



Packet Instructions

There are many forms contained in this document. The forms have been designed to help you complete your registration with SCA.

Informational or instructional forms look similar to this one with a colored border.

Other forms need to be filled out, signed by you, your parent(s) or guardian and returned to SCA. These forms do not have a border.

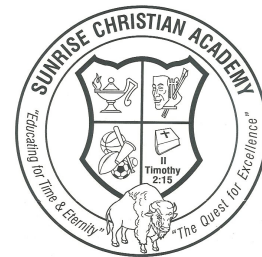
Here is a list of the forms in this document:

Instructions:

- Packet Instructions
- Financial Obligations F1 Students
- International Students Academic Policy
- I-901 Instructions
- International Check Sheet
- International Student Admissions Sheet

Forms to be filled out and returned to SCA

- I-20 Information.....I20
- Student Contact Information.....SCI
- Student ProfileSP
- Medical History.....MH
- Medical Information and Inoculation Record.....MI
- Medical Treatment and Consent to TravelMC
- Standards of ConductSC



Financial Obligations F-1 Students

Applicants must show evidence of ability to pay the tuition and housing expenses while enrolled at SCA. A letter from the family's bank confirming ability to pay or a copy of a recent bank statement will be acceptable documentation.

Insurance is required. This fee is not applied if you can prove that the student has an insurance policy in force with a recognized insurance carrier accepted in the U.S. A copy of the insurance card should be included with the **initial paperwork**. If satisfactory proof of insurance is not provided at registration, then SCA will arrange for coverage through a company that services international students. We estimate the fee will be \$1,145.00 and will provide insurance coverage for the duration of the school year: approximately 10 months.

Tuition and Academic Fees are not refundable once school has begun.

Other expenses:

Expenses such as purchased lunches and personal items, are at the discretion of the student and are not included in the Host Fee.

If a student is graduating from SCA, then there will be costs associated with graduation; i.e., cap and gown, reception fees, etc., costing approximately \$75.00.

School Uniforms: Students must follow SCA clothing guidelines, and must purchase clothing from our school uniform provider. The uniform links are on the school website under current students.

Tuition, Academic Fees, Registration, Uniforms and Insurance (if provided by Sunrise Christian Academy) are required to be **paid in full at the time of admission**. Payment may be made by: wire transfer, check or an approved credit card.

Air transportation to and from the student's home country is the responsibility of the student/parents. Students are required to have a round trip ticket. Before leaving your country, SCA and your host family must be aware of your itinerary. In case of emergency while traveling, you may contact the school office at 316-744-9262.

International Students should arrive no earlier than one week prior to the first day of class and must depart the United States no later than one week after classes have ended unless prior arrangements have been made.



International Students Academic Policy

1. All international students admitted to SCA must meet grade level academic standards or be willing to be placed where best suited academically.
2. International students must exhibit acceptable verbal, written and reading comprehension skills. Students will take an English placement test upon arrival.
3. An international student's academic record must include an officially translated transcript to assist in placement.
4. To be considered as a candidate for graduation, the international student must
 - (a) Attend Sunrise for at least one year (having a total of at least four years of high school)
 - AND
 - (b) Must meet all qualifications for graduating from Sunrise Christian Academy.

Any exceptions must be reviewed and approved by the Sunrise Board.

5. Students are not guaranteed college placement but every effort will be made to achieve placement in a college as is done for all Sunrise graduates should the international student be eligible for graduation.
6. The student is expected to follow the academic policies of the school. These policies are available on the sunrisechristian.org website and will be provided upon arrival
7. After receiving the I-20 form from SCA, students must file a SEVIS I-901 (www.fmjfee.com/I901fee). The cost is \$350.00. You may ask the school to provide the I-901 for you but the fee needs to be pre-paid. The I-901 must accompany the I-20 when applying for a visa at the U.S. Consulate. Even if the student does not need a visa to enter the U.S., the I-901 must be filed.

