

INTERNATIONAL APPLICATION CHECKLIST

THIS DOCUMENT MAY REQUIRE TRANSLATION

Please provide all requested information on each form. Applicants cannot be accepted until all items are completed. Acceptance is contingent upon information received in the student's permanent records from a previous school.

A. Submit this checklist with all items identified below to the attention of the Admissions Office at CCA:

Required Registration Fee (\$500 Per Student)

Check # _____ Received by: _____ Date: _____

If paying the registration fee by wire transfer, a copy of the wire transfer receipt from the bank with the student's name clearly printed on it must be emailed to Admissions@chapelgateacademy.org.

B. Complete and submit all of the following forms which are included in the application packet:

- ___ **International Family Information Form**
- ___ **Statement of Faith**
- ___ **Parental Statement**
- ___ **Pastor's Recommendation** – Use this form to tell CCA if your family is Christian or not. Christian families need to complete Part I of the form and ask their pastor or other member of the church leadership to complete Part II of the form and email to Admissions@chapelgateacademy.org.
- ___ **Student Information Form**
- ___ **Administrative/Guidance Recommendation** – Give this form to an administrator or guidance counselor at the student's current school to complete and email to Admissions@chapelgateacademy.org.
- ___ **English Teacher's Recommendation** -- Give this form to the student's current or most recent English teacher to complete and email to Admissions@chapelgateacademy.org.
- ___ **Math Teacher's Recommendation** -- Give this form to the student's current or most recent Math teacher to complete and email to Admissions@chapelgateacademy.org
- ___ **New Student Health History** – this form is to be completed by the family
- ___ **Shots and Immunization Records** – **submit complete records translated into English that demonstrate compliance with requirements from the State of Maryland Health Department. The form must be completed by a medical doctor. Instructions and the blank form are included in this application packet.**
- ___ **Request for Records** – Complete the top portion of the form and submit it with the application. If your student is accepted at Chapelgate Christian Academy, our staff will send this form to your student's current school to request copies of their records.
- ___ **Internet and Newspaper Permission**
- ___ **MIAA Athletic Eligibility Form** – This form is required for students entering grade 10 or higher. If your student would like to participate on any of CCA's athletic teams while they are enrolled here, this form must be completed and signed by personnel at their current school and submitted with the application for admission.

Student's Name: _____

Applying for Admission to _____th Grade for School Year _____

B. Complete and submit the following information concerning the student's living arrangements:

Most international students live with a guardian while they attend Chapelgate Christian Academy

- ___ **Guardian Information** – Complete Part A. of this form to let us know who will be making arrangements for your student's guardian or host family. As soon as you know who the guardian will be, provide all of the information requested in Part B. of the form
- ___ **Power of Attorney** – A Power of Attorney document must be completed, signed, notarized, and submitted for any student living with a guardian before enrollment can be completed.

C. Submit all of the following supporting documents with the completed application forms:

- ___ **Copy of Student's Passport and any F-1 Visa that may have been issued previously.**
- ___ **Copy of a Certificate of Deposit, translated into English, proving that the family has adequate funds to afford tuition and living expenses while their student is at Chapelgate**
- ___ **Essay written in English by hand (not typed) by the prospective student (without help from anyone) that describes the student's interests and personality. This will help the staff at CCA get to know the student. If the student needs a host family the essay will help CCA staff identify a host family that will be a good match for the student.**
- ___ **Official Test Results Certifying English Proficiency (TOEFL) – This is required for all international student applicants who have finished grade 8 or above. Note: CCA does not have a cut-off score for the TOEFL to consider the student for admission; however a copy of the complete score report is required for an applicant to be considered.**
- ___ **Copies of both the prior year's final transcript/report card and the latest report card. Both documents must be translated into English and include grading scale information.**

D. After all completed application documents have been reviewed, CCA staff will schedule an interview appointment with the Admissions Committee. Interviews for international students will be conducted by Skype. At least one parent must be with the student at the time of the interview.

Provide your student's Skype address here: _____

CCA Staff Use:

TOEFL Results: Reading _____ Listening _____ Speaking _____ Writing _____

Grades: Rdg./Eng. _____ Math _____ Lang. _____ Sc. _____ Soc. St. _____

Notes from Interview:

Transcript, other information from the application, and interview support this student's placement in _____ grade.

Student accepted? Yes No

Administrator's Signature Date



THIS FORM MAY REQUIRE TRANSLATION

INTERNATIONAL FAMILY INFORMATION

Directions: To help the Admissions Team at CCA get to know your student and your family, provide complete responses to questions in this section. Please take care that the information you provide is accurate and easy to read. It is the responsibility of the family to submit any supplemental documents that may be required. All elements of the admissions process must be completed before students can be considered for admission.

Name of Student Applying to CCA: _____

Name of Student's Current School: _____

Address of Current School: _____

Is the current school an international, public, or private school? _____

How long has your student been studying English? _____

Why do you want your student to attend the Chapelgate Christian Academy? _____

How did you hear about Chapelgate Christian Academy?

Provide the following if an agency referred you to Chapelgate Christian Academy:

Name of the Agency: _____

Website for the Agency: _____

Contact Person at the Agency: _____

Email address for the Contact Person at the Agency: _____

Name of Student Applicant: _____

Father _____

Mother _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Employer _____

Employer _____

Position _____

Position _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Marital Status

Never Married _____

First Marriage _____

Widower _____

*Separated _____

*Divorced _____

*Remarried _____

Marital Status

Never Married _____

First Marriage _____

Widow _____

*Separated _____

*Divorced _____

*Remarried _____

***Important Note: Is the custody of the student applicant impacted by separation, divorce, and/or remarriage? ___Yes ___ No. If "Yes" a copy of the custody agreement MUST be submitted to CCA before the admissions process can be finalized.**

To be completed by CCA Staff: If required, custody agreement received on _____.

Sign and date below

Signature Circle one: Father Guardian

Signature Circle one: Mother Guardian

Print Name

Print Name

Date

Date

By signing this form, I/we confirm that all information being provided in this application is complete and accurate to the best of my/our knowledge.

