



PLEASE DIRECT ALL APPLICATION MATERIAL TO:

Friendship Christian School Office of Admissions
3160 Old Atlanta Road Suwanee, GA 30024
frontdesk@fcs.ga.org

International Student Application 2020-2021

Please complete an Application form for each student either clearly printed or typed in English. A non-refundable application, I 901 and I 20 Registration fees of \$1,510 per student is due with the application. Friendship Christian School accepts international students in grades 3rd through 12th. Students on an I-20 (F1 Visa). International students must remain in a private school that has been assigned on the I-20. Those who do not comply will have the F1 Visa terminated. FCS, F1 students can not choose their own homestay. They must go through the placement process of FCS.

- **Application Fee of \$1,510.00 US dollars. Includes I 20 and I 901.**
- **Completed and signed application.** All forms must be done in English.
- **Official Transcripts**—all transcripts must be official transcripts and must be translated into English.
- **Evaluation/Recommendation Form.** Please include this form completed by the student's current teachers. All forms must be done in English.
- **Copy of current passport**
- **Proof of sufficient funds to attend school (bank statement)**
- **Testing will occur once the student arrives to the school.**

English proficiency test is due at graduation: All students must have an interview via in person or Skype, WeChat, Kako Talk or Viber. All students must take an English proficiency test in order to graduate from Friendship Christian School. Our school uses the "SLATE" test (<http://iteponline.com/>), the TOEFL test (<http://www.ets.org/toefl/>) or the TOEFL Junior (http://www.ets.org/toefl_junior) to determine proficiency. Please refer to the SLATE, TOEFL, or TOEFL Junior website for information about Testing Centers in your home country. If your child currently lives in the US, please contact the school about setting up an in-person interview in place of the testing.

After a student is accepted we will need the following items at enrollment:

- **Financial Policy Agreement form and Payment:** Once your student is admitted to our program, you will need to complete the financial policy agreement form and confirm you have paid all up front fees, which are due at enrollment. The remaining balance must be paid in full before the student arrives to the school. The balance is due in full at time of the Visa approval.
- **Insurance:** Students from all countries are required to be covered on insurance. Students have the option to email a copy before arrival or purchase the insurance through FCS. Insurance through FCS is a \$500 fee per year.
- **Homestay:** Unless the student is living with a parent, the student will live in our school housing, dorm or approved homestay housing. The cost is \$1,800 per month. Students can not change housing or choose housing on their own. They must go through the International office for this.



STEP 1: SUBMIT FORMS AND FEES

- Complete Application for Admission** including Statement of Faith or acknowledgement of the Statement of Faith and an application fee of \$1,510.00 for 3rd through 12th grade. This fee is non-refundable and non-transferable. After acceptance and Visa approval, the remaining invoice balance is due before arrival to US.
- Supplemental Forms:** The following additional forms are necessary to complete your application file. Please submit to appropriate recipients for completion. Recommendations, transcripts, and reference forms must be mailed or faxed directly to Friendship Christian School.

6th – 12th Grade

- Authorization to Release Records (must provide a transcript of all school records in English)
- Reference
- Copy of passport
- Proof of funds (bank statement)
- SLATE, TOEFL, or TOEFL Junior Test Results (if student lives in the US, the requirement can be waived and an interview will be done instead) A Skype interview will be conducted for all students out of the Atlanta, GA USA area.

STEP 2: NOTIFICATION OF ACCEPTANCE

- We will notify you as quickly as possible about your acceptance to Friendship Christian School. Once the \$1,510 registration fee and the Skype interview and the financial policy agreement form are received the I-20 will be issued. This includes the I 901 fee to the USCIS.
- The following additional forms are due prior to the start of school

Medical Forms:

- Hearing/Vision/Dental Form **3300**
- Birth Certificate or passport copy
- Immunization Form GA **3231**
- Code of Conduct and Acceptable Internet Use Form
- Notarized Guardianship Letter and home check for hosting a student

HOST FAMILY ADDRESS AND CONTACT (notify the school if you need a host family)

