

INTERNATIONAL STUDENT AND HOST FAMILY HANDBOOK

Tri-City Christian Academy
Somersworth, NH



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Overview and Purpose of This Agreement

The International Student Family Agreement is designed to be a supplement to the school's rules and regulations, as published in the Student Handbook. This agreement outlines the rules and regulations that students are expected to abide by while living in a host family environment.

These rules may be different from the rules a student would be asked to adhere to at home. They are established as an outline for students to make informed choices while living with their family and intended to maximize everyone's academic and social experience.

All international students enrolled at Tri-City Christian Academy will be held to the expectations and policies outlined in this Agreement. It is expected that all parents and students read this family agreement thoroughly and refer to it as a source of guidance and information. Students and parents are expected to have knowledge of the agreement's content.

Your Host Family

Your host family has been carefully selected to have the temperament, ability and willingness to be a wonderful support to you as you adjust to American school life. They will help as you make new friends and include you in their family activities such as meals, shopping, and trips. They will also provide a safe and secure home life for you.

International students are in the United States to learn *both academically and culturally*. All students need to be willing to make adjustments accordingly to adapt to their host family, community, and school. In American homes it is seen as rude to spend most of your free time in your room each day, and it is a sign of unhappiness. Please make an effort to interact with your family on a daily basis more than just at mealtimes. Your relationships and English will grow!

While your first priority is your studies, living with a host family is a remarkable benefit offered by Tri-City Christian Academy. The hospitality of Americans can provide a multidimensional view of American life, can temper loneliness for the newcomer, and for most students, becomes the highlight of the student's stay in the US.

Standards of Conduct

Joining this community obligates each member to observe the following principles:

- Respect others. This means ENGLISH ONLY in mixed language company.
- Strive for personal and academic integrity. Do not copy or cut and paste from other sources. Work on your own ideas and thoughts about topics and assignments. Your host family will ask you about your school work and your grades and offer to help in areas like Bible classes and writing essays. This is normal behavior in an American home; accept it, and you will grow. The academic progress is one of the top reasons for you being here, and you will be expected to be in regular attendance at school. (No more than 11 absences per class allowed. Missing more can result in expulsion and impact your F-1 visa.) All grades must be a C or higher. If a D or F is on a progress report you will be required to get extra tutoring, carry an evaluation sheet to be signed by teachers weekly, and possibly withdraw from extra activities or weekend activities. This will be the school and host parents' job to enforce.
- Obey laws of the US, New Hampshire/Maine, and Tri-City Christian Academy. Your enrollment will be terminated if you disobey these laws or the school authorities find you in violation of school policy.
- Make decisions responsibly.

General Policies of the Program

Compliance with Family Rules and Regulations

Rules and regulations will vary amongst host families. Students are expected to comply with all requests and directives made by their family who are appropriately exercising their responsibilities. These are Christian homes and all family members will be attending church with host families. The student is expected to attend church _____ (one or two times) on Sunday and (is or is not) expected to attend youth group on Wednesday nights. Please participate in church activities, be on time, and dress appropriately. All extracurricular activities (_____) are approved by the host parents. The student shall keep the host parents informed about where and with whom the student is at all times and the expected time of his or her return home. Violations of these rules and regulations will be reported to the school administration and may result in disciplinary action. Curfew is _____ p.m. unless special arrangements are made with your host family for special occasions. Be considerate of host family pick up times and locations when needing a ride. Call ahead and ASK them if you can have a ride.

Privacy and Dignity

While living in a host environment, it is important to maintain respect for the personal privacy and dignity of your family. To the extent that the physical layout of the bathroom, shower, and living areas permit, the privacy and personal dignity of students shall be respected by all members of the family. Please be aware of personal belongs such as individual towels used by international students. Unwarranted intrusions on a student's right to such privacy shall be considered a violation of the Tri-City Christian Academy disciplinary code.

