

International Student Application Requirements

Ross Corners Christian Academy

2101 Owego Road, Vestal, NY 13850

Phone/Fax: 607-748-3301

International Students need to submit the following items before acceptance into our Academy and before I-20 can be issued: (forms can be found on our website – www.rccarams.org)

- International Student Application
- Medical History Form
- Physical Form (signed by physician)
- Sports Physical Form (if planning to play sports)
- Medical Release Statement signed by parents
- Copy of student's medical insurance
- Copy of birth certificate or passport
- Immunization Record
- Signed paper stating that student will be residing with an **immediate adult family member throughout the entire school year**, including local address of residence (unless they have a host family set up through EduKorea Agency)
- Transcript of all school grades ***translated in English by school official***
- Academic Recommendation from school official ***translated in English***
- SLEP or TOEFL test score to show English proficiency
- Students who are not highly proficient in English speaking, listening, reading, and writing skills **will be required** to take and pay for ESL classes and/or ESL tutoring at our school, or, if a student prefers, outside of school. Classes/tutoring will be required at least weekly until the student's English teachers and the Administrator decide that the student's English level is sufficient

Once all required paperwork is submitted, student will need to set up a phone interview with a representative from our school.

After Administrator approval, and after all of the above requirements are met for acceptance into RCCA, an I-20 Form (Certificate of Eligibility for Nonimmigrant Student – F1) will be issued.

International Student Tuition

1 st Student	--	\$5,500
2 nd Student	--	\$5,400
3 rd Student	--	\$5,300

****Additional ESL fees may be charged and collected by the ESL teacher as needed****

Release Statement for International Student

Medical Release:

We give our permission for our child, _____ to receive
(first and last name)

any necessary treatment, when medical treatment or care is deemed necessary by Ross

Corners Christian Academy or by host parents _____, or
(first and last names of both host parents)

school trip chaperones.

The health insurance for our child, while in the United States, is carried by:

Name of health insurance company

Billing address of health insurance company in the United States

Phone number of health insurance company in the United States

Travel Release:

We give our permission for our child to travel within the United States and Canada as authorized by Ross Corners Christian Academy or the Host parents or EduKorea.

Printed Name of Natural Father

Printed Name of Natural Mother

Signature of Natural Father

Signature of Natural Mother

Date (month/day/year)

Date (month/day/year)

Ross Corners Christian Academy Permission for Participation in Sports

I give my permission for my child _____ to participate
(student full name)

in the Ross Corners Christian Academy sports program for the _____
(list school year)
school year.

Printed name of parent

Signature of Parent

Date (month/day/year)