Contact Host Family Name: _____

Address: _____

Contact Numbers: _____

Contact email: _____



APPLICATION FOR
ADMISSIONS 2020-2021

Grade Applying for: _____ Fall 2020-2021

Student's Legal Name: _____ Preferred Name: _____
First Middle Last

Date of Birth: _____ Sex: ___ Male ___ Female Race: _____

US Mailing Address: _____
Street City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Last School Attended: _____ Grade: _____

Student Lives with ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Guardian

Other: _____ Who has legal custody? _____

Parents are: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Other

Has applicant ever applied for admission to Friendship Christian School: Yes ___ No ___

Home Stay Information: Students who attend FCS are required to live in our approved homestay program. This is for their safety and for the safety of our program. Students who have family here may apply for the exception to this requirement if the family goes through our process of approval. Students may not change homes or select their own home stay. We use a 10 month contract for all students with requirements and rules for the protection of international students. _____ Yes, _____ I understand this policy.

Medical:

Medical Conditions and/or allergic reactions: _____

Has your child ever been diagnosed with dyslexia or ADHD? _____

Does your child have any medical conditions which need to be brought to the attention of our school personnel?

Yes ___ No ___ If yes, please explain: _____

Is your child currently on medication? _____

If yes, please explain: _____



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Does your child use any medication on a regular basis? _____

If yes, please explain:

Family Information:

FILL IN ALL INFO ON BOTH PARENTS

Father's Name: _____
 Address: _____

 Occupation: _____
 Employer: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

Mother's Name: _____
 Address: _____

 Occupation: _____
 Employer: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

US Guardian Information:

Name: _____
 Address: _____
 Home Phone: _____
 Cell Phone: _____
 Email address: _____
 Emergency Contact: (Other than parent or guardian) _____
 Home/Work Phone Number: _____ Cell Phone Number: _____

CONFIDENTIAL STUDENT INFORMATION

1. Has applicant ever made a profession of faith in Jesus Christ? Yes ____ No ____
2. Educational Background: List applicant's current and any previous schools attended, including Kindergarten
3. Has applicant ever been suspended or expelled from another educational institution? NO _____ Yes / Explain _____

Name of School	City, State	Grades Attended



MEDICAL TREATMENT FORM

In the event that my child becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency, when neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician, or in transporting my child to the nearest hospital for consultation and/or treatment. Such transportation is to be done either by school provided transportation, or if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, or empower the Principal or his designated representative, to furnish on my behalf such written or oral authorization as may be so required. Furthermore, I release the Principal, or his designated representative, Friendship Christian School, from any liability, which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Does this student have any physical or emotional problem(s), which require special medication?

If yes, please explain: _____

Does this student have any medical allergies?

If yes, please explain: _____

My child _____ can take the following medications:

Tums _____ Tylenol _____ IB Profin _____ Benadryl _____
Anti Acid _____ Anti Itch Cream _____ Other _____

Does your student have any latex allergy? _____

Does your student use an inhaler _____ or an epi Pin? _____

Do we have the right to have your student's photo used in publications? _____

Signature of parent/guardian: _____ Date: _____



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STUDENTS MUST MAINTAIN HEALTH INSURANCE AT ALL TIMES WHILE STUDYING IN THE SCHOOL.

STATEMENT OF FAITH

Friendship Christian School affirms the essentials of the Christian faith, which are:

1. We believe the Bible to be the inspired, the only infallible, inerrant, authoritative word of God.
2. We believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit.
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His Vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.
5. We believe that justification is by faith alone in Christ alone.
6. We believe in the spiritual unity of believers in our Lord Jesus Christ.

I understand that my child/children will be taught from the biblical perspective of this statement of faith as stated herein.

MISSION STATEMENT

The mission of Friendship Christian School is to partner with parents to prepare their children spiritually, mentally, physically and socially to become fully devoted followers of Jesus Christ.

CORE VALUE STATEMENTS

1. Love the Lord your God with all your heart and all your soul and with all your mind and with all your strength.
(Mark 12:30) Love your neighbor as yourself. (Mark 12:31)
2. Do all your work with integrity and excellence as unto the Lord.