THIS FORM MAY REQUIRE TRANSLATION

STATEMENT OF FAITH

I believe:

1. That the Bible is the inspired, inerrant, and only infallible authoritative Word of God.
(II Timothy 3:16)
2. That there is one God eternally existent in three persons: Father, Son and Holy Spirit.
(I John 5:5-7)
3. That our Lord Jesus Christ is both God and man in one person. In His virgin birth, in His sinless life, and His miracles, in His bodily resurrection, in His Ascension to the right hand of the Father, and in His personal return in power and glory He is our Redeemer.
(I Corinthians 15:3; I Peter 2:21-24; John 3:16)
4. That God created man and all things, visible and invisible, very good by the power of His Word.
(Genesis 1 & 2; John 1)
5. That man, made in the image of God, is responsible to God in all things. Man has a unique and valuable place in the plan of God and must be highly esteemed and respected.
(Colossians 1:15)
6. That all people are, in their natural state, lost and sinful and in need of regeneration by the Holy Spirit, faith in Jesus Christ, and repentance toward God.
(Romans 3:21-30; Galatians 4:4-7)
7. That the Christian is enabled to live a godly life by the indwelling of the Holy Spirit.
(Galatians 5:22-25)
8. That there is a resurrection of both the saved and the lost: they that are saved, unto the resurrection of life; and they who are lost, unto the resurrection of damnation.
(John 5:24, 28, 29)
9. That there is a spiritual unity of believers in our Lord Jesus Christ.
(John 17:21-23)
10. Statement on Marriage:

We believe that God lovingly offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ.
(Acts 3:19-21; Romans 10:9-10; 1 Corinthians 6:9-11).

We believe that every person must be afforded compassion, love, kindness, respect, and dignity. (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the teaching of Chapelgate Presbyterian Church.

We believe that the term “marriage” has only one meaning: the union of one man and one woman in a single, exclusive union, as delineated in Scripture. (Genesis 2:18-25; Matthew 19:4-6; Ephesians 5:22-33). We believe that God intends sexual intimacy to occur between a man and a woman who are married to each other. (1Corinthians 7:2-5; Hebrews 13:4). We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matthew 15:18-20; 1 Corinthians 6:9-10, 18).

Father’s Signature

Mother’s Signature

NOTE: Please sign and date above to show you have read, agree with, and understand that your child will be taught from the point of view expressed in Statements 1 through 10 above.

THIS FORM MAY REQUIRE TRANSLATION

PARENTAL STATEMENT

Parents must agree to the following:

1. I have read the Chapelgate Christian Academy Statement of Faith and agree to have the student educated in accordance with it.
2. I will uphold the school in matters of spiritual nurturing.
3. I give permission for the student to be disciplined according to school policy.
4. I recognize that the school has the right to dismiss any student who does not respect its spiritual standards or cooperate in the educational process.
5. I commit to:
 - a. Regular tuition payments.*
 - b. Practical help.
 - c. Faithful prayer.
 - d. Support for the administration and the teaching staff.
 - e. Attendance at school events.
 - f. Special financial gifts whenever possible (since tuition does not cover all costs).
6. I have read the Parent/Student Handbook and agree to abide by the operating procedures.
7. I give the student permission to attend scheduled field trips and other school activities when properly notified.
8. Recognizing that today's world requires students to be prepared to utilize technology effectively and responsibly, CCA staff members use technology to communicate with students and their parents. In addition, students are required to complete and submit some of their assignments using technology.
 - In order to fulfill requirements for communication and the completion of assignments, I commit to ensuring that my student has access to appropriate technology.

Parents must sign a Parental Statement form as a requirement for admission.

Father's Signature

Mother's Signature

CHAPELGATE CHRISTIAN ACADEMY TUITION PAYMENT POLICY

**After June 15, once a new student has been accepted or a current student has re-registered for the following year, families are responsible for the first semester's tuition unless they notify the Admissions Office in writing or via email that the student will not be attending CCA. This notification must be received no later than 5 (five) business days from the date of the acceptance for new students or re-registration for current students. Families withdrawing students at the conclusion of the first semester must notify (in writing or via email) the Admissions Office no later than January 15th to be exempt from paying tuition for the second semester. In all cases CCA will not refund the registration fee. Families whose student has been dismissed or expelled from CCA are responsible to pay the tuition through the end of the semester.*

THIS FORM MAY REQUIRE TRANSLATION

PASTOR'S RECOMMENDATION

PART I. (To be completed by the applicant's family.)

Name of student applying to Chapelgate Christian Academy:

**Current Grade
In School**

Is your family Christian? Check "Yes" or "No": _____ Yes _____ No
If you checked "No" you do not need to complete the rest of this form.

If you checked "Yes" that your family is Christian, complete Part I and give this form to your pastor or other member of the leadership team at your church who knows your family, such as the assistant pastor, youth pastor, or elder. They will need to complete Part II and send directly to the Admissions Office at Chapelgate Christian Academy.

Father _____

Mother _____

Church _____

Church _____

Pastor _____

Pastor _____

Have you personally received Jesus Christ as your Savior and Lord? _____

Have you personally received Jesus Christ as your Savior and Lord? _____

How often do you attend church?

How often do you attend church?

PART II. (To be completed by the pastor or other member of the church leadership team such as the assistant pastor, youth pastor, or elder.)

Is the above family an active member of your church? _____

Have any members of the family held a leadership position in the church? _____

If yes, please explain: _____

Are the above named children active in the youth program of your church? _____

Do you consider the children open to spiritual instruction? _____

What is your understanding of this family's relationship to God?

Are there any concerns that should be known by the school, which could either positively or negatively influence the decision of the admissions committee?

Do you recommend the family for admission to Chapelgate Christian Academy? _____

Signature _____

Name _____

Title _____

Church Name _____

Church Address _____

Return the completed form directly to the Admissions Office at:

Chapelgate Christian Academy
Attention: Admissions Office
2600 Marriottsville Road
Marriottsville, MD 21104

It can also be faxed to 410-442-2516 or emailed to lcassell@chapelgateacademy.org.