Room Use and Occupancy

Each student should be provided with a bed, mattress, chest of drawers, wardrobe or closet, desk and desk chair. Students are responsible for keeping their rooms neat, organized, and clean. Consideration for roommates and respect for property and personal space is expected. Renovations of any kind are not permitted in the student's residential spaces.

Students are expected to apply these same standards to common living spaces such as bathrooms, hallways, lounges and grounds surrounding the home. Kitchen use: _____

Meals

Students can expect to be provided with 2-3 meals a day by their family. You must be on time to get a meal. All members of the family will be expected to be present at the table during family meal time, which is usually at dinner. This is an important time for you and your family. Leave your phone and all other devices in your room.

On school days students will either be provided with a school lunch or will be sent to school with a home-made lunch. You will possibly be asked to make your own breakfast, but there will be food available.

No food stored in the bedrooms! It could lead to rodents, bugs, and a mess. Ask for a drawer or place to store your snacks/food in the kitchen.

Open Door Policy

The student's room must remain open while individuals other than the student's roommate are present. The door to the room must remain open while studying if using computer in the room and if you have visitors. The door can be closed if you are sleeping or changing. All parties should knock and wait for a response if the door is closed other than in cases of emergency.

Guests

The guest policy shall be determined individually by each family. Students must make an effort to integrate with other students from other countries and speak English. This means socially putting forth the effort by inviting other students to go places or come over. Students are expected to comply with the expressed desire of their family regarding the guest policy. This family expects:

Relationships and Boundaries

An international student's first priority at Tri-City Christian Academy is academic success. Relationships are an important part of the international experience but should not detract from academics. Due to possible communication barriers and cultural differences, international students are expected to abide by certain boundaries within their relationships with students of the opposite sex while enrolled in the international student program. While feelings of affection for someone of the opposite sex are natural, international students must foster these relationships as friendships in the presence of other friends and/or adults.

To encourage healthy relationships, international students are not to spend one on one time with students of the opposite sex in situations including but not limited to car rides, in a home, or in public places. Even when in crowded areas such as a restaurant, if not surrounded by a group of friends, the students are spending one on one time together and against program policy. Spending time in large groups of friends is encouraged; however, spending time in groups of friends completely made up of other couples adds unnecessary pressure to the relationship and is against program policy. Taking a "date" to school sponsored banquets is permissible and the only exception to the policy.

Students should abstain from any physical contact with students of the opposite sex. Sexual activity or taking any action that may change the nature of the international student's life (i.e. getting engaged or married) is not allowed. Violation of this policy is grounds for immediate dismissal from the program.

House Keys

Each student will be given keys to the home upon arrival. This key must be returned at the end of each school year. Because of security concerns, any time a key is lost the student must immediately notify the family, and a lock change will be initiated. A fee may be charged for this service.

Chores

Like any American teenager, international students may be expected to perform normal household chores. Typical and normal chores include making the bed, washing dishes, keeping the bathroom tidy and helping with the laundry. It is expected that host families and students will review this

during the first week as well as go over things such as how to operate the washer, dryer, and dishwasher. The chore list includes but is not limited to: _____

Curfew

Curfews may vary amongst host families. All students are expected to abide by the curfew policy of their respective family. **Failure to abide by the curfew may result in disciplinary action by the school administration.** Lights Out policy for this family is: _____ p.m.

Telephone and Internet Use

Each family will provide internet. Please be considerate of the time spent on the telephone and the internet. Do not hide behind your phone, headphones, or iPad to avoid interacting with people.

Students will be required to purchase a mobile phone during orientation at their own expense if an unlocked phone has not been brought from home. It is recommended that students purchase pre-paid international calling cards or use Skype (or Facebook Messenger, etc.) for calling family and friends back home.

Students may bring a personal computer but must comply with the host family's computer usage rules. The computer settings must be in English. The host family will have access to any information on the student's computer at all times and may install internet filtering software to the computer. Inappropriate use of the internet by the student, including viewing pornography or visiting questionable websites, is not acceptable. Such activity may result in program termination.

The International Program Coordinator or the host family may limit internet and cell phone usage if they feel it is interfering with academic progress or hindering social connections.