All TUITION/ACADEMIC FEES, REGISTRATION, UNIFORMS and INSURANCE (if insurance is provided by SCA), **ARE REQUIRED TO BE PAID IN FULL AT TIME OF ADMISSION. PAYMENT MAY BE MADE BY: WIRE TRANSFER, CASHIERS CHECK OR APPROVED CREDIT CARD.** Contact SCA to obtain information on how to make a wire transfer. Any fees incurred for making a wire transfer are the obligation of the international student and should be included in the payment for all student costs. Transfer fees vary depending on the banking/transfer institution.

Should the F-1 student leave prior to the end of the school year, regardless of the reason, there will be **no refund** of academic fees and tuition.

***Expediting fees incurred by the school in sending documents overseas will be billed to the student. Expediting fees vary by country and physical address within the country. SCA has no control over the expediting fees that are charged.**



International Check Sheet

The following items are due upon application:

- \$200 registration fee*
- Student Profile sheet form SP
- Student Contact Information
- Official Transcripts **

The following items are due as soon as student has been accepted:

- I-20 Information form I20
- I-901 fee of \$350*
- \$100 shipping fee*
- Medical History form MH

The following items are due upon arrival at SCA:

- Medical Physical form MI
- Medical Treatment and Consent to Travel form MC
- Standards of Conduct signed by parents and student form SC
- All financial obligations met

*Wiring information will be provided upon request. Credit cards are acceptable.

**Official records are required for evaluation.

International Student Admissions Sheet



International students wanting consideration for admission **must provide** the following:

- _____ * All Junior secondary and Senior secondary academic records of previous schools. This includes records for all school terms that are counted toward graduation credits in the International student's home country. If the international student has attended a school other than schools in his/her home country, those records are also to be included. **Records are to be official and should be translated. Also include a grade equivalency (see below).**

- _____ * A current e-mail address for correspondence during the consideration for admission process.

- _____ * Toefl test results or a letter from a teacher at the students' school verifying their oral and written English abilities is required.

- _____ * A one page essay explaining why the student wishes to attend SCA.

Please include with your Academic Records, a description of grading scale equivalency. Your grading scale should state a description of what is the best to lowest score. For example:

A = 4 (excellent)	OR	A = 1 (excellent)	OR	90-100= A
B = 3 (good)		B = 2-3 (very good/good)		80-89= B
C = 2 (average)		C = 4-6 (credit)		70-79= C
D = 1 (below average)		D = 7-8 (pass)		60-69= D
F = 0 (failing)		F = 9 (fail)		0-59= F



I-20 Information Form

Please print or type carefully all student information below.

Last (Family) Name _____

Home Telephone Number: _____

First (Given) Name _____

Current Grade ____ Applying for Grade ____

English Name _____

Fall/Spring Semester _____ Year _____

Date of Birth (mm/dd/yyyy) _____

Email Address _____

Gender Male Female

Skype ID _____

Citizenship _____

Home Address:

Country of Birth: _____

Number and Street _____

City of Birth: _____

Mobile Number _____

City _____ Postal Code _____

Passport Number _____

Province/State _____

Issuing Country _____

Language spoken at home _____

Sunrise Christian Academy
5500 E. 45th Street North
Wichita, Kansas 67220
316.744.9262 FAX 316.744.7449



Student Contact Information

To be completed by the students and parents.

The information on this form will be given to the host family only after placement is confirmed.