If you have any questions, please call the CCA Admissions Office at (410) 442-5888, ext. 122.

PART II.

(Name of Student Applicant)

Academic and behavioral information helps the CCA Admissions Team understand how prepared the applicant is to be a successful student in our rigorous college preparatory program, as well as the capacity of the Academy to provide the right setting for the student. In addition to completing application forms, families are to submit the supplemental documents designated below with an asterisk (*).

Required Recommendation Forms:

Three recommendation forms are included in this packet. Complete Part I of each form and give it to the appropriate individual who is asked to complete Part II and Part II, and then return the completed form directly to the CCA Admissions Office.

- Administration/Guidance Recommendation Form
- English Teacher’s Recommendation Form
- Mathematics Teacher’s Recommendation Form

Required Report Card/Transcript Documentation:

All students applying to grades 6 through 12 are required to provide report card information translated into English.

- * The final report card from the previous school year
- * A copy of the most recent report card from the current school year, and submit updates as subsequent report cards are issued.

In addition, students applying to grades 10, 11, and 12 are required to provide:

- *An unofficial transcript showing titles of courses, final grades, and credits awarded translated into English.

Required Academic Achievement Test Data:

- *All international applicants to CCA must provide a copy of a complete, official TEOFL score report for all students who have completed grade 8 or higher.
- * All international students will participate in placement testing at CCA in the areas of English and Math. Results will be used to help determine the courses they will take.

PART III.

Why is the applicant leaving the previous school?

Has the applicant student ever experienced serious disciplinary action such as suspension, expulsion from school, or police arrest? ___No ___Yes If “Yes” please explain: _____

Do you give CCA administrative staff permission to contact staff members at your student’s current school?
___Yes ___No _____

(Signature of Parent/Guardian)

(Date)

Name of Current School: _____

Name of Contact Person: _____ **Position:** _____

Email: _____ **Phone Number:** _____

PART IV.

(Name of Student Applicant)

Has the student ever repeated a grade? ____ Yes ____ No

It is essential to understand any needs a student may have for academic, emotional, and behavioral support. This data will help the CCA Admissions Team discern our capacity to provide appropriate services to your student.

Has any educational or psychological testing ever been administered to the student in addition to testing routinely administered to all students? ____ Yes ____ No If yes, please use the chart below to identify any diagnosed results. Circle all that apply.

Asperger's Syndrome/Autism	Deafness	Emotional Disability	Hearing Impairment	Specific Learning Disability: Reading
Specific Learning Disability: Math	Anxiety	Speech/Language Impairment	Traumatic Brain Injury/Concussion	Visual Impairment
ADHD	Specific Learning Disability: Written Language	Other Health Impairment	Depression	*Other Diagnosed Disability-provide clarification below

*If "Other Diagnosed Disability" is circled, please provide clarification. Please provide information you feel would be helpful to the CCA Admissions Team regarding any diagnosis circled above: _____

Have any educational accommodations ever been provided to the student? ____ Yes ____ No

504 Plan at present? ____ Yes ____ No **IEP** at present? ____ Yes ____ No

504 Plan in the past? ____ Yes ____ No **IEP** in the past? ____ Yes ____ No

NOTE: If CCA is being asked to provide accommodations, a copy of testing that provides test results, diagnostic information, and recommended accommodations MUST be submitted with this application.

NOTE: In some cases, CCA may require a copy of diagnostic testing that has been administered within the past 12 months. In addition, students' IEPs or 504 Plans that have been updated within the last 6 months must also be submitted.

To be completed by CCA Staff: Copies of Testing and 504 Plan/IEP received on _____.

List any accommodations you are expecting CCA to provide your student:

Chapelgate Christian Academy (CCA) provides academic support and instruction for students with identified learning differences through the MAG program (Mentoring Academic Growth). The MAG program is designed to meet the needs of motivated, college-bound students who benefit from support in the areas of executive function, written language, reading, spelling, study skills, and other language-based learning differences. Tutoring support in the area of mathematics is also available at CCA. There is an additional cost for participation in these programs. In some cases, CCA may require participation in the MAG Program and/or tutoring in mathematics as a condition of admission. For more information, contact the Admissions Office.

THIS FORM MAY REQUIRE TRANSLATION

ADMINISTRATIVE/GUIDANCE RECOMMENDATION

PART I. (To be completed by the applicant’s family)

Student’s Name: _____ **Applying for Grade:** _____

Name of the Current School: _____

PART I. (To be completed by the Student’s Parent/Guardian)

I authorize the release of information for the student named above to Chapelgate Christian Academy.

PARENT’S SIGNATURE: _____ **Date:** _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child’s admission. Chapelgate Christian Academy reserves the right to contact the person completing this form for further clarification if necessary.

PART II. (To be completed by the School Officials) All information provided to Chapelgate Christian Academy is held in confidence and will not be shared with the applicant’s family. Your observations are valuable to our staff as we work to determine whether we might be a good match for this applicant and his or her family. Please complete and sign this form and forward to: Admissions Office, Chapelgate Christian Academy Admissions Office, 2600 Marriottsville Road, Marriottsville, MD 21104. Documents can be emailed to lcassell@chapelgateacademy.org or faxed to 410-442-2516. **Thank you for taking time to reflect and provide us with your perspective.**

1. Name of individual completing this form: _____

Signature: _____ Date: _____

2. How long have you known the applicant? _____

3. What words come to your mind to describe this applicant? _____

4. To your knowledge, has the applicant been evaluated for learning disabilities? ___ Yes ___ No

If “Yes”, please elaborate: _____

5. Have educational accommodations been provided to this applicant? _____ If so, please identify them:

6. Would you be willing to talk with a member of CCA’s staff concerning this applicant? If so, please provide your contact information:

Email: _____

Phone: _____

Best time to call: _____

ADMINISTRATIVE/GUIDANCE RECOMMENDATION, PAGE 2

A. Please circle/provide the phrases that best describe this applicant as a student at your school:

<u>Verbal Academic Abilities</u>	Outstanding	Good	Average	Weak
<u>STEM Academic Abilities</u>	Outstanding	Good	Average	Weak
<u>Academic Achievement</u>	Far Above Expectations	Better Than Tests	As Expected	Below Expectations
<u>Creative Abilities</u> Circle all that apply	Visual Arts	Musical Performance	Drama	Dance
<u>Athletic Abilities</u>	How important are sports to this student? <u>Circle</u> : 1 (not very) 2 (average) 3 (extremely)			
	What sports does he/she play?			
<u>Self-motivation</u>	Consistently Eager to Learn	Demonstrates Some Motivation to Learn	Does Only What is Required	Does Very Little Work for this Class
<u>Ability to Work</u>	Works Well Consistently	Usually Works Well	Sometimes Struggles	Often has Difficulty Working in a Group
<u>Follows Directions</u>	Quickly & Correctly	Occasionally Requires Clarification	Frequently Needs Directions Repeated	Often Seems to Ignore or Misunderstand Directions
<u>Seeks Help When Needed</u>	Always	Most of the Time	Occasionally	Not Usually

B. Please circle the phrases that best describe this applicant’s personal qualities:

<u>Maturity</u>	Very Mature	Typical for Age	Somewhat Immature	Very Immature
<u>Peer Social Relationships</u>	Healthy Friendly Relationships	Occasional Minor Difficulties with Peers	Frequent Minor Difficulties with Peers	Often Has Difficulty Getting Along with Peers
<u>Conduct</u>	Consistently Respects Authority and Obeys Rules	Usually Respects Authority and Obeys Rules	Occasional Mis-conduct	Frequently Disruptive

Has the student had a history of behavioral, social/emotional, or mental health issues? If so, please elaborate:

C. Please answer the following:

1. Please comment on the student-parent relationship: _____

2. Please describe the parent’s relationship with the student’s teachers and your school: _____

3. Has this family satisfied all financial obligations to your school? _____ Yes _____ No

Thank you for taking time to complete and return this form. Feel free to provide any additional information you believe will be helpful to the admissions team at Chapelgate Christian Academy.

THIS FORM MAY REQUIRE TRANSLATION

ENGLISH TEACHER'S RECOMMENDATION

PART I. (To be completed by the applicant's family)

Student's Name: _____ Applying for Grade: _____

I authorize the release of information for the student named above to Chapelgate Christian Academy.

PARENT'S SIGNATURE: _____ Date: _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child's admission. Chapelgate Christian Academy reserves the right to contact the person completing this form for further clarification if necessary.

PART II. (To be completed by the School Officials) All information provided to Chapelgate Christian Academy is held in confidence and will not be shared with the applicant's family. Your observations are valuable to our staff as we work to determine whether we might be a good match for this applicant. Please complete and sign Part II of this form and forward to: Linda Cassell, Chapelgate Christian Academy Admissions Office, 2600 Marriottsville Road, Marriottsville, MD 21104. Alternately, documents can be emailed to lcassell@chapelgateacademy.org or faxed to 410-442-2516. **Thank you for taking time to reflect and provide us with your perspective.**

Instructions for the English Teacher: Please complete items 1-8 on page 1 and Sections A, B, and C on page 2.

1. Name of the Current School: _____

2. English Teacher's Name: _____

Signature: _____ Date: _____

3. How long have you known the applicant? _____

4. What words come to your mind to describe this applicant? _____

5. Current course & title of text: _____

6. Have you been providing educational accommodations to this applicant? _____ If so, please identify them:

7. To your knowledge, has the applicant been evaluated for learning disabilities? _____

8. If you would like to talk with a member of our staff concerning this applicant, please provide contact information:

Email: _____

Phone: _____

Best time to call: _____

ENGLISH TEACHER’S RECOMMENDATION, PAGE 2

A. Information about the Applicant’s Academic Qualities:

Please circle the phrases that best describe this applicant’s academic qualities:

<u>Academic Ability</u>	Outstanding	Good	Average	Weak
<u>Academic Achievement</u>	Far Above Expectations	Better Than Tests	As Expected	Below Expectations
<u>Self-motivation</u>	Consistently Eager to Learn	Demonstrates Some Motivation to Learn	Does Only What is Required	Does Very Little Work for this Class
<u>Study Habits:</u>	Seems Consistently Well Organized	Usually Completes and Turns in Work on Time	Inconsistent About Completing Work & Turning it in on Time	Work is Usually Late and Often Incomplete
<u>Ability to Work</u>	Works Well Consistently	Usually Works Well	Sometimes Struggles	Often has Difficulty Working in a Group
<u>Participation in Discussion</u>	Readily participates; adds value to the conversation	Participates Willingly	Contributes Only When Called On	Tries to Dominate any Discussion
<u>Reads for Pleasure</u>	Regularly	Often	Occasionally	Not to my Knowledge
<u>Written Expression</u>	Excellent	Good	Fair	Limited
<u>Mechanics</u>	Excellent	Good	Fair	Limited
<u>Oral Expression</u>	Outstanding	Effective	Has Some Difficulty	Limited
<u>Follows Directions</u>	Quickly & Correctly	Occasionally Requires Clarification	Frequently Needs Directions Repeated	Often Seems to Ignore or Misunderstand Directions
<u>Seeks Help When Needed</u>	Always	Most of the Time	Occasionally	Not Usually
<u>Attention Span</u>	Exceptional	Usually Good	Sometimes Distracted	Easily Distracted

B. Information about the Applicant’s Personal Qualities:

Please circle the phrases that best describe this applicant’s personal qualities:

<u>Maturity</u>	Very Mature	Typical for Age	Somewhat Immature	Very Immature
<u>Peer Social Relationships</u>	Healthy Friendly Relationships	Occasional Minor Difficulties with Peers	Frequent Minor Difficulties with Peers	Often Has Difficulty Getting Along with Peers
<u>Conduct</u>	Consistently Respects Authority and Obeys Rules	Usually Respects Authority and Obeys Rules	Occasional Mis-conduct	Frequently Disruptive

C. Information About the Applicant’s Instructional Level in English/Language Arts:

Please circle the phrase that best describes this applicant’s instructional level:

Significantly Above Grade Level	Above Grade Level	On Grade Level	Below Grade Level	Significantly Below Grade Level
---------------------------------	-------------------	----------------	-------------------	---------------------------------

THIS FORM MAY REQUIRE TRANSLATION

MATHEMATICS TEACHER'S RECOMMENDATION

PART I. (To be completed by the applicant's family)

Student's Name: _____ **Applying for Grade:** _____

I authorize the release of information for the student named above to Chapelgate Christian Academy.

