



International Student Program

STUDENT ADMISSION APPLICATION

HICKORY GROVE
CHRISTIAN SCHOOL



HICKORY GROVE

CHRISTIAN SCHOOL

Instructions

This form is used as part of the international student admission process for HGCS. Please read all directions on each page carefully before completing this form. Use the checklist on page 2 to ensure that you have completed all sections appropriately and obtained all necessary signatures.

If you are accepted by the school, this form and any supplement(s) will serve as your introduction to the people who will host you.

Filling Out Your Application

Your application must be legible and written in English, using proper grammar and spelling. Answer all questions completely; do not simply write “same” or “see above” or “see previous.” Enter your information directly on the application unless directed otherwise.

Whenever the application asks for your name, enter your name exactly as it appears on your passport or birth certificate. Write your full name at the top of all application pages.

All dates should be written in the following format: month/day/year.

Copies and Signatures

You will need to submit one copy of this application form. (You may also wish to make a copy for your own records.) Make sure to sign each section appropriately. All photos should be originals or good-quality color copies.

Additional Documents

Please submit:

- a copy of the student’s passport
- SLEP, TOEFL Jr. or TOEFL Test score sheet

Questions

If you have any questions about this application and whether the school accepts it, check with HGCS directly.

Submitting the Application

Submit your completed application directly to the International Student Program (ISP) Coordinator at the school. Incomplete applications cannot be processed.

Missy Smith

Director of International Student Program
7200 E. WT Harris Blvd., Charlotte, NC 28215
704-531-3519
missysmith@hgchristian.org



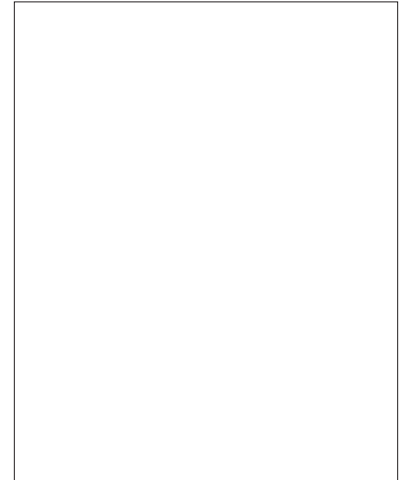
Applicant's Name _____

Student Information

Student—Before you begin filling out your application, read all instructions on the opening page.

Submit a good-quality color photo of your head and shoulders with this application. For hard-copy submission, affix a recent photo of yourself in the box at the right (size 2 x 2 1/2 in. or 5 x 6.5 cm.). For e-mail submission, attach photo to email.

Date of Application _____ / _____ / _____
MONTH DAY YEAR



1. Student

Full Legal Name (as it appears on your passport or birth certificate)

Family Name/Surname Given Name Middle Name _____

Nickname or English Name _____ Gender: Male Female

Home Address—Street/Apt. _____

City _____

State/Province _____ Postal Code _____ Country _____

Postal Address (if different from home) _____

City _____

State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Student's E-mail _____

Date of Birth _____ / _____ / _____ Place of Birth—City _____
MONTH DAY YEAR

State/Province _____ Country _____

Citizen of (Country) _____ Passport Number _____

Place of Issue _____ Date of Issue _____ Date of Expiry _____

2. Parents/Legal Guardians

Full Name of Father/Legal Guardian

Address—Street/Apt. _____

City _____

State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____

Occupation _____

Business Phone _____ Fax _____

Full Name of Mother/Legal Guardian

Address—Street/Apt. _____

City _____

State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____

Occupation _____

Business Phone _____ Fax _____

Check here if parents are divorced or separated. Authorizations must be obtained from all parents/legal guardians and others who have legal rights to make decisions affecting the student.

Parent/legal guardian to contact first in the event of an emergency: _____

if same as above check here

if same as above check here



Applicant's Name _____

Student Information (continued)

3. Siblings

Name	Gender	Age	Occupation	Living at Home?
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. School

You must attach a transcript of courses you have completed during the last three years and the grades you have received to the Educational Information section of this application. (If your original transcript is not in English, it must be translated to English and the American grading system using the forms provided.)