Personal Technology Use

Students are able to make use of personal technology (laptops, mobile phones, game systems) for recreational purposes **following the completion of their daily academic and household responsibilities. In addition, these items are never to be used after curfew hours (_____ p.m.) have begun.** Students will be able to Skype, email, or call home. If this takes place after curfew hours, special permission will be granted once per week. All personal technology will be shut off and stored _____. All electronic devices are to be left in your room during church and meal times. It is considered very rude to use them in these situations.

Purchasing, Storing, and Securing Personal Items

Host families must consider this student as one of the family. This means any family meals and regular activities are covered by host family finances. Normal toiletries are paid for by the host family. Special personal items and room decorations, music lessons, tutors, entertainment, meals with friends, senior trip, senior pictures, personal mobile phone, and clothes are the responsibility of the student.

All students are issued keys to their homes and are advised to take precaution in securing items of value in their room or on their person. Neither Tri-City Christian Academy nor the host family accept responsibility for, nor will they provide compensation for, lost, stolen, or damaged items. The host student must not borrow money from other host family members. Make sure you have cash, credit or debit cards for expenses.

Damage Assessment

Students are responsible for any damage done to personal or family property. Occupants of a room will be charged for the cost of repairing or replacing damaged or missing property. In situations where there is more than one student living in a room, damages which cannot be attributed to specific individuals will be charged to all room occupants. The family, in cooperation with Tri-City Christian Academy, reserves the right to determine the cost to repair or replace any damaged property.

Transportation and Involvement

Each family and their student are expected to work out an agreement regarding scheduling and transportation to the student's extracurricular activities. **The student will be involved in a minimum of one extracurricular activity per semester plus occasional international student events they are required to attend.** They can use a school van (cost is included in their program fees), ride with parents, or, only when agreed to by the family, ride with another student involved in the activity. If riding with another student other than a host sibling, the driver must have a driver's license, not a school permit. If a host sibling is driving on a school permit, permission must be obtained from the natural parents.

All international students must work to spend time with domestic students in addition to the other international students. It may be difficult at times, but the resulting relationships will be very rewarding!

The host family agrees to transport students to Dover (or Portsmouth or Concord if necessary) for test taking, such as the TOEFL, SAT, ACT, etc. The family will also bring the student on one college visit per year (Jr. and Sr. years), if desired by the student.

Student Travel and Notification of Whereabouts

Students are allowed to travel outside the immediate surrounding area only if they first inform the International Program Coordinator of the expected trip via the Travel Permission Form 10 days in advance AND have the permission of the natural parents. Unless the host family offers to pay for such trips, students are responsible for paying themselves. **Leaving home without notifying your family is a direct violation of the International Student Family Agreement and may result in disciplinary action by the school. If permission is not granted, the student will not be allowed to take final exams. The F-1 visa will be cancelled, and the student will be sent home without a refund.**

Prior to traveling home at the end of the year, students must receive a new signature on the I-20 if the student is in good standing and planning to return the following year. Tuition must be paid in full, classwork completed, library books returned, and fines paid. You may NOT book airline tickets or any travel on final examination days. A missed final will result in a score of zero for the class. The teachers are not required to accommodate your personal schedule.

Students may have their parents visit once per year, but they must remain living with their host family unless during a school break. Host families will not be expected to house the student's parents or family.

Alcohol and Other Drug Policies

Tri-City Christian Academy, in cooperation with each family, will address any behavior relating to drugs and alcohol as outlined below:

- ❑ **Possession of alcohol or illegal drugs:** Students who are found to possess, use, distribute, or transport alcohol or illicit drugs will be subject to suspension or expulsion. Tri-City Christian Academy reserves the right to consider the presence of smoke or odors as a violation of this policy.
- ❑ **Being under the influence of alcohol or other drugs:** Students who return home and are found to be under the influence of alcohol or illicit drugs will be subject to disciplinary action up to and including suspension or expulsion.
- ❑ **Prescription drugs:** Each student shall be responsible for self-administering all prescription medication. Students who are found to be sharing, selling, or trading prescription medications, or abusing or misusing their own prescription medications will be subject to sanctions ranging from disciplinary probation up to suspension or expulsion.
- ❑ **Drug paraphernalia:** Drug paraphernalia, regardless of intended use, is not allowed.
- ❑ **Alcohol containers:** Empty alcohol bottles, cans, bottle tops, and other containers are not allowed, even for decorative purposes.
- ❑ United States law strictly forbids the consumption of alcohol for anyone under the age of 21.

