contract will be Accepted for Submission

Fill out only ONE Finance Agreement per Family with multiple students

Today's Date: _____ Expected Start Date: _____ Student Age: _____ Student Grade: _____

Student Information

Student #1 Name: _____

Grade 2021-2022: _____ Date of Birth: _____

Student #2 Name: _____

Grade 2021-2022: _____ Date of Birth: _____

Student #3 Name: _____

Grade 2021-2022: _____ Date of Birth: _____

Student #4 Name: _____

Grade 2021-2022: _____ Date of Birth: _____

Financial Agreement

Heritage Christian School is a non-profit organization and the budget is projected solely on the basis of the tuition, fees and gifts of the parents. As such, I/we agree to the following Financial Terms and Conditions:

I/We agree to pay the annual tuition of \$ _____

If Payment is not PAID in FULL prior to arrival, I-20 will be cancelled

1. **Early Withdrawal:** I/We understand that enrollment in HCS is an annual commitment. In the case where withdrawal before the end of the academic school year is necessary, the following policies will apply:

- A. You must notify the school office in writing if you plan to withdraw your child(ren). Your child(ren) will be considered enrolled and you will be responsible for tuition until this notice has been turned in.
- B. A student may be expelled prior to the end of the term for failure to maintain passing grades of D or better.

_____ **Parent Initials**

2. **Heritage Harbor Rates (before and after school care):** If your student(s) will require before or after school care, please indicate your desired times by checking below. I/we agree to pay the following monthly charges beginning September 1, 2021 and each consecutive month thereafter while care is utilized during the 2021-2022 school year:

- | | | |
|--|--|---|
| <input type="checkbox"/> Before school | 7-8:30 AM | \$100 per month, per student |
| <input type="checkbox"/> After school | 3-6 PM (<i>Minimum Day 12:30-6 PM</i>) | \$200 per month, per student |
| <input type="checkbox"/> Before and After school | 7-8:30 AM & 3-6 PM (<i>Minimum Day 12:30-6 PM</i>) | \$250 per month, per student |
| <input type="checkbox"/> Occasional Use | | \$30 per any part of an hour, per student |

_____ **Parent Initials**

3. **Absences/School Closures:** I/We understand that tuition is due in full regardless of absences or school closures (please refer to School Calendar).

_____ **Parent Initials**

4. **Holiday Day Care:** I/We understand that HCS is closed for certain holidays throughout the school year (please refer to School Calendar) and that when Holiday Day Care is offered, there will be an additional charge of \$50 per day and pre-registration and pre-payment is required. No drop-ins will be allowed.

_____ **Parent Initials**

To Be Valid: No 3rd Party Representation will be accepted on this Contract

We have read all the information in the Finance Agreement and are in full agreement with all terms and conditions.

Father Signature

Date

Mother Signature

Date

If more than one parent is financially responsible for enrolled student(s), both must sign this agreement.



CREDIT CARD AUTHORIZATION

I, _____, authorize Heritage Christian School to debit the Visa, Mastercard, or American Express listed below for the following items:

	Amount	Date	Notes
<input type="checkbox"/> Tuition	\$ _____	_____	_____
<input type="checkbox"/> Registration Fee	\$ _____	_____	_____
<input type="checkbox"/> Books/Materials Fee	\$ _____	_____	_____
<input type="checkbox"/> Field Trip	\$ _____	_____	_____
<input type="checkbox"/> Donation	\$ _____	_____	_____
<input type="checkbox"/> Sports Fee	\$ _____	_____	_____
<input type="checkbox"/> Yearbook	\$ _____	_____	_____
<input type="checkbox"/> Childcare	\$ _____	_____	_____

Credit Card Information **(NOTE: There is a 3% transaction fee for using a credit card):**

Name on Card: _____

Billing Address: _____

Street

City

State

Zip

Card Number: _____

Expiration Date: _____ CCV (3 or 4-digit) code: _____

Signature: _____ Date: _____

(MUST BE name on credit card)

HERITAGE CHRISTIAN SCHOOL

2021-2022 International Student Emergency Contact Form

MANDATORY: Only Fully Completed Form will be Accepted for Submission.

One form PER student must be completed in full. This form is given to Teachers, Athletic Director, Heritage Harbor, and School Office, as needed for school activities and events.

