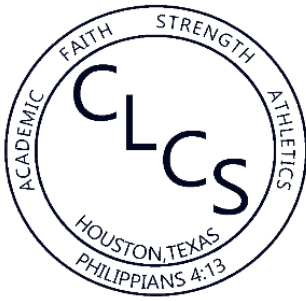


**CLEAR LAKE CHRISTIAN SCHOOL  
RETURNING INTERNATIONAL  
STUDENT APPLICATION**





# RETURNING INTERNATIONAL STUDENT APPLICATION

Applying for School Year \_\_\_\_\_ - \_\_\_\_\_

## PART I: STUDENT INFORMATION

Date of Application: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_ English Name (if applicable): \_\_\_\_\_

Gender: \_\_\_\_ Male \_\_\_\_ Female Age: \_\_\_\_\_ Student Email: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## PART II: FAMILY INFORMATION (Student's Biological Family)

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Phone Number (Include Country Code)

\_\_\_\_\_  
Phone Number (Include Country Code)

\_\_\_\_\_  
Occupation/ Employer

\_\_\_\_\_  
Occupation/Employer

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

## PART II: HOST FAMILY INFORMATION

Host Family Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



# INTERNATIONAL FINANCIAL AGREEMENT

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**REGISTRATION FEES** – Registration fees are paid each year and are non-refundable. Registration fees will not be accepted without a completed Registration Packet.

**INTERNATIONAL TUITION RATES** – International Tuition and Fees are must be paid before student may attend classes.

**TUITION INSTALLMENTS** – Tuition, International Fee, Host Fee and Lunch Fee can be paid per semester. The first payment being due before student attends first class and the final payment being due the first week in December of the current school year.

**MISCELLANEOUS SCHOOL FEES** – School statements (separate from Smart Tuition statements) are generated monthly for miscellaneous fees such as tardy fees, dress code fees, cell phone violations etc. Payment is due in the business office upon receipt.

**Dress Code Violation Fee:** A \$10.00 fee will be charged to a student for every 3<sup>rd</sup> dress code violation he/she receives. The CLCS Handbook delineates the proper dress code guidelines.

**Tardy Fee:** A \$10.00 fee will be charged to student every 5th unexcused tardy received. Grades K-5: considered tardy if not in designated classroom by 8:30 a.m. Grades 6-12: attendance taken each class period; students are considered tardy if not in designated classroom when tardy bell rings.

**MUST BE SIGNED IN FRONT OF A NOTARY**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission expires: \_\_\_\_\_



# AUTHORIZATION AND CONSENT TO PROVIDE EMERGENCY MEDICAL CARE

My child, \_\_\_\_\_ (full name of student), is now in my custody and under my authority. I authorize Clear Lake Christian School and/or its representatives to consent to emergency medical treatment of my child in case of any illness or injury in connection with a school activity or school trip. Such treatment may be administered by physicians, other medical personnel, hospitals, and/or clinics as may be selected by Clear Lake Christian School and/or its representatives. I hereby assume responsibility for such professional service.

Student is covered by an insurance policy \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company \_\_\_\_\_ Membership/Policy # \_\_\_\_\_

\_\_\_\_\_ I do \_\_\_\_\_ I do not authorize any such treating physician or medical personnel to administer blood or blood products to my child.

Hospital Preferred \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL HISTORY

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Tetanus Date \_\_\_\_\_ Student wears contacts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Allergies to medications \_\_\_\_\_

Other allergies \_\_\_\_\_

Daily medications \_\_\_\_\_

Pertinent information about illness, surgery, or chronic conditions: \_\_\_\_\_

Check if your child has had any of the following:

- |                       |                           |                             |                           |
|-----------------------|---------------------------|-----------------------------|---------------------------|
| _____ asthma          | _____ diabetes            | _____ frequent sore throat  | _____ kidney disorder     |
| _____ chicken pox     | _____ frequent earaches   | _____ frequent stomachaches | _____ hearing loss        |
| _____ cerebral palsy  | _____ frequent headaches  | _____ muscular dystrophy    | _____ rheumatic fever     |
| _____ cystic fibrosis | _____ frequent nose bleed | _____ heart disease         | _____ scarlet fever       |
| _____ seizures        | _____ surgery             | _____ tuberculosis          | _____ past skull fracture |
| _____ past concussion | _____ hepatitis           | _____ mental disorder       | _____ other: _____        |

### EMERGENCY CONTACT INFORMATION:

1st: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER
2nd: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER
3rd: _____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER

**MUST BE SIGNED IN FRONT OF A NOTARY**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission expires: \_\_\_\_\_



## MEDICATION RELEASE

The school supplies the items listed below which cannot be administered to students without parental consent. Please check only the items that you will allow to be administered. If your child is currently on a daily medication (i.e. Ritalin, Amoxicil, Penicillin, etc.), please consult with your doctor to make certain that none of the items listed below, when administered, will conflict, in any way, with the medication. This would also apply to any medication given throughout the school year. Medication will be given in compliance with the directions on the product.