Tobacco Products

It is illegal for persons under the age of 18 to possess any tobacco product. Students attending Tri-City Christian Academy, regardless of age, will not be permitted to use tobacco products whether on campus or at home.

Students found to be in violation of these policies will be subject to sanctions up to expulsion from Tri-City Christian Academy.

Automobiles

International students at Tri-City Christian Academy are **not permitted to drive cars**, even if you are able to do so at home. You will travel with your host family to school, local events, shopping, and to other venues to meet most of your needs. Occasionally you may travel with other Tri-City Christian Academy students or community members who have cars, so long as you inform your family in advance.

Emergency Situations

In addition to establishing a set of general rules and guidelines, each family will go over **emergency contact information with the student in the first week. They should provide a list of home, work and mobile phone numbers where they can be reached at all times.** In addition, each student should have an “Emergency Contact Information” card on file at the school office. It is recommended that students and host families complete this card together in addition to reviewing the procedure of what to do in emergency situations. The students must give his or her mobile number to the members of the host family and the ISP Coordinator. Health insurance is required because medical care in the US is very good but also very expensive. The student must carry a medical card and provide a copy to the host family. Your insurance plan must be checked for coverage prior to any scheduled medical procedures. Regular dental and eye care is not covered but some emergency expenses are partially covered.

Fire Safety

Compliance with fire regulations is a necessity both on campus and at home. Smoke and heat detectors are only a part of fire safety. While your home should be as safe as is possible, each room may contain combustible personal items, which make the following rules necessary:

- Candles, camp stoves, lanterns, hurricane lamps, incense, or any other items with open flames are permitted only with permission from the family.
- Fireworks, explosives, volatile liquids, and fuel are not permitted.
- Fire alarms and extinguishers are critical for safety and must not be tampered with. Students who tamper with fire safety equipment will be subject to fines and disciplinary action up to and including suspension or expulsion, fines from the Fire Department, and possibly criminal charges.

Harassment Policy

Tri-City Christian Academy and its host families are committed to maintaining an environment where students are not subjected to bigotry and discrimination on the basis of sex, sexual orientation, race, ethnicity, national origin, religion, disability, age, or other characteristics as protected by applicable law. Such harassment is against program and school policy and may be illegal under state and federal laws and regulations.

Tri-City Christian Academy defines harassment as verbal or physical conduct which has the purpose or effect of creating an intimidating, hostile or offensive educational or living environment on the basis or because of a student's sex, sexual orientation, race, ethnicity, national origin, religion, disability, or age, or other characteristics as protected by applicable law, and which would create such an environment for a reasonable person under the circumstances. Such harassment may include, for example, repeated slurs, taunts in the guise of a joke, disparaging remarks, or physically threatening or inappropriate conduct, when such is directed at a person or group of persons because of their sex, sexual orientation, race, ethnicity, religion, physical ability or age. Retaliation against a student or family member for filing a complaint in good faith under this policy is strictly prohibited, and, if proven, would be considered a violation of this policy.

This policy is intended to protect all Tri-City Christian Academy students and applies to both the students and family. Any person who feels they have been harassed or retaliated against as defined in this policy may file a formal grievance with the school administration.

Personal Safety

The student is forbidden from participating in any dangerous sports or activities such as hang gliding, bungee jumping, and sky diving. The student's family will accept full responsibility for any situation arising from the student's involvement in a forbidden activity.

Personal Appearance

Students are not allowed to get any new tattoos or body piercings while participating in the international student program.