Date: _____ Grade Entering: _____

Student Information

First Name: _____ Middle: _____ Last: _____

Student Birthday: _____ Gender: M F Student U.S. Phone: _____

Student Address: _____ City: _____ Zip: _____

U.S. Home Phone: _____ Email Address: _____

LIVES WITH:

Mother/Father Mother/Stepfather Father/Stepmother Mother Father Other _____

Emergency Contact OTHER than Parent/Guardian:

Name: _____ U.S. Home Phone: _____ U.S. Cell Phone: _____

Parent Information

Father's Name: _____ U.S. Daytime Phone: _____

Address: _____ City: _____ Zip: _____

U.S. Home Phone: _____ U.S. Work Phone: _____

U.S. Cell Phone: _____ Email Address: _____

Employer's Name: _____ City: _____

Mother's Name: _____ U.S. Daytime Phone: _____

Address: _____ City: _____ Zip: _____

U.S. Home Phone: _____ U.S. Work Phone: _____

U.S. Cell Phone: _____ Email Address: _____

Employer's Name: _____ City: _____

Stepparent/Guardian Name: _____ U.S. Daytime Phone: _____

Address: _____ City: _____ Zip: _____

U.S. Home Phone: _____ U.S. Work Phone: _____

U.S. Cell Phone: _____ Email Address: _____

Employer's Name: _____ City: _____

Carpool Information

I give permission for the following people to pick my student(s) up from school:

Medical Information

In case of emergency when parents or authorized persons cannot be contacted, I hereby grant permission to the school personnel to secure care for my child from the doctor below, or if that doctor is unavailable, from a local medical center.

Medical Contacts:

Name of Doctor: _____ Address/Phone: _____ None

Name of Dentist: _____ Address/Phone: _____ None

Insurance Company Name: _____ Policy #: _____

Check here if no Insurance Hospital Preference: _____ Check here if None:

Parental Release for the Administration of Medication by School Personnel

Administration of medication at school by non-medical personnel is a service/accommodation for parents. By signing this form, I agree to hold the school and its' employees free from any responsibility and liability including but not limited to negligence regarding the medication and the manner in which it was administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them. I also release HCS from all liability for drug reactions that my child may suffer from this medication. I give permission for the staff of Heritage Christian School to administer the following over-the-counter medications as needed according to the recommended dosage chart for weight and age:

Tylenol Yes No Motrin Yes No Benadryl Yes No

Student's Age: _____ **Student's Weight:** _____ **Student's Height:** _____

Do you wish school to give your child prescription medications? Yes No / Request Form on file in Office? Yes No

Health History (a response is required to all questions)

Past & Present Health Conditions	Life-Threatening? Explanations / Treatments
<input type="checkbox"/> Yes <input type="checkbox"/> No Attention Deficit Disorder (ADD/ADHD)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Food Allergy	
<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma	
<input type="checkbox"/> Yes <input type="checkbox"/> No Allergic to Bee Stings. Personal Epi-Pen?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Bone/Muscle Condition	
<input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes	
<input type="checkbox"/> Yes <input type="checkbox"/> No Chronic Ear, Nose, or Throat Infections	
<input type="checkbox"/> Yes <input type="checkbox"/> No Emotional Problems	
<input type="checkbox"/> Yes <input type="checkbox"/> No Fainting / sudden loss of consciousness	
<input type="checkbox"/> Yes <input type="checkbox"/> No Frequent Headaches or Migraines	
<input type="checkbox"/> Yes <input type="checkbox"/> No Head Injuries or Any Major Accidents	
<input type="checkbox"/> Yes <input type="checkbox"/> No Heart/Blood Disease or High Blood Pressure	
<input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Loss	
<input type="checkbox"/> Yes <input type="checkbox"/> No Physical Handicap	
<input type="checkbox"/> Yes <input type="checkbox"/> No Seizure Disorder	
<input type="checkbox"/> Yes <input type="checkbox"/> No Skin Problems	
<input type="checkbox"/> Yes <input type="checkbox"/> No Urinary/Bowel Condition	
<input type="checkbox"/> Yes <input type="checkbox"/> No Vision Problems	
<input type="checkbox"/> Yes <input type="checkbox"/> No Hospitalizations & Operations	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any other concerns?	

I/We declare that all the information given is true and correct:

Father Signature

Date

Mother Signature

Date