Father Information

Last (Family) Name _____

First (Given) Name _____

Mobile Number _____

Home Telephone Number _____

Email Address _____

Company _____

Position/Title _____

Home Address _____

City _____ Postal Code _____

Province/State _____

Student Lives with Both Parents Father

Mother Information

Last (Family) Name _____

First (Given) Name _____

Mobile Number _____

Home Telephone Number _____

Email Address _____

Company _____

Position/Title _____

Home Address _____

City _____ Postal Code _____

Province/State _____

Mother

Emergency Contact Information

Last Name _____

First Name _____

Mobile Number _____

Email Address _____



Student Profile

Complete Name	Last (Family)	First (Given)	Middle
Address: Street, Apartment #, etc.			<div data-bbox="1117 453 1435 842" style="border: 1px solid black; width: 196px; height: 185px; margin: 0 auto;"> <p data-bbox="1208 632 1268 653" style="text-align: center;">Photo</p> </div>
City		Country	
Birthdate: YYYY-MM-DD	Country Of Citizenship		
1. What is your current grade level (U.S. Equivalent) at your school? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th </div>			
2. How many hours per day do you attend school?			
3. What are you favorite subjects?			
4. When you have completed high school, what would you like to do?			
5. What do you do in your spare time? What are your hobbies?			
6. What sports, if any, do you participate in?			
7. What is your religious affiliation?			
8. Do you have any special dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:			
9. Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Describe:			
10. Do you like pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what pets do you have at home?			
11. What household chore/responsibility do you have in your home?			
12. What activities do you generally do with your family?			
13. What do you hope to gain from attending school in the U.S.?			
14. Have you already graduated from high school in your country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? (YYYY-MM-DD):			
15. Do you have plans to attend college in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Complete Name	Last (Family)	First (Given)	Middle
Essay: Why do you want to attend school at Sunrise Christian Academy?			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			



Medical Information and Inoculation Record

To be completed, signed, and dated by examining physician

The applicant must have a physical examination by a licensed doctor, who is not a family member, within one year of coming to the United States. The physician should complete this report of the applicant's medical history, current health, and inoculation record.

Student Name: _____ Birthdate: (YYYY-MM-DD) _____

Medical History

1. Are you the applicant's regular doctor? ____yes____no
2. How long have you known/treated the applicant? _____ (years)
3. Is applicant currently under treatment for any medical or emotional conditions? ____yes ____no

If yes, please explain: _____

4. Is applicant currently taking any medications: ____yes____no

If yes, list medications and reasons: _____

5. Does applicant currently have an eating disorder or history of an eating disorder (anorexia nervosa, bulimia, etc.?)
____yes ____no

6. Has the applicant had restriction of a physical activity during the past five years? ____yes____no

7. Has the applicant had any treatment or counseling for nervous conditions, personality disorder, or emotional problems?
____yes ____no

8. Has the applicant ever been hospitalized? ____yes ____no if yes, please explain: _____

9. Has the applicant been advised to have surgery, which has NOT been done? ____yes ____no (if yes Please explain):



Medical Information and Inoculation Record - continued

10. Has the applicant ever had a history of any of the following:

YES*	NO		YES*	NO		YES*	NO	
		Allergies to drugs, foods, etc.			Headache (persistent, recurring)			Pneumonia
		Appendicitis			Hepatitis			Poliomyelitis
		*Appendix been removed			Goiter (Struma)			Psoriasis
		Asthma			Hernia			Rheumatic Fever
		Chicken Pox Year:			Malaria Year:			Rubella Year:
		Cough (persistent/recurring)			Measles (Rubella) Year:			Scarlet Fever
		Diabetes Mellitus			Mumps Year:			Seizure Disorder
		Eating Disorder			Menstrual Disorder			Sleep Disorders
		Enuresis (bed wetting)			Mononucleosis			Tuberculosis
		Epilepsy			Parasites (Intestinal, other)			Vertigo/Dizziness

11. Has the applicant ever had disease, impairment, or abnormality of:

YES*	NO		YES*	NO		YES*	NO	
		Abdominal/Digestive System			Genitourinary System			Skin (Acne, etc)
		Bones, Joints			Heart, Blood Vessels			Varicose Veins
		Brain, Nervous System			Locomotor System			Tonsils, throat, nose
		Blood, Endocrine System			Lungs, Respiratory System			Have tonsils been removed?
		Ears, hearing			Menstrual Cycle			
		Eyes, sight						

* If **YES** was checked for any of the above questions regarding applicant's current or past condition or medical history, physician must provide full details, including a description of the severity of the condition on the following page.