PARENT'S SIGNATURE: _____ **Date:** _____

I waive the right to seek access to confidential recommendations and evaluations used to determine my child's admission. Chapelgate Christian Academy reserves the right to contact the person completing this form for further clarification if necessary.

PART II. (To be completed by the School Officials) All information provided to Chapelgate Christian Academy is held in confidence and will not be shared with the applicant's family. Your observations are valuable to our staff as we work to determine whether we might be a good match for this applicant. Please complete and sign Part II of this form and forward to: Linda Cassell, Chapelgate Christian Academy Admissions Office, 2600 Marriottsville Road, Marriottsville, MD 21104. Alternately, documents can be emailed to lcassell@chapelgateacademy.org or faxed to 410-442-2516. **Thank you for taking time to reflect and provide us with your perspective.**

Instructions for the Mathematics Teacher: Please complete items 1-8 on page 1 and Sections A, B, and C on page 2.

1. Name of the Current School: _____

2. Mathematics Teacher's Name: _____

Signature: _____ Date: _____

3. How long have you known the applicant? _____

4. What words come to your mind to describe this applicant? _____

5. Current course & title of text: _____

6. Have you been providing educational accommodations to this applicant? _____ If so, please identify them:

7. To your knowledge, has the applicant been evaluated for learning disabilities? _____

8. If you would like to talk with a member of our staff concerning this applicant, please provide contact information:

Email: _____

Phone: _____

Best time to call: _____

MATHEMATICS TEACHER’S RECOMMENDATION, PAGE 2

A. Information about the Applicant’s Academic Qualities:

Please circle the phrases that best describe this applicant’s academic qualities:

<u><i>Academic Ability</i></u>	Outstanding	Good	Average	Weak
<u><i>Academic Achievement</i></u>	Far Above Expectations	Better Than Tests	As Expected	Below Expectations
<u><i>Self-motivation</i></u>	Consistently Eager to Learn	Demonstrates Some Motivation to Learn	Does Only What is Required	Does Very Little Work for this Class
<u><i>Study Habits:</i></u>	Seems Consistently Well Organized	Usually Completes and Turns in Work on Time	Inconsistent About Completing Work & Turning it in on Time	Work is Usually Late and Often Incomplete
<u><i>Ability to Work</i></u>	Works Well Consistently	Usually Works Well	Sometimes Struggles	Often has Difficulty Working in a Group
<u><i>Participation in Discussion</i></u>	Readily participates; adds value to the conversation	Participates Willingly	Contributes Only When Called On	Tries to Dominate any Discussion
<u><i>Background Knowledge of Math</i></u>	Extremely strong math foundation	Good foundation – ready to learn	Sometimes needs re-teaching to fill in knowledge “gaps”	Poor math foundation impedes learning
<u><i>Ability to Grasp New Math Concepts</i></u>	Grasps new math concepts intuitively	Needs very little help to grasp new math concepts	May need guided practice to grasp new math concepts	Requires individual tutoring to grasp new math concepts
<u><i>Math Applications & Problem Solving</i></u>	Exceptional ability to apply concepts and solve math problems	Consistently applies concepts and solves problems accurately	Usually applies concepts and solves problems accurately	Has difficulty applying concepts and solving problems accurately
<u><i>Follows Directions</i></u>	Quickly & Correctly	Occasionally Requires Clarification	Frequently Needs Directions Repeated	Often Seems to Ignore or Misunderstand Directions
<u><i>Seeks Help When Needed</i></u>	Always	Most of the Time	Occasionally	Not Usually
<u><i>Attention Span</i></u>	Exceptional	Usually Good	Sometimes Distracted	Easily Distracted

B. Information about the Applicant’s Personal Qualities:

Please circle the phrases that best describe this applicant’s personal qualities:

<u><i>Maturity</i></u>	Very Mature	Typical for Age	Somewhat Immature	Very Immature
<u><i>Peer Social Relationships</i></u>	Healthy Friendly Relationships	Occasional Minor Difficulties with Peers	Frequent Minor Difficulties with Peers	Often Has Difficulty Getting Along with Peers
<u><i>Conduct</i></u>	Consistently Respects Authority and Obeys Rules	Usually Respects Authority and Obeys Rules	Occasional Mis-conduct	Frequently Disruptive

C. Information About the Applicant’s Instructional Level in Mathematics:

Please circle the phrase that best describes this applicant’s instructional level:

Significantly Above Grade Level	Above Grade Level	On Grade Level	Below Grade Level	Significantly Below Grade Level
---------------------------------	-------------------	----------------	-------------------	---------------------------------

What math course do you recommend for this student for the upcoming year? _____

(Name of Student Applicant)

Condition	Yes	No	If yes, describe:
Diabetes			
Ear or Hearing Problems			
Eye or Vision Problems			
Heart Problems			
Learning Problems/Disabilities			
Limits on Physical Activity			
Meningitis			
Migraines			
Musculoskeletal Problems and/or Mobility Issues			
Seizures			
Sickle Cell Disease			
Stomach Problems			
Other:			

Hospitalizations (please list all)

Date(s):	Reason(s):
----------	------------

Surgeries (please list all)

Date(s):	Reason(s):
----------	------------

Parent Signature

Date

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
 LAST FIRST MI
 SEX: MALE FEMALE BIRTHDATE _____/_____/_____
 COUNTY _____ SCHOOL _____ GRADE _____
 PARENT NAME _____ PHONE NO. _____
 OR
 GUARDIAN ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
 Signature Title Date
 (Medical provider, local health department official, school official, or child care provider only)

2. _____
 Signature Title Date

3. _____
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition OR Temporary condition until _____/_____/_____
 Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
 Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient.**
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

THIS FORM MAY REQUIRE TRANSLATION

REQUEST FOR RECORDS

Requested: _____
2 nd Request: _____
3 rd Request: _____
Received: _____

Directions for Parents/Guardians: Provide all requested information about your student's current school. Fill in your student's name and grade for the current school year; then sign, date, and return this form with the rest of your application packet. CCA will use this form to request records directly from your student's current school.