FAMILY COMMITMENT AGREEMENT

We, as the parents of _____, accept the challenge to “train up a child in the way he/she should go”, under the authority of God, as outlined in Scripture. We see the school as an arm of the home and believe the parents have the ultimate responsibility for their child/children’s education. We have made an investigation of the statement of faith, admission policies, discipline, financial obligations, methods, educational and biblical motives of Friendship Christian School and do pledge our good-hearted support for the coming school year. We pledge our loyal support to the school, praying for its programs, helping teachers as we are able and paying our tuition payments regularly and on time. We understand we are financially obligated to pay the entire year’s tuition with the only exceptions being those listed in the school handbook. We hereby invest authority in the school to lovingly discipline our child/children as explained in detail in the FCS student handbook. We further agree that we will cooperate and discipline our child/children in the home as needed. (Proverbs 22:15) We give our permission for our child/children to take part in all school activities, including school-sponsored field trips, library trips and physical education class trips to nearby parks and recreation facilities. We absolve Friendship Christian School from liability to us or our child/children because of injury to our child/children at school or during a school activity. We give our permission for our child/children’s photo’s to be used on/in the website, flyers, and other publications from Friendship Christian School. We understand that in case of damage to school property assessments will be made to cover expenses by the responsible person, (including breakage of windows, abuse of school textbooks, equipment, etc.) Understanding all of the above, we pledge our support and cooperation to the school and agree to comply with the policies of the administration as outlined in the school handbook. We have read this Statement of Faith and Family Commitment Agreement, attest as a believer in Christ, and agree to these terms:

Parent Acknowledgement of Statement of Faith

We have read the Friendship Christian School Statement of Faith and acknowledge that our child(ren) will be taught under these principles.



Signature of _____

Parent/guardian: _____ Date: _____

CONFIDENTIAL CLASSROOM TEACHER REFERENCE MATH (3rd -11th GRADES)

Parent

Please sign this waiver and submit this form to the applicant's classroom teacher. Thank you.

My child is an applicant for admission to Friendship Christian School. I hereby authorize you to release to FCS the following confidential reference form *that you should mail directly to the Friendship Christian School Admissions Office*. I waive my right to review the information provided on this form.

Parent's Signature Date

Student's Name: _____ Grade: _____

School Name: _____ Teacher: _____

School Address: _____

Teacher:

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately.

Please rank the student's level of performance in each of the following areas:

	Excellent	Satisfactory	Poor
Completes Class Assignments			
Turns in Homework Assignments			
Works Well in Groups			
Performs on Grade Level			
Pays attention/Stays on Task			
Works to the best of his/her ability			
Makes good use of time			
Works independently			
Interacts well with other students			
Respects the rights and property of others			
Respectful and courteous to others			
Accepts adult authority/discipline			
Follows class rules			



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Accepts responsibility for his/her behavior			
Attendance			

Return this form to:
Friendship Christian School Admissions Office, 3160 Old Atlanta Road,
 Suwanee, GA 30024

Please make a short comment on the following:

Do you have any concerns or comments regarding this student's academic performance? Please explain Any concerns: _____

Parental support and involvement _____

	<i>Strongly Recommend</i>	<i>Recommend</i>	<i>Do Not Recommend</i>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has
outsi
de
help
been
reco

mmended? Yes No Been Given: Yes No

Please explain: _____

Describe how well the applicant is respected by adults/peers _____

Additional comments _____

Please indicate your recommendation for admission to Friendship Christian School here:



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Character and Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I

have known this student for _____ years.

Teacher's Name (please print): _____

Signature _____ Date _____

School Address _____ Telephone _____

City _____ State _____ Zip _____

CONFIDENTIAL TEACHER REFERENCE ENGLISH (3rd - 11TH GRADE)

Parent

Please sign this waiver and submit this form to the applicant's classroom teacher. Thank you.

My child is an applicant for admission to Friendship Christian School. I hereby authorize you to release to FCS the following confidential reference form that you should mail directly to the **Friendship Christian School Admissions Office**. I waive my right to review the information provided on this form.

Parent's Signature _____ Date _____

Student's Name: _____ Grade: _____

School Name: _____ Teacher: _____

School Address: _____

English/Math Teacher:

Please assess the above named student in relation to peers in his/her present school. Additional comments are appreciated and may be attached separately.