- Acetaminophen (i.e. Tylenol, etc.)
- Ibuprofen (i.e. Advil, Motrin, etc.)
- Antacid (i.e. Tums, etc.)
- Benadryl
- Insect Repellent

I am giving my permission for the health station attendant to give my child the medication I have indicated. I understand that I must provide all other medication prescription or non-prescription, if my child is to be given them at school.

I understand that all medication I send to school during the school year must be in the original container and will be accompanied by a written request which will include the following:

1. date to be given
2. student's name
3. name of medication
4. dosage, which must include a physician's written direction if different from the recommended dosage of the manufacturer
5. time to be given or how often
6. signature of parent or guardian

If these criteria are not met, I understand that the school reserves the right not to administer medication to my child. I understand that it is my child's responsibility to report to the designated area in the health station to take his/her medication. I also understand that all medications are to be turned in to the health stations and are not to be carried in the student's possession or stored in his/her locker.

I hereby indemnify Clear Lake Christian School and hold it harmless on behalf of myself, my spouse, if any, and my child against any and all loss, damage (economic or otherwise), health care provider or emergency transportation expense, or other costs and expenses, including but not limited to reasonable compensation of employees, agents and counsel in defending itself against claims or liabilities, arising out of or related to the administration of medication as requested and authorized herein, unless it is proved that CLCS staff members or volunteers acted willfully or in reckless disregard of my child's health.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(Unless this form is dated, signed, and properly completed, your child will not be given medication during the school year.)



## MEDIA/INFORMATION RELEASE

**STUDENT NAME:**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

By enrolling at Clear Lake Christian School (CLCS), students and their parents/guardians acknowledge and agree that any photos, videos, pictorial images, voice recordings, or quotations, including those of student taken or created by CLCS (including without limitation any taken by any photographer or videographer paid by or volunteering for CLCS) during or related to the current attending School Year, are the sole property of CLCS and may be used in future CLCS publications, web pages, promotions, advertisements, and exhibitions (or any other person authorized to use such images by CLCS) without the need of any additional permissions from the student or guardian. By enrolling at CLCS, students and their guardians agree to release and waive for the student, and anyone claiming through the student, all claims based on the right of privacy, right of publicity, moral rights, or any other intellectual property rights related to the rights related to the rights granted by the student to CLCS. Photographs and other personally identifiable information, such as age or name, may be published by CLCS in any future publications, web pages, promotions, advertisements, or exhibits. By enrolling at CLCS, parents/guardians agree to release CLCS and its agents and waive for the student all claims based on right of privacy, publicity, and any other intellectual property rights.

Parents/guardians may opt-out of this media/information release without affecting their child's enrollment at CLCS by requesting a Media/Information Waiver Form from the School Administrator.

I consent and agree, individually and, as a parent or guardian of the student names above, to the foregoing terms and provisions. By signing below, I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied. I warrant that I am of full legal age and have every right to contract for the minor in the above regard.

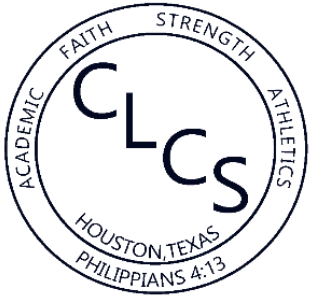
**MUST BE SIGNED IN FRONT OF A NOTARY**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission expires: \_\_\_\_\_



## PARENT/GUARDIAN COMMUNICATION FORM

E-Blasts are CLCS's main form of communication. The administrative office will communicate news regarding school events and other pertinent information. Our teachers also utilize e-mail as their first line of communication with parents. Please check your e-mail regularly to ensure you are aware of the things happening at your child's school and in your child's academic world. The information that you provide below will go directly to each of your child/children's

teachers and the administrative office. Thank you in advance for assisting us in making Clear Lake Christian School's Mission not just a philosophy but a reality.