School Name

School Telephone Number

School Street Address

Name of Contact Person

City/State /ZIP

Email address for contact person

This is to certify that _____ has applied for admission to the ____th grade at Chapelgate Christian Academy for the _____ school year.

Directions for School Registrars:

- Please send most recent/final report card, transcript, and immunization records to CCA Admissions Office by fax to 410-442-2516 or email to lcassell@chapelgateacademy.org.

For students who have completed 9th grade or above, please include a transcript with course titles, final grades, grading scale, and credits awarded for each course.

- Has this family satisfied all financial obligations to your school? Yes No Initials: _____

- Please follow-up by mailing copies of all school records including education (grades, transcripts, test results), health (including vision and hearing screening results), special education, disciplinary, and confidential records to:

**Chapelgate Christian Academy
Attention: Admissions Office
2600 Marriottsville Road
Marriottsville, Maryland 21104**

Rob Van Ness

Headmaster

Date

RELEASE OF RECORDS

I hereby give permission for the release of all my son's/daughter's records, including grades, health records, test scores, behavior and psychological records, and special education records if applicable, to Chapelgate Christian Academy.

Signature of Parent/Guardian

Date

INTERNET AND NEWSPAPER PERMISSION

THIS DOCUMENT MAY REQUIRE TRANSLATION

It is the practice of CCA, when appropriate, to publish photographs and names of students on the school's website, or in local newspapers to highlight events and activities at the school, such as dramatic productions, concerts, and sports, or to recognize students' noteworthy achievements. Additionally, photographs and names of CCA student athletes may appear on either the MIAA (boys) or IAAM (girls) League website as a means of publicizing information about our sports teams and student athletes.

Directions: Provide your student's name, your signature, and today's date following either Statement A (indicating you give permission) or Statement B (indicating you do NOT give permission) below in order to communicate your instructions to CCA regarding this matter.

A. If, as a parent or guardian, you give Chapelgate Christian Academy permission to publish your student's name and/or photograph as described above, please provide the name of your student, your signature, and today's date in the space immediately following:

Name of Student

Parent/Guardian Signature

Date

OR

B. If, as a parent or guardian, you do NOT give Chapelgate Christian Academy permission to publish your student's name and/or photograph as described above, please provide the name of your student, your signature, and today's date in the space immediately following:

Name of Student

Parent/Guardian Signature

Date

PLEASE NOTE: The instructions you have provided on this form shall be considered as standing throughout your student's career at Chapelgate Christian Academy, unless you provide a written notification of any change. Such notifications should be submitted to the attention of the Academy's Registrar.



Eligibility Verification Form (rev 6/14)

A transfer student is one who changes enrollment from one school to another. Participation, in regards to any transfer policy, is defined as practicing or scrimmaging during the regular season, beginning with the 1st practice date or playing in any interscholastic competition. Please read the transfer policy guidelines below. If you have any questions, please call the league office at 410-544-2233

A transfer student who changes schools during the school year and has participated in interscholastic athletics at any level at his former school is ineligible to participate in interscholastic activities for the remainder of that school year. Additionally, that student, if he or she was a varsity athlete at their previous school, is ineligible for participation in that (those) sport(s) for one calendar year from the date of enrollment. A student athlete who is by definition a varsity athlete at a member school may not become eligible to participate at another member school in the next academic year by enrolling in a non-member school for a period of less than one full academic year. Further, a student's eligibility to participate is based on his/her participation for the prior year only. A student who plays on a varsity team during one year and does not participate in the year prior to transfer, will be eligible to play provided all other transfer criteria are met. Please refer to the definition of a "varsity athlete" which is addressed later in this form.

A transfer student who migrates from one member school to another and was a varsity athlete at his / her previous school is ineligible to participate in that sport at the new school for one calendar year beginning with the first date of enrollment at the new school. If that student was an undersquad athlete (freshman or junior varsity) at his previous school, he / she may transfer without penalty unless transferring under stipulations in paragraph 1.

Open Enrollment Period - An Open Enrollment Period will be offered for non-member student athletes. From June 1 through September 1, student athletes transferring from any non-member school to a member school, may transfer to and participate in interscholastic athletics, at any level, without penalty. In order to qualify under this guideline, all appropriate paperwork must be completed and the enrollment contract deposit must be paid on or before September 1. The MIAA reserves the right to request copies of any enrollment contract. The student athlete must physically be attending classes on the first day of fall classes or by September 1. If the opening of the member school is after September 1, the required paperwork and deposit must be complete on or before the September 1st date.

30 Day Rule - A transfer student, regardless of prior participation, who transfers between September 1 and May 30 of any academic year, may not participate in a league competition of this Association until 30 days after the date of enrollment at the new school, which date may not precede the last day of the student's attendance at the prior school.

Date of Enrollment - Date of enrollment is defined as the first day the student is physically attending classes.

Varsity Athlete - For transfer purposes, a varsity athlete is defined as a student who has participated in any way in a varsity interscholastic competition. Varsity game participation is based on participation in grades 9 thru 12 only.

Limits of Participation - A student athlete is limited to four years of participation in any one sport in grades 9 thru 12.

The only exceptions to this policy are the following:

- if a student were to change their primary residence; a change in primary residence means a move of more than 30 miles from their present residence.
- if a student's present school eliminates the athletic program in which he/she is participating.