Family Changes

Every effort is made to house students in compatible situations conducive to academic and personal growth. Mid-year host family changes are rare and may be made only under the direction of the

Tri-City Christian Academy administration. Living arrangements shall be reviewed by the student, family, and the school at the end of each academic year. The family commits to one year at a time.

Grievance Process

Any student who feels aggrieved, or wronged, by the action of any member of their host family should report their concerns to the school ISP Coordinator or TCCA administration immediately. These individuals will work within the parameters of the administrative and/or legal process to resolve the grievance.

Addendums and Changes

The International Student Family Agreement is published by Tri-City Christian Academy annually. Tri-City Christian Academy reserves the right to add, modify or amend any part of this handbook between publication dates. Tri-City Christian Academy will inform students, faculty and staff through various means when any changes to this handbook are made. These changes will supersede any previously published policies on the same topic.

PLEASE SIGN AND RETURN THIS PAGE TO TRI-CITY CHRISTIAN ACADEMY.

Agreement

I AGREE TO ABIDE BY THE TERMS OUTLINED IN THIS INTERNATIONAL STUDENT FAMILY

Student Signature: _____ Date: _____

Printed Name: _____

Parent Signature: _____ Date: _____

Printed Name: _____

Host Parent Signature: _____ Date: _____

Printed Name: _____

Note to Students, Host Families, and Natural Parents

The previous host family section covers rules for all International Students at TCCA. Additionally, each host family has house rules/guidelines that make the house happy, successful and peaceful. These rules may be different for each host family and also different from what you've experienced before, so you should review them together. You may not like all of the rules, but they are still the rules. You have to live by them while you are here. The rules for the International Student and host family children should be similar to those of the same age. The rules may change or increase during the year to help you grow in certain ways.

As you live together as a family, following God and learning about him together, we know you will have a great year. American families may not be like our own family. Some of our host families are single parents, some are older with no children, some have no or few children, while some have many children. Some parents may be of different ethnic backgrounds. There is no typical host family. Don't feel like you need to compare yours to anyone else's.

Here are important things to know about your American host families and the way they live:

- American families like to be together, and we welcome you to be part of the family from this day forward. That means loving each other, encouraging each other, not speaking badly about people, and always striving to have a good attitude. We do not allow division or ongoing conflict in the house. "Division" is when people don't like to be together. American parents will want to discuss it and expect that you discuss the conflict with respect, discussing why you are upset or sad or why they are.

We want everyone to feel respected and accepted by everyone else. Conflict or disagreements must be resolved quickly and with humility. If you are unhappy with anything or anyone, talk to your host family parents about it quickly, and it should lead to a good conclusion. We never intend to make you feel embarrassed, and we will not be angry with you. Your most important job is to learn to enjoy every person who lives with you, because each one of us is valuable and important to God. We will do the same for you.

You will be a part of a family, not a hotel. In the host family program, you are expected to be part of the family. That means interacting with everyone, being helpful, and talking with them about how things are going with you. The host family program is designed to shape your character, the inside part of you that makes you strong and confident. That happens through interaction and relationships. We look forward to helping you in this way and spending time with each of you. We know some of you come from spending time in your room when you came home from school with little interaction with parents or siblings. When in America, do as the Americans do. We hope you realize it may be uncomfortable, but American families that cannot build a relationship do not want to host for more than a semester or a year.

- Being helpful is fun, and each family will expect you to be helpful in the house.

Examples: volunteer to gather people's plates after a meal, or clean the counter of used plates, cups and trash. Volunteer to unpack the groceries from the car. Volunteer to help make breakfast, lunch or dinner. Invite others to be first in whatever we do. There are all sorts of ways to help. Nothing makes a person more pleasant than being helpful and putting others first. We expect everyone to put others first and be helpful.

- Tell the host family thank you for a restaurant meal, when they pick up some personal items for you, buy you some favorite food, or give you a ride, even if it was not perfect.