Name of School You Currently Attend _____

Check one: Elementary School Middle School Secondary School

Check one: Public Private

School's Religious Affiliation (if any) _____

Address—Street _____

City _____

State/Province _____ Postal Code _____ Country _____

Phone _____

E-mail _____ Website _____

Your Current Grade Level _____ Year You Will Finish Secondary School _____

What grade do you prefer to enter? (Check one only.) 6 7 8 9 10 11 12

Do you wish to graduate from your host school? Yes No Undecided (Graduation is not guaranteed to any international student.)

5. Languages

Native Language _____

Proficiency—Please indicate Poor, Fair, Good, Very Good, or Excellent

Non-native Language _____	Years Studied _____	Speaking _____	Reading _____	Writing _____
Non-native Language _____	Years Studied _____	Speaking _____	Reading _____	Writing _____
Non-native Language _____	Years Studied _____	Speaking _____	Reading _____	Writing _____
Non-native Language _____	Years Studied _____	Speaking _____	Reading _____	Writing _____

6. Desire to Study Abroad

Briefly give your reasons for wanting to study at a school in another country.



Applicant's Name _____

Student Information (continued)

7. Personal Background

a. Do you have any dietary restrictions? Yes No If yes, please explain (e.g., vegetarian, food allergies, diabetic, etc.)

b. Are you allergic to any animals? Yes No If yes, which animal(s)? _____

c. Are you allergic to any medications? Yes No If yes, which medication(s)? _____

d. Are you taking any medications? Yes No If yes, which medication(s)? Reason for taking the medication(s): _____

e. Do you smoke? Yes No If yes, please explain. _____

f. Do you drink alcohol? Yes No If yes, please explain. _____

g. Have you ever been involved with illegal drugs? Yes No If yes, please explain. _____

h. Have you ever been arrested or convicted of an offense? Yes No If yes, please explain. _____

5. Activities and Interests

Check any activity in which you are interested (check no more than six). Please note: Athletic eligibility or participation is not guaranteed.

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> American Football | <input type="checkbox"/> Community Work | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Sailing/Boating | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Computers | <input type="checkbox"/> Movies | <input type="checkbox"/> School Activities | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Cooking | <input type="checkbox"/> Museums | <input type="checkbox"/> Sewing | <input type="checkbox"/> Visiting Relatives |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Music | <input type="checkbox"/> Shopping | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Photography | <input type="checkbox"/> Snow Sports | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Fishing | <input type="checkbox"/> Picnics | <input type="checkbox"/> Soccer | <input type="checkbox"/> Watching TV |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Golf | <input type="checkbox"/> Raising Animals | <input type="checkbox"/> Swimming | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Hiking | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Table Games | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Camping | <input type="checkbox"/> History | <input type="checkbox"/> Reading | <input type="checkbox"/> Tennis | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Church Activities | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Riding Horses | <input type="checkbox"/> Theatre | <input type="checkbox"/> Other: _____ |



Applicant's Name _____

Student Information—Student's Essays

Student—In your own words, respond to the following essay questions, introducing yourself to your future host family and school. Keep in mind that this will be their first impression of you. Provide as much detail as possible. **These essays must be written in English and signed by the student.**

- 1. Describe yourself. Tell about an important accomplishment or special interest. Tell about your strengths and weaknesses and likes and dislikes.** (What activities do you enjoy? Have you received awards in any of these areas? What things do you find easy or difficult? Do you like or dislike certain foods, animals, treatment of other people, etc.?)

- 2. Describe your family and home.** (Introduce your family members. What are their names, ages, and occupations? What is your home like? Do you have your own room, or do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride a bus or a bicycle, or walk to school?)

- 3. Describe what you do in your free time.** (Do you spend time with friends or family? How do you spend your free time?)

- 4. Describe your plans and ambitions for your education and career.** (Do you want to attend a university? What professional goals do you have?)

Student's Signature _____ Date _____



Applicant's Name _____

Student Information—Student's Photos

Student—Place a recent (within the past two years) color photo in each of the following spaces. Write brief captions that describe who is in the picture and what they are doing.