This transfer policy is effective as of June 1, 2009 and is non-appealable.

A TRANSFER STUDENT, REGARDLESS OF PRIOR PARTICIPATION, MAY NOT PARTICIPATE IN THE MIAA UNTIL THIS FORM IS SUBMITTED TO THE LEAGUE OFFICE AND APPROVAL IS GRANTED.

Eligibility Verification Forms are due to the league office upon the date of enrollment. For any transfer student without a verified EVF, any games played will be subject to forfeiture. Additionally, a student athlete transferring from one member school to another may not participate in interscholastic athletics until all financial obligations at the previous school have been satisfied.

Transferring Student's Name: _____
Last First Middle

Current Address _____ City _____ State _____ Zip code _____

If you have lived at this address for less than one year, please provide former address and date of move:

(please complete reverse side)

Phone (____) _____ Date of Birth _____ Class Enrolling Into: Fr So Jr Sr
Have you (Will you be) repeated (repeating) any grades since entering the 9th grade ? _____

Name of MIAA School Student is Transferring to: _____

Name of Outgoing School _____

Address _____ City _____ State _____ Zip code _____

Phone (____) _____ Date of Withdrawal from Outgoing School _____

Name of School Student Attended for Ninth Grade _____ Date Enrolled _____

Athletic History at Outgoing School(s):

(Please include participation level, sport, and academic calendar year of participation – i.e. Varsity Basketball, 2012-2013)

Fall Sports _____

Winter Sports _____

Spring Sports _____

Have all financial obligations been satisfied at your outgoing school? _____

I certify that the information provided on this Eligibility Verification Form is true and correct as of the date set forth opposite my signature.

Parent / Guardian Signature _____ Date _____

Name of Outgoing School Principal: _____ Phone# (____) _____

Name of Outgoing School Director of Athletics: _____ Phone# (____) _____

Signature of Outgoing School Director of Athletics _____ Date _____

To be completed by Admission Officer of the School the Student is transferring to.

Date of Application _____ Date of Enrollment _____

For International Students, Name of Approved CSIET Agency _____

Signature of Admissions Officer _____ Date _____

Return completed form to:

**MIAA
P.O. Box 606
Severna Park, MD 21146
Fax (410) 544-2283
sandi@miaasports.net**

Power of Attorney for International Parents for the Care of Children

THIS FORM MAY REQUIRE TRANSLATION

We _____ (“Father”) and _____ (“Mother”), jointly referred to as “Parents” or “Principals”, maintaining an address at: _____, hereby make and appoint _____ (“Attorneys-in-Fact”) maintaining an address at _____ as our true and lawful agents and attorneys-in-fact for us and in our name, and in our behalf to act as the guardian of our minor child/children:

Name: _____ born on _____
Name: _____ born on _____
Name: _____ born on _____
Name: _____ born on _____
Name: _____ born on _____

The above named Attorneys-in-Fact shall have the power and authority to act entirely in loco parentis and to do all acts necessary or desirable for maintaining the health, education, and welfare of our above named child/children, including, but not limited to, the powers to:

1. Provide for, approve, authorize and decline any health care at any hospital or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent, release or waiver of liability required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to our child/children. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.
2. Determine the education of our child/children and to register and enroll our child/children in any educational programs, schools and extracurricular activities; review any school records of the child/children; allow our child/children to participate in activities and events offered by any group, organization or educational facility.
3. Maintain the customary living standard of the child/children, including, but not limited to, provisions of living quarters, food, clothing, entertainment and other customary matters.

4. Request, ask, demand, sue and take any and all legal steps necessary on behalf of our child/children and to adjust, compromise and settle any claim, our child/children may have against any other person or entity.
5. Apply for, purchase, maintain and/or deal with any health and other insurance for our child/children and to make and file any medical or other type of claim against any health or other type of insurance company.
6. Endorse and execute any documents necessary for the performance of the powers granted by this document, including but not limited to consent forms, releases, waivers, insurance documents, claims, agreements, contracts and legal documents.

Notwithstanding other provisions in this Power of Attorney, Attorneys-in-Fact shall not (i) have the authority to withhold or withdraw life sustaining procedures for any child/children; (ii) have the power to consent to the marriage of our child/children; (iii) have the power to consent to the adoption of our child/children.

This power of attorney shall be **in effect from August 1, 20__ - June 15, 20__**

By signing here, we indicate that we are fully informed as to the contents of this document and understand the full import of this grant of powers to the Attorney-in-Fact named herein.

We hereby ratify and confirm all acts by the Attorneys-in-Fact done by virtue of this power of attorney and the rights hereby granted.

The Attorneys-in-Fact shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. We agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. If this Power of Attorney is terminated by operation of law, any person relying in good faith on the authority of this document, without notice of such termination, shall be held harmless.

등부 2010년 제 호

Registered No. 2010 -

인 증

NORTRIAL CERTIFICATE

위 아동 보호 위임장에 기재된
부 _____의 대리인 겸 모
_____는 본직의 면전에서
위 본인이 서명 한 것임을 확인
하였다.

(Names of the principals)

appeared before me and
admitted said principal's
subscription to the attached
**POWER OF ATTORNEY FOR
THE CARE OF CHILDREN**

2010년 ____월 ____일 이 사무소에서
위 인증한다.

This is hereby attested on
this ____th day of _____2014
at this office.

공증담당변호사

Attorney-at-Law

This office has been authorized by
the Minister of Justice, the Republic
of Korea, to act as Notary Public
since_____.
Under Law No.____



FREQUENTLY ASKED QUESTIONS FOR INTERNATIONAL STUDENTS

THIS DOCUMENT MAY REQUIRE TRANSLATION

✚ Does Chapelgate Christian Academy accept international students?

When space is available, Chapelgate Christian Academy (CCA) is happy to accept international students who meet entrance requirements. International students are typically admitted to CCA at the beginning of the school year in late August. CCA admits international student at and above the 8th grade.