***"Our mission is to develop Christian individuals who are responsible, productive members of our society by providing quality academic, social, spiritual, and physical fitness opportunities through teaching, guiding, training, and inspiring today's youth in the active pursuit of wisdom."***

**STUDENT NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_ Student e-mail address: \_\_\_\_\_

**Father** \_\_\_\_\_ **Step Father** \_\_\_\_\_ **Grandfather** \_\_\_\_\_ **Guardian** \_\_\_\_\_

NAME:

\_\_\_\_\_

Last	First	Middle
------	-------	--------

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS:

\_\_\_\_\_

EMPLOYER:

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

**Mother** \_\_\_\_\_ **Step Mother** \_\_\_\_\_ **Grandmother** \_\_\_\_\_ **Guardian** \_\_\_\_\_

NAME:

\_\_\_\_\_

Last	First	Middle
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HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

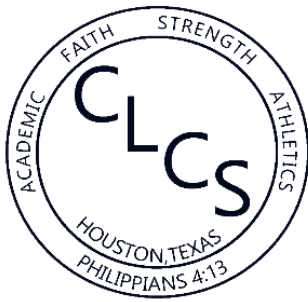
E-MAIL ADDRESS:

\_\_\_\_\_

EMPLOYER:

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_



## CLCS GUIDELINES

The current School Year Parent/Student Handbook for Clear Lake Christian School (CLCS) is available online at [www.clcs.tv](http://www.clcs.tv) to all students and parents/guardians. It is required that parents/guardians read the handbook and go over the rules with their child(ren) prior to the first day of school.

- I support the mission, vision, and policies as outlined in the CLCS Parent/Student Handbook, understanding that while I may not always agree with a rule or policy, my support is still necessary and doing so will teach my children to respect the authority placed in their lives by God.
- I will pay tuition on time based on my financial agreement with CLCS. I agree to the penalties of late payments as outlined in the CLCS Financial Agreement Form.
- I will support CLCS in all matters of discipline and dismissal as outlined in the CLCS Parent/Student Handbook, including the payment of discipline fines for tardy, dress code, and electronic device infractions.
- I agree to share any problem or concern directly with the people (teacher, volunteer, Principal, etc.) who are directly a part of the problem or directly responsible for the solution. Gossip is destructive and divisive. I will not encourage it by listening to the offense of another person. (Matthew 18:15-16)
- I realize that CLCS is a supplement, not a substitute, for a Godly home and family. CLCS highly promotes regular church attendance and a personal relationship with Jesus Christ for all their students and families.
- I will contact the administration of the school directly by phone or in person with any reasons for withdrawal from the school.
- I will submit to a criminal check if I volunteer to work directly with students.

### MUST BE SIGNED IN FRONT OF A NOTARY

I understand the rules set forth in the CLCS Parent/Student Handbook and agree to have my child(ren) adhere to all rules and policies stated therein.

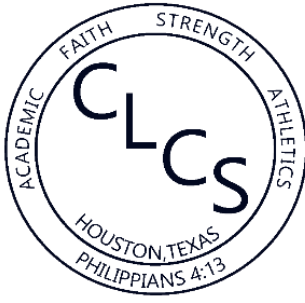
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me by said affiant on this day, to certify which witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My commission expires: \_\_\_\_\_





## STUDENT CODE OF CONDUCT

- I understand that by enrolling as a student at Clear Lake Christian School, I am accepting all school policies – those outlined in the Parent/Student Handbook, those established by the school administration, and those established in the individual classroom.
- I shall adhere to the CLCS Standardized Dress Code and Attendance Policy as administered by the school to promote excellence in character and development.
- I realize that I am expected to put forth my best effort in homework, in preparation for quizzes and tests, and in special academic projects.
- I understand that communication and interaction between parents, students, faculty, and administration is encouraged. Communication should be carried on in a constructive and Biblical manner.
- I shall refrain from the following destructive behaviors regarding the use of my words:
  - o Gossiping (repeating information about others that is not my concern or not edifying, whether true or untrue)
  - o Slander (repeating information about others that is untrue)
  - o Mockery (disdainful or disrespectful talk about other students, those in authority, the church, or scriptural principles)
  - o Profanity, Obscenity, Vulgarity, and/or Offensive Slang
- I shall not lie, cheat, or steal. I am not only expected to adhere to this policy, but also to promote and encourage my peers to do the same.
- I understand that CLCS has standards of sexual conduct and social behavior that are based on Biblical guidelines rather than those of the culture, the popular media, or peer groups. I shall govern my behavior to hold to these standards.
- I shall not, at any time, use or possess drugs, tobacco, alcohol, or pornography since these are certain destroyers of self-discipline, self-control, and definitely against God’s plan for Christian people.
- I understand that the sovereignty of Jesus Christ is challenged by various forms of alternative teachings (i.e. occult practices/teachings, etc). I shall not be involved in these areas, and I shall not promote their practice among other students,
- I shall maintain Christian standards of courtesy and kindness in the way I treat others, I shall show respect for my fellow students and the staff in my speech, attitudes, and actions.

**Clear Lake Christian School’s Student Code of Conduct** is established as a means of communicating the lifestyle standards agreed upon for our students and by our students. Each standard addresses choices that students are capable of making and acting upon as individuals. The expectations apply to CLCS students whether the student is on or off campus. An unwillingness to make one’s best effort to meet these standards also implies a choice to not continue as a student of Clear Lake Christian School.

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Student’s Name (Printed)

Date

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Student’s Signature

Date