Everyone is to be thankful and grateful. There is never a reason to be unthankful. If you find your attitude getting bad, think of what you have to be thankful for. It will change your mind. Be thankful to be alive. Be thankful to have a great family at home and a host family here in America who loves you. Be grateful for your friends. Be grateful for Tri-City Christian Academy. Be grateful for the future God has for you, including a good career, an awesome family, and plenty of friends.



Tri-City Christian Academy

Student Home Stay Questionnaire

Please complete this form accurately and do not leave any information out. The more accurate information we have about you, the easier it will be for us to match you with the Host Family that will best allow you to achieve the goals that you and your family have for your studies in the USA.

Notice: Host family availability may be limited. Please keep in mind that while we will make our best efforts to find a host family that is a good fit for you, completion of this questionnaire alone does not guarantee your placement in a host family that meets all of your criteria.

Please answer all the questions below honestly and in as much detail as possible.

Personal Information

Name: _____
 English Name or Nickname (if desired): _____
 Male Female
 Date of Birth: _____ Country of Citizenship: _____

Student Questionnaire

Food

Do you have any food allergies? If yes, describe: _____
 What are some of your favorite foods from your home country? _____
 What are your favorite U.S. foods? What are some U.S. foods you are excited to try? Are there any U.S. foods you think you might not like? _____
 Please list some of your favorite foods from the following categories:
 Meats: _____
 Vegetables: _____
 Fruits: _____
 Carbohydrates (Rice/Bread/Noodles/Potatoes/etc.): _____
 Sweets/Snacks: _____

Living Arrangements

Do you have any health or medical needs that require your host family's support? If yes, please explain.

Can you live with a host family that has pets? Yes No cats No dogs No other (please specify) _____
 If "No" to any of the above, please specify reason: _____
 I'm allergic to animals (please specify): _____

Are you willing to live in a host family with other children? Yes No
 Would you prefer to live with other children? Yes No

Are you willing to live with another international student? Yes No
 Would you prefer to live with another international student? Yes No

Do you do any chores at home? (Example: clean the house, take out the trash, wash dishes): _____

What chores do you expect to do in your U.S. home? _____

Describe the ideal host family for you: _____

Vacation and Travel Time*

***Notice: You must have permission from BOTH your parent/guardian AND your host family before you will be allowed to travel, with the exception of returning back home during the summer. Your host family cannot be expected to house additional family members during visits.**

Do you want your family to visit you while in school in The USA? What do you want to do with them? _____

Do you have family friends or relatives that live in the United States? If so, where? Do you plan on visiting them? _____

What activities would you like to do in the USA during school holidays and vacations? Is there one place in the USA that you especially hope to visit? _____

Personality

Which of the following describes you well? Please select **no more than 5** that apply most:

- Responsible Intelligent Shy Adaptable Friendly Decisive
 Quiet Optimistic Adventurous Neat Independent Nervous
 Happy Social Curious Serious Patient Traditional
 Other: _____

How do you **currently** spend your free time in your home country? Please select the ones that apply:

Sports and Physical Activities:

- Baseball Basketball Soccer Lacrosse Dance Hockey
 Golf Frisbee Volleyball Martial Arts Surfing Singing
 Cycling Swimming Weight Lifting Skiing Badminton Ping Pong
 Tennis Skating Running/Jogging Hiking/Outdoor Adventures
 American Football Other: _____

Non-Sports Recreation:

- Cooking Reading Shopping Painting Drawing Listening to Music
 Gardening Acting Watching TV Making Movies Watching Movies
 Performing Music Spending Time with Friends Talking on the Phone/Texting
 Computer Programming/Hardware Modification Playing Computer/Video Games
 Surfing the Internet Spending Time with Family Other: _____

How do you **want** to spend your free time in the USA that is different from what is above? _____

What do you think you will like about the USA? What are you worried you will not like? _____

Do you practice any religion? If yes, please explain: _____

What makes you most angry that people do? _____

In the USA, who is the person that you will ask to help solve any problems?

- Family Friends School Program Staff Home Stay Family

Which choice below describes you best?

- I often begin conversations with people I don't