✚ Does Chapelgate issue I-20 documents?

CCA has been approved to issue I-20 documents for international students who have been accepted by the Academy and are applying for F-1 visas. Once a student has been offered admission to CCA, they need to send a non-refundable \$2,000 deposit to the school in order to confirm their intent to enroll. This deposit will be credited toward their tuition. CCA will issue the official letter of acceptance and the student's I-20 once this deposit has been received.

✚ What are the entrance requirements for international students applying to Chapelgate Christian Academy?

To be considered for admission to CCA, international students must submit the items listed below to the Admissions Office. All documents are to be provided in English, or accompanied by English translations:

- ✓ all CCA application forms (available at www.chapelgateacademy.org) with the \$500 application fee
- ✓ proof of compliance with all immunizations currently required by the Maryland Department of Health and Mental Hygiene; this must be received by Chapelgate Christian Academy no later than August 1st. Families who fail to meet this important deadline may be charged a significant penalty. In addition, CCA will not admit students to class until full compliance is demonstrated.
- ✓ a copy of the prior year's report card and the most recent report card that includes information about the grading scale; it is expected that international applicants to CCA have grades that are above average
- ✓ proof of English proficiency as demonstrated by the student's performance on a TOEFL for all students who have completed grade 8 or higher.
- ✓ evidence demonstrating that the student or sponsoring parents have sufficient funds to cover tuition and living expenses during the period of intended study
- ✓ a recommendation from the pastor of the church where the family or guardian of the student worships, if the student's family or guardians are Christians;
- ✓ a copy of the student's passport
- ✓ a copy of the student's F-1 Visa – if one has already been issued to the student by another school in the US
- ✓ recommendation forms completed by the student's current Administrator, and English and Math teachers.
- ✓ an essay of introduction completed by the student applying for admission; this should tell why the student wants to attend CCA, what he or she hopes to accomplish as a student in the U.S., and should also provide information about his or her personality, character, interests, and goals.
- ✓ Applicants will be asked to participate, with at least one parent, in an interview with the admissions committee. This is scheduled ahead of time and conducted by Skype. During the interview, the prospective student is expected to speak in English; parents may require the presence of an interpreter.

✚ Does Chapelgate Christian Academy provide special services for students who are learning the English language?

Although CCA requires international students to demonstrate their proficiency in English before they can be accepted, the Academy does provide additional instructional services for English Language Learners (ESL). CCA offers courses in International Bible, ESL and Advanced ESL English, and ESL U.S. History for high school students. Support for English, Reading, History, and Science is provided for 8th grade ESL students.

✚ Is bus transportation provided? No. Parents or guardians are responsible for transporting students.

Does Chapelgate make arrangements for home stay families?

Some families of international students make arrangements with a relative or trusted friend to be their child's guardian. Families of international students are welcome to make their own homestay arrangements independently from Chapelgate Christian Academy. However, CCA cannot take responsibility for resolving any disagreements or problems that may occur in these situations. They must provide CCA with information about the adults with whom their child will be living including:

- ✓ The name(s) of the parent(s) or guardian(s) with whom they will be living in the U.S.
- ✓ The address at which they will be living in the U.S.
- ✓ U.S. telephone numbers – including home, work, and cell phone numbers – for their parent(s) or guardian(s)
- ✓ Email addresses for the parent(s) or guardian(s) that can be accessed both in America and in the student's home country.

Important Note: A Power of Attorney document that has been completed by the parents and notarized, that authorizes the current guardian -- whether arranged by the family, through an agency, or by CCA -- to make decisions on behalf of the parents regarding their student's health, education, and welfare, must be submitted to CCA before the student's registration can be completed.

For international students whose families need help finding guardians, CCA can help make arrangements for homestay placements with American families and provide on-going support services. Students who are living with host families that have been provided through Chapelgate Christian Academy pay an additional fee to cover the expenses of the host family and the services provided by a Home Stay Coordinator. The total cost for CCA's homestay program is \$12,500 for the 2018-2019 school year.

What curriculum does the school use?

The Academy offers a college preparatory program for both average and advanced students. The curriculum is written and approved by the faculty and administration. Textbooks are selected from both Christian and secular publishers based upon the excellence and appropriateness of each book. Currently, CCA offers 9 Advanced Placement courses. The Christian world and life view is integrated in each subject at CCA. CCA is accredited by both the Middle States Association of Colleges and Schools (MSACS) and the Association of Christian Schools International (ACSI).

What are the hours for the school day?

Students are to be in homeroom by 8:15 each morning; they are dismissed at 3:00 p.m. Students are not to arrive earlier than 7:30 a.m. and must be picked up by no later than 4:00 p.m., except when they are attending extra-curricular activities under the supervision of designated school personnel.

What is the cost of tuition? Are there other fees?

For the 2018-2019 school year, tuition for each international student is \$22,820 for the full year. This includes retreats, non-consumable textbooks, some activity fees, and the health insurance coverage from August 1, 2018-July 31, 2019 that is required by CCA. Tuition for international students can be paid in full by July 20th or by semester, with the first payment due by July 20th and the second payment due by January 20th, or spread out over 10 (ten) monthly payments with the first payment equal to 25% of the total tuition due July 20th and the remaining 75% spread out monthly through the April payment. In addition to tuition, a \$500 registration fee must accompany each student's application. \$250 of the registration fee will be credited if tuition for students paid in full by June 15th. A \$500 re-registration fee is charged annually for each current student who is re-enrolling for the following year. There is a \$100 per sport fee for student athletes.

An international student who applies after July 1 and is offered admission to CCA must pay a minimum of 50% of the annual tuition and, if applicable, the home stay fee to confirm their intent to enroll. Once receipt of this payment (either by wire transfer or clearance of a check) has been confirmed, CCA will send the letter of acceptance and I-20 to the student.

For additional information contact:

Admissions Office
Chapelgate Christian Academy
5600 Marriottsville Road
Marriottsville, Maryland 21104

Email: Admissions@chapelgateacademy.org
Phone: 410-442-5888, extension 122