Specifications: For hard-copy submission, affix recent photos in the boxes below. For e-mail submission, attach photos to email or scan page and attach.

My Family

Caption:

Photo that includes members of your immediate family

My Friends

Caption:

Photo of your friends



Applicant's Name _____

Legal Documents

Student Agreement

Student—*Please read carefully. Then sign and date below where indicated.*

In the city of _____, country of _____, on the ____ day of _____ in the year 20____, I _____, the student, agree that if I am accepted by Hickory Grove Christian School (hereafter school), I will travel to the host country, live with an approved host family, and attend the school for the length of time agreed upon by me, my parents, and the school.

I hereby state that I have read and understand the school and international student program (ISP) rules and conditions. Should I, as a student, be admitted to and enrolled in the school, I agree to abide by all the school and ISP rules, conditions, and decisions throughout the duration of my enrollment in the school. I understand that while a student in the school my activities are under the authority of the school. Therefore, my parents/legal guardians cannot authorize me to engage in an activity or activities without the school's approval. I also understand that any relatives that I may have in the host country will have no authority over me while I am a student in the school.

I attest that I am of good health and character, I understand the important role of an international student, and I will, to the best of my ability, maintain the high standards required of an international student should I be chosen to represent my family, school, community, state/province, and country. I further state that all the material contained in this application and in the attached documents is true and accurate to the best of my knowledge.

Student's Name (please print) _____

Signature _____ **Date** _____

Parents/Legal Guardians Agreement

Parents/Legal Guardians: *Please read carefully. Then sign and date below where indicated.*

In the city of _____, country of _____, on the ____ day of _____ in the year 20____, I/We, the undersigned parents or legal guardians (hereafter parents) of _____, agree that if my/our child is accepted by Hickory Grove Christian School (hereafter school), my/our child is permitted to travel to the host country, live with an approved host family, and attend the school for the length of time agreed upon by me/us, my/our child, and the school.

I/We hereby state that we have read and understood the school and international student program (ISP) rules and conditions. Should my/our son/daughter be admitted to and enrolled in the school, I/we agree to abide by all the school and ISP rules, conditions, and decisions throughout the duration of his/her enrollment in the school. I/We understand that while our son/daughter is a student in the school his/her activities will be under the authority of the school. Therefore, I/we understand that I/we cannot authorize my/our son/daughter to engage in an activity or activities without the school's approval. I/We also agree that any relatives we may have in the host country will have no authority over him/her while he/she is a student in the school.

I/We attest that our child is of good health and character, understands the important role of an international student, and will, to the best of his/her ability, maintain the high standards required of an international student should he/she be chosen to represent his/her family, school, community, state/province, and country. I/We further state that all the material contained in this application and in the attached documents is true and accurate to the best of my/our knowledge.

Father's/Legal Guardian's Name (please print) _____

Signature _____ **Date** _____

Mother's/Legal Guardian's Name (please print) _____

Signature _____ **Date** _____



Applicant's Name _____

Legal Documents

Liability Release

Please read carefully. Then sign and date below where indicated.

In consideration of the acceptance and enrollment of the student in Hickory Grove Christian School (hereafter school), I/we, the undersigned parents/legal guardians of the student, and I, the student, if of legal age, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families and the school and its employees, agents, officers, and directors from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting intentional conduct, of any such persons or entities, which may be suffered or claimed by such student, parent, or legal guardian during, or as a result of, the student's enrollment in the school, including travel to and from the host country.

I/We understand that the student will be subject to the authorities and teachers of the school, and that he/she will have to follow the rules given by his/her host family. I/We also understand that the school reserves the right to terminate the enrollment any student whose conduct may be considered detrimental or incompatible with the interests and security of the school and its international student program (ISP). I/We understand that if this occurs, any refund will be at the discretion of the school.

Father's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____ Date _____

Mother's/Legal Guardian's Name (please print) _____

Signature (mandatory if student is under age 18) _____ Date _____

Student's Name (please print) _____

Signature _____ Date _____



Applicant's Name _____

Educational Information

Transcript of Grades Cover Sheet

This side is to be completed and signed by an administrator at your current school. (If there are no bilingual administrators available, the student and his or her parents must secure the services of an English translator to help an administrator complete this form.) If the student has not completed any years of secondary school and is unable to supply an official transcript, please contact the school the student is applying to about how to proceed. Transcript must be translated to U.S. equivalency. We suggest using International Education Evaluations at foreigntranscripts.com.