Please rank the student's level of performance in each of the following areas:

Academic Characteristics	Excellent	Above Average	Average	Below Average	Non Applicable
Reading Skills					
Writing Skills					
Grammar					
Originality of thought					
Effort					
Study Habits					



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Completion of work on time					
Peer Relations					
Respect for Authority					
Reaction to Criticism					
Leadership Ability					
Self-Confidence					

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Please make a short comment on the following:

Parental support and involvement: _____

Has outside help been recommended? Yes No Been Given: Yes No

Applicant's social and emotional development compared with others of the same chronological age

<i>Strongly</i>	<i>Recommend</i>	<i>Do Not</i>
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Describe how well the applicant is respected by adults/peers _____

Please indicate your recommendation for admission to Friendship Christian School here:

I have known this student for _____ years.

Teacher's Name (please print): _____

Signature

Date

School Address

Telephone



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	<i>Recommend</i>		<i>Recommend</i>	
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent - Please sign this waiver and submit this form to the applicant's classroom teacher. Thank you. My child is an applicant for admission to Friendship Christian School. I hereby authorize you to release to FCS the following confidential reference form that you should mail or fax or email directly to the **Friendship Christian School Admissions Office**.

CONFIDENTIAL PRINCIPAL REFERENCE

I have known this student for _____ years. My position at the school is..._____

Reference Name (please print): _____

_____ Signature		_____ Date	
_____ School Address		_____ Telephone	
_____ City	_____ State	_____ Zip	
_____ Parent's Signature		_____ Date	

Student's Name: _____ Grade: _____

School Name: _____ Teacher: _____

Please assess the above named student in the following areas. Additional comments are appreciated and may be attached separately.



Confidential Information

1. In what capacity have you known the applicant? _____

2. Please comment on the applicant's attitude toward school: _____

3. Does applicant exhibit a motivation for or apathy toward learning? Does applicant's behavior foster or inhibit learning among his/her classmates? _____

To your knowledge, this student does not or does

	<i>Yes</i>	<i>No Not at all</i>	<i>Some of the time</i>
This student has had discipline challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student works hard in academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is a concern in behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Strongly Recommend</i>	<i>Recommend</i>	<i>Do Not Recommend</i>
Academic Efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Smoke _____ yes _____ no _____ I don't know

Wear earrings _____ yes _____ no _____ I don't know

Drink alcohol _____ yes _____ no _____ I don't know

Uses profanity _____ yes _____ no _____ I don't know



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Displays Christian Leadership _____ yes _____ no

_____ I don't know

Has a motivation to learn _____ yes _____ no

_____ I don't know

Is willing to take correction _____ yes _____ no _____ I don't know

Is cooperative in the classroom _____ yes _____ no _____ I don't know

Has parent or guardian support _____ yes _____ no _____ I don't know

Has this student missed 20 or more academic days? _____ yes _____ no _____ I don't know

Is this student habitually tardy to school? _____ yes _____ no _____ I don't know

Principal Signature

Name (Please Print)

Date

Return this form to: **Friendship Christian School Admissions Office**, 3160 Old Atlanta Road, Suwanee, GA 30024 Or fax to 678-845-0417

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Parent: Please complete and sign this form and submit it to the principal's office at the applicant's present school. Thank you.

Applicant's Full Name: _____
First Middle Last

Current Grade: _____ Date of Birth: _____

Address: _____

My child is an applicant for admissions to Friendship Christian School. I hereby *authorize you to release to Friendship Christian School* the following records: (1) a certified copy of student file (including grades, credits, all standardized test results, and conduct reports), and (2) immunization, health records and (3) a copy of all disciplinary records.

Signature of Parent Name of parent (please print) Date

Name of Current School: _____

Address: _____



Phone Number: _____

Fax Number: _____

School Administrative Staff:

Please send the above named records to:

Friendship Christian School
Office of Admissions
3160 Old Atlanta Road
Suwanee, GA 30024
Or email to frontdesk@fcsga.org

SEVIS ID is Friendship Christian School INC - ATL214F01985000

Please release an Official Transcript, testing results, immunization records and behavior reports for the above named student in 8th through 12th grade.

This request for information will be kept confidential.