Friendship Christian School

International 2019-20
Re-Enrollment Form

International Family

Re-Enrollment Form / Please Sign to Re-enroll and complete/up-date information

Student Name	Birthday	Grade Entering in Fall

I affirm and commit to enrolling my student(s) for the 2018-2019 school year at Friendship Christian School. Registration for the next school year is to be paid between January to May 15th. All I-20's are canceled June 1st for those not re-enrolling. However, some classes will be filled prior to the May date, so we encourage early re-registration. Tuition payment(s) for the new school year will be due in full by Friday, August 1st, 2019 and that a $1,000.00 per student annual registration fee is due prior to May 15th to hold my student's spot.

Signature _____ Date _____

Home Stay family Guardian's Names	Email	Host Family Home Number	Cell Phone of Host Family

Parent Name	E-mail Address (required)
	Parent's email:
	Second email:

Company or Agent's Name	Agent contact information	Choose DNA if you are not using an agency Number and email (required if you are using an agency)

"I have called you friends, for everything that I learned from my Father I have made known to you." John 15:15b

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Emergency Contact (Other than Parents or Guardian)

Name	Relationship to Student	Home #	Cell #

Pick-up Information (These individuals are allowed to pick up your child from the school)

Name	Relationship to Student	Home #	Cell #

Medical Treatment Consent: Please sign which of the below your student will be allowed to take at school. Please provide the medications in a bag to have available for your student.

_____Tums or anti-acid _____ Advil or Ibuprofen
_____Tylenol _____ Benadryl

Does your child have any medical allergies? _____ if so, list below: _____
_____

Does your child currently take any medications on a regular basis? _____ if so, list below: _____
_____

List your student's (REQUIRED) medical insurance provider _____

Insurance Group Number:_____ Insurance policy Number:_____

Contact number for insurance: _____

Insurance Address: _____
_____

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Notice to extend the program sheet

Student SEVIS # _____

Student original end date of program: _____

Student's original beginning date: _____

Does this student plan to finish the program on the original date of study? _____

Does this student meet all requirements to graduate in the program for the original end date? _____

Is this student requesting an extension to the program of study? _____

What date will this student graduate? _____

What date will this program of study need to be extended until? _____

Please give a brief explination of why the program of study needs extending:

_____
_____
_____
_____
_____

Who will extend the program? (International Department only)
_____ title _____

Date this is completed in the SEVIS program. _____

Is this application to extend approved? _____ Date: _____

_____ Head of School

_____ SEVIS PDSO

_____ Student Signature