Current School Administrator—Please attach an official copy of the student's transcript to this page.

Name of school student currently attends _____

Type of Curriculum (e.g., U.S. system, International Baccalaureate [IB], Korean system, etc.)

<u>American Grades</u>		Student's Grades (words)	(number/letter)
Superior	A+	_____	_____
Excellent	A	_____	_____
Very Good	A- or B+	_____	_____
Good	B or B-	_____	_____
Average	C	_____	_____
Sufficient	C-	_____	_____
Poor	D	_____	_____
Failing	F	_____	_____

What grade level will the student have completed before arriving in the host country? 5 6 7 8 9 10 11 12

What grade level will the student wish to enroll in upon arrival in the host country? 6 7 8 9 10 11 12

Does the student wish to graduate and receive an official diploma from the school he or she is applying to? Yes No Undecided

A high school diploma or graduation from the school in which he or she studies abroad is not guaranteed to any international student. Credit for academic achievements earned while abroad shall be determined solely by the student's home-country school upon the student's return to his or her home country or the host school if the student graduates from it. The host school cannot guarantee specific courses, but those courses may be available for the student. Please list any courses you recommend that this student be enrolled in while studying abroad.

Recommended courses for this student: _____

I have attached a course profile that describes the content of the courses the student has taken. Yes No

I have attached an official copy of the student's transcript. Yes No

I have **translated** the student's transcript using the form provided. Yes No

Current School Administrator's Name (please print) _____

Signature _____ **Date** _____



Applicant's Name _____

Reference Forms

English Teacher or Tutor Reference Form

To be completed by the student's current English teacher or tutor.

Student—Give your teacher this form, along with an e-mail address to send it to or a preaddressed stamped envelope.

Teacher/Tutor—*The above-named student is applying for admission to a school in another country. The purpose of this form is to help us evaluate this student's reading, writing, and verbal English-language skills. It is crucial that your evaluation be as accurate as possible. Rating a student better than his or her actual ability may result in serious problems for the student and the school. Please fill out the form below accurately and honestly and return the form in the preaddressed, stamped envelope or email to missysmith@hgchristian.org.*

English Teacher's Name _____ How long have you known the student? _____

Reading: When asked to read aloud in English from a book, magazine, or newspaper, the student is (select one only):

- ① **Poor**—Able to read and understand only the simplest words and explain little or none of the meaning.
- ② **Fair**—Able to read some of the vocabulary and explain parts of the basic idea.
- ③ **Good**—Able to read most of the vocabulary and explain the basic idea.
- ④ **Very Good**—Able to read well except for very difficult terms and explain most of the ideas.
- ⑤ **Excellent**—Able to read with few errors and easily explain the text's meaning.

Additional comments:

Writing: When asked to write a short essay in English, the student (select one only):

- ① **Poor**—Uses limited vocabulary; is difficult to understand.
- ② **Fair**—Writes only simple sentences using elementary vocabulary. Grammar is extremely irregular, but understandable.
- ③ **Good**—Uses irregular grammar but uses a fair vocabulary in lengthy sentences.
- ④ **Very Good**—Uses some irregular grammar but writes well, showing good use of English vocabulary.
- ⑤ **Excellent**—Writes fluently, using lengthy sentences, abstract terms, and excellent English vocabulary and sentence structure.

Additional comments:

Verbal: Estimate the student's ability to understand and speak English. (Select one only.)

- ① **Poor**—Student knows a few phrases but cannot understand basic English.
- ② **Fair**—Student's speaking ability is limited to a few basic words or phrases. Comprehension is limited. Student gets frustrated and easily reverts to his or her native language.
- ③ **Good**—Student can understand some conversation and responds haltingly but does not ask questions.
- ④ **Very Good**—Student can understand most conversation and responds slowly at times but with appropriate answers. Student is inquisitive and is able to pose necessary questions correctly.
- ⑤ **Excellent**—Student is nearly fluent and can understand and respond to difficult questions, including abstract terms. Student will have no problem communicating.