** If applicant has allergies, please describe the severity of the condition and the specific causes for allergic reactions on the following page

Sunrise Christian Academy
5500 E. 45th Street North
Wichita, Kansas 67220
316-744-9262 FAX 316-744-7449



Medical Information and Inoculation Record - continued



Medical Information and Inoculation Record

To be completed, signed, and dated by examining physician.

PHYSICAL EXAMINATION OF STUDENT

Height: _____ cm. (_____ ft. _____ in.) Weight _____ kg. (_____) lbs. Blood Pressure _____ Pulse _____

Applicants Uncorrected Vision R _____/_____ L _____/_____ Does applicant wear contact lenses? ___yes ___no

Applicants Corrected Vision R _____/_____ L _____/_____ Does applicant wear glasses? ___yes ___no

1. Does applicant have hearing impairment or abnormality? ___yes ___no Hearing R _____/_____ L _____/_____

2. Urinalysis: Albumin _____ Sugar _____ Micro _____ Hemoglobin _____ gms %

3. Will applicant require orthodontic care during the time spent in the United States? ___yes ___no If yes, the applicant should bring statement from orthodontist indicating care required and must provide own dental insurance.

4. Are there any current abnormalities of the following systems:

YES*	NO		YES*	NO		YES*	NO	
		Cardiovascular system			Menstrual Cycle			Respiratory System
		Ears, nose, throat			Musculoskeletal			Skin (Acne, etc.)
		Eyes			Metabolic/Endocrine System			Teeth and gums
		Gastrointestinal System			Neuropsychiatrics			Other
		Genitourinary System			Pelvic			Other

If YES was checked for any of the above questions regarding the applicant's current or past condition or medical history, physician must provide full details, including a description of the severity of the conditions. (Attach a sheet if necessary).

5. Your opinion of the general state of the applicant's health: Excellent Good Fair Poor

6. Your recommendation for physical activity: Unlimited Limited – please explain _____



Medical Information and Inoculation Record – continued

INOCULATION RECORD					
VACCINE	DATE EACH DOSE WAS GIVEN				
	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
	Month/Day/Yr	Month/Day/Yr	Month/Day/Yr	Month/Day/Yr	Month/Day/Yr
Polio (TOPV)					
DPT (Diphtheria, Tetanus & Pertussis) or DT (Tetanus and diphtheria)					
MEASLES (Rubella, 10 day measles)			If no immunization, give date applicant had measles:		
	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
	Month/Day/Yr	Month/Day/Yr	Month/Day/Yr	Month/Day/Yr	Month/Day/Yr
MUMPS			If no immunization, give date applicant had mumps:		
RUBELLA (3-Day Measles)			If no immunization, give date applicant had rubella:		
HEPATITIS B					
VARICELLA (Chickenpox)					
BACILLUS CALMETTE GUERIN (BCG)		Comments:			
TB SKIN TEST (Mantoux)		Results (circle one): Positive or Negative (no evidence of TB)			
HIV Test		Results (circle one): Positive or Negative (no evidence of HIV)			
CHEST X-RAY (Radiography)*		Results:			

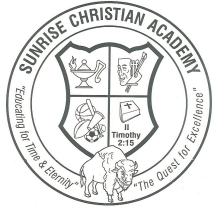
*If TB Skin Test is positive the applicant must have a chest x-ray.

Very Important: If a student has not had measles, mumps, or rubella, she/he is required to have a series of inoculations before going to the U.S.A. Otherwise, the student will be required to have inoculations in the United States before being admitted to an American high school. As students must meet the immunization requirements of the American high school that they will be attending, student may be required to have additional immunizations or screening tests before being admitted to high school.

Name of physician (print) _____ Date of examination _____

Signature of physician _____ Telephone number _____

Sunrise Christian Academy
5500 E. 45th Street North
Wichita, Kansas 67220
316-744-9262 FAX 316-744-7449



Medical Treatment Consent

TO WHOM IT MAY CONCERN:

To any hospital and any physician on the staff thereof: You are hereby authorized to furnish medical care, treatment and/or hospitalization including the use of local or general anesthetic, sedation or analgesia to:

Name of Minor: _____

Date of Birth: _____ who is in the physical custody of:

Name of Caretaker (host family): _____

At the request of the above caretaker acting on behalf of minor, without further written or other authorization from the undersigned parent(s) or legal guardian(s) of said minor child. We further authorize the above caretaker to give permission for the minor to participate in various school activities when authorization is needed and release of school and/or medical records when requested by said caretaker.

Parent's Signature Date (YYYY-MM-DD) _____

Parent Consent

We hereby affirm that we, _____ and _____
are the legal parents of _____ whose birthday is (YYYY-MM-DD) _____.

We hereby consent to our child's application for admission to attend school in the United States as a non-immigrant student. We hereby declare that he/she has been given our permission to live with a Sunrise Christian Academy host family. We hereby affirm that we have delegated to the host family the responsibility to act on our behalf in all matters concerning our son/daughter and the school.

Parent's Signature Date (YYYY-MM-DD) _____

Permission to Travel

Please check one box

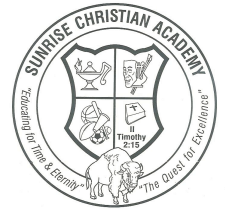
Student's Name _____

We hereby give our full consent for our son/daughter to travel within their host country if accompanied by an adult person approved by Sunrise Christian Academy, or together with the host family. We understand that any travel must be approved in writing by the host family. Approval must also be given by Sunrise Christian Academy. We further understand that our son/daughter will be responsible for any expenses incurred during any trip or excursion. Our son/daughter may not travel while school is in session unless the trip is approved by Sunrise Christian Academy.

We do not give our consent.

Parent's Signature Date (YYYY-MM-DD) _____

**Parent's signature is required even if the student is over 18.*



Standards of Conduct

Part I Laws

If a student is involved in activities that are illegal based on local, state, and federal laws, the student will be sent to the home country as soon as legally possible. Such expenses incurred will be the responsibility of the student's parents. Illegal activities include:

- ***Drinking or purchasing alcoholic beverages and/or tobacco products***
- Buying, selling, possessing or using illegal drugs as defined by local, state or federal law (controlled drugs must be prescribed for the student by a licensed physician).
- Committing or taking part in an act of violence against another person or property.
- Shoplifting or theft.
- Accessing or downloading pornography on the internet.

Part II School

The student must obey all school rules, attend class regularly and be responsible for assuming a full course load, maintaining a "C" average with no failing grades at the end of the semester. Academic probation may result if grades are not acceptably maintained. All tutoring costs are to be borne by the student.

Part III Driving

The student may not drive any car, motorcycle, or other motorized vehicle for which an operator's license is required.

Participation in a high school driver's education program is not guaranteed. The expense of such program must be borne by the student.

Part IV Host Family

Student must comply with the rules of the host family.

Student must keep host family informed at all times of his/her whereabouts, associates, and times of departure from and return to host family's home.

Student must not lend or borrow from host family. The student's natural parents are to provide the student with adequate spending money.

Under no circumstance is the student to drive the host's family car, even for driving practice.

All international students at Sunrise are required to attend an approved church with their host family.

Sunrise Christian Academy
5500 E. 45th Street North
Wichita, Kansas 67220
316-744-9262 FAX 316-744-7449



Standards of Conduct - continued

Part V Personal Conduct

Students are to refrain from sexual behavior, contact, and activity. Students who are found to be sexually active may be terminated.

Students who become pregnant or impregnate will be terminated and sent home.

Student may not tattoo or pierce any part of their body.

Standards of dress, hair, etc. must comply with the school in which the student is enrolled.

We, the undersigned have read and agree with the Standards of Conduct as outlined. We certify that all information provided is correct and complete. We acknowledge that this agreement is in force from the time the student arrives until the time the student leaves the United States at the end of the high school exchange program.

_____	_____
Mother	Date
_____	_____
Father	Date
_____	_____
Student	Date