Additional comments:



Applicant's Name _____

Poor

English Teacher Reference Forms (continued)

Social Skills

	Poor	Fair	Good	Very Good	Excellent
Ability to express himself or herself	①	②	③	④	⑤
Emotional stability and maturity	①	②	③	④	⑤
Self-reliance and independence	①	②	③	④	⑤
Effectiveness with people	①	②	③	④	⑤
General knowledge	①	②	③	④	⑤
Impression he/she will make abroad	①	②	③	④	⑤
Additional comments:	①	②	③	④	⑤

Based on your answers above (check one only):

- I recommend without reservation that the above-named student be accepted by the school.
- I recommend with some reservation that the above-named student be accepted by the school.
Please explain.

- I recommend that the above-named student NOT be accepted by the school.

English Teacher's Name (please print) _____

Signature _____ **Date** _____

School/Institution _____

Address _____

E-mail _____

Phone _____



Applicant's Name _____

Reference Forms

Secondary School Math Teacher Reference Form

To be completed by the student's current math teacher. This form is for students in grades 9, 10, 11, or 12 only.

Student—Give your teacher this form, along with an e-mail address to send it to or a preaddressed stamped envelope.

Teacher—The above-named student is applying for admission to a school in another country. The purpose of this form is to help us evaluate this student's mathematical ability. It is crucial that your evaluation be as accurate as possible. Rating a student better than his or her actual ability may result in serious problems for the student and the school. Please fill out the form below accurately and honestly and return the form in the preaddressed, stamped envelope or email to missysmith@hgchristian.org.

Math Teacher's Name _____ How long have you known the student? _____

Subject Area/Grade Level Taught _____

Please assess the student's mathematical ability in the following (select one number per category):

Algebra I Concepts

Ability to add, subtract, multiply, and divide...

integers (signed numbers) 1 2 3 4 5 Not Studied

polynomials 1 2 3 4 5 Not Studied

radicals (square roots) 1 2 3 4 5 Not Studied

Ability to...
graph lines 1 2 3 4 5 Not Studied

determine slope of a line 1 2 3 4 5 Not Studied

Ability to solve ...

linear equations having one variable 1 2 3 4 5 Not Studied

quadratic equations by using factoring 1 2 3 4 5 Not Studied

quadratic equations by using quadratic formula 1 2 3 4 5 Not Studied

inequalities 1 2 3 4 5 Not Studied

systems of equations 1 2 3 4 5 Not Studied

fractional equations and inequalities 1 2 3 4 5 Not Studied

Algebra II Concepts

Ability to add, subtract, multiply, and divide...

expressions with square, cube, and fourth roots 1 2 3 4 5 Not Studied

rational expressions 1 2 3 4 5 Not Studied

complex numbers 1 2 3 4 5 Not Studied

Ability to graph ...

conic sections 1 2 3 4 5 Not Studied

functions of various types 1 2 3 4 5 Not Studied

Ability to solve...

exponential equations 1 2 3 4 5 Not Studied

logarithmic equations 1 2 3 4 5 Not Studied

systems of quadratic equations using determinants 1 2 3 4 5 Not Studied

sequences and series problems 1 2 3 4 5 Not Studied

trigonometric equation 1 2 3 4 5 Not Studied



Applicant's Name _____

Secondary School Math Teacher Reference Form (continued)

Geometry Concepts

Ability to find the unknown side of a right triangle ...

using the Pythagorean theorem

	Poor	Fair	Good	Very Good	Excellent	Not Studied
	(1)	(2)	(3)	(4)	(5)	()

using trigonometry

	(1)	(2)	(3)	(4)	(5)	()
--	-----	-----	-----	-----	-----	-----

using properties of 45-45-90 and 30-60-90 triangles

	(1)	(2)	(3)	(4)	(5)	()
--	-----	-----	-----	-----	-----	-----

Ability to ...

find unknown angles formed by two parallel lines cut by a transversal

	(1)	(2)	(3)	(4)	(5)	()
--	-----	-----	-----	-----	-----	-----

prove two triangles congruent (SAS, ASA, SSS, HL, AAS)

	(1)	(2)	(3)	(4)	(5)	()
--	-----	-----	-----	-----	-----	-----

find unknown angles and chords in a circle using circle theorems

	(1)	(2)	(3)	(4)	(5)	()
--	-----	-----	-----	-----	-----	-----

find the area and volume of basic geometric shapes

	(1)	(2)	(3)	(4)	(5)	()
--	-----	-----	-----	-----	-----	-----

Overall mathematical ability

	(1)	(2)	(3)	(4)	(5)	()
--	-----	-----	-----	-----	-----	-----

Please assess the student in these other important areas

	Poor	Fair	Good	Very Good	Excellent	Not Studied
Academic ability	(1)	(2)	(3)	(4)	(5)	()
Initiative	(1)	(2)	(3)	(4)	(5)	()
Homework	(1)	(2)	(3)	(4)	(5)	()
Behavior and attitude	(1)	(2)	(3)	(4)	(5)	()
Peer relationships	(1)	(2)	(3)	(4)	(5)	()
Respect for authority	(1)	(2)	(3)	(4)	(5)	()
Emotional stability	(1)	(2)	(3)	(4)	(5)	()
Attendance	(1)	(2)	(3)	(4)	(5)	()

Additional comments:

Based on your answers above (check one only):

I recommend without reservation that the above-named student be accepted by the school.

I recommend with some reservation that the above-named student be accepted by the school. Please explain.

I recommend that the above-named student NOT be accepted by the school.

Math Teacher's Name (please print) _____

Signature _____ Date _____

School _____

Address _____

E-mail _____ Phone _____



HICKORY GROVE CHRISTIAN SCHOOL PHYSICAL ASSESSMENT FORM

"To Know Christ and to Make Him Known Through Christian Education"

THIS FORM MUST BE COMPLETED FOR STUDENTS PARTICIPATING IN ANY ATHLETIC SPORT AT HGCS.

It is the responsibility of the student/parent to keep the original form completed by the physician and are responsible for providing all copies.

Student Information: _____
Name as it appears on birth certificate *Grade* *Date of birth*

Residence: _____
Street Address *City/ZIP*

Father/Mother/Guardian: _____

Insurance Company *Policy Number*

Primary Phone Number *Secondary Phone Number*

IN THE EVENT OF AN EMERGENCY AND I AM UNABLE TO BE CONTACTED, PLEASE CONTACT THE FOLLOWING:

Name *Relationship to named student* *Phone Number*

EMERGENCY MEDICAL TREATMENT PERMISSION AND INFORMATION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for my child in the event of an emergency and immediate action is required or if no one listed above can be reached. I or the insurance company providing coverage for above named student guarantee payment of all charges incurred for medical treatment.

Allergies and/or special medical problems (asthma, diabetes, etc.) _____

Past history of any medical problems or surgeries _____

Family Physician _____ Phone _____

Hospital Preference _____

Parent Signature _____

STUDENT PARTICIPATION PERMISSION

Participation in competitive athletics may result in severe injury, including paralysis and death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.

Except for those activities crossed out below, I hereby give my consent for the above-named student to represent HGCS in band, flag corps, or athletic activities, including travel for local or out-of-town trips:

Baseball	Cross Country	Football	Soccer	Tennis	Volleyball
Basketball	Cheerleading	Golf	Softball	Swimming	Weightlifting

STATEMENT: I certify that all the information in this application is correct and I agree to abide by the eligibility rules and regulations governing athletics as set forth by HGCS.

Legal Signature of Guardian *Home/Work Telephone* *Relationship to Student* *Date*

ATHLETE'S HISTORY QUESTIONNAIRE

Explain "Yes" answers on top of next page:

	Yes	No
1. Has your child ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your child ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your child ever passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your child had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your child ever had unusual or extreme shortness of breath during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your child ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your child ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has your child ever been diagnosed with an unexplained seizure disorder or exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told you that your child has high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told you that your child has high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever told you that your child has a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has a doctor ever ordered a test for your child's heart?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has a doctor ever told your child has a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has your child ever had discomfort, pain, or pressure in his chest during exercise or complained of his heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have any skin problems (itching, rashes, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been knocked out or unconscious?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you ever had heat or muscle cramps?	<input type="checkbox"/>	<input type="checkbox"/>
24. Have you ever been dizzy or passed out in the heat?	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you have trouble breathing or do you cough during or after activity?	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guard, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? q Head q Shoulder q Thigh q Neck q Elbow q Knee q Chest q Hip q Forearm q Shin/calf q Back q Wrist q Ankle q Hand q Foot	<input type="checkbox"/>	<input type="checkbox"/>
29. Have you ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you have any chronic medical illnesses (diabetes, asthma, kidney problems, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
31. Have you had a medical problem or injury since your last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you take any supplements? If so, list	<input type="checkbox"/>	<input type="checkbox"/>
33. When was your last tetanus shot?	<input type="checkbox"/>	<input type="checkbox"/>
34. When was your last measles immunization?	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY		
Has any family member had a sudden, unexpected, unexplained death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family died suddenly of heart problems before age 50?	<input type="checkbox"/>	<input type="checkbox"/>
Has any family member had unexplained fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Do any relatives have a heart condition, such as:		
Hypertrophic cardiomyopathy (Enlarged Heart)	<input type="checkbox"/>	<input type="checkbox"/>
Dilated cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>
Aortic rupture or Marfan syndrome or Ehlers-Danlos syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Coronary artery atherosclerotic disease (heart attack, age 50 yrs. or younger)	<input type="checkbox"/>	<input type="checkbox"/>
Arrhythmogenic right ventricular cardiomyopathy	<input type="checkbox"/>	<input type="checkbox"/>
Long QT syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Short QT syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Brugada syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Catecholaminergic ventricular tachycardia	<input type="checkbox"/>	<input type="checkbox"/>
Primary pulmonary hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or implanted cardiac defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Congenital deafness (deaf at birth)	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "Yes" answers on History Section (previous page): _____

**(THIS SECTION TO BE COMPLETED BY PHYSICIAN ONLY)
 HEALTH EXAMINATION**

Student's Name _____

Age _____ Height _____ Weight _____ Blood Pressure _____

List significant past illness or injury _____

Eyes _____ R/20/ L/20/ Hearing _____ R /15 L /15

Cardiovascular _____ Respiratory _____

Spleen _____ Liver _____

Musculoskeletal _____ Hernia _____

Neurological _____ Skin _____

Urinalysis _____ Genitalia (males) _____

Comments: _____

I have examined this student and find him/her physically able to compete in the following supervised activities NOT CROSSED OUT below:

- | | | | | |
|----------|---------------|------------|--------------|----------|
| Baseball | Soccer | Softball | Basketball | Football |
| Tennis | Cross Country | Volleyball | Cheerleading | Golf |
| Swimming | Weightlifting | | | |

RECORD OF IMMUNIZATION (Enter date of EACH dose -- Mo/Day/Year)					
Vaccine	#1	#2	#3	#4	
#5					
DTP					
DT					
OPV					
Hib					
MMR					
HEPATITIS B					
VARICELLA					
Tdap					
Meningitis					

Actual date of physical _____ Signature of Examining Physician _____

Licensed to Practice Medicine in North Carolina? Yes No

Address of Physician _____

This form will be used and filed by the Athletic Trainer.

Hickory Grove Christian School Athletic Department, 7200 E. WT Harris Boulevard, Charlotte, NC 28215
 Athletic Office: 704-531-4038 FAX: 704-531-3484



Applicant's Name _____

I-20 Mailing Address

Full Name: _____

Mailing Address: _____

I understand that my official Form I-20 will be mailed to this address, and I will accept financial responsibility for any returned mail.

Signature of Applicant _____

Date (month, day, year) _____

*All fees are to be paid in full prior to the beginning of the school year, or arranged for payment from a US bank account drafted through HGCS FACTS tuition management. Stipend payments to host families will be arranged and paid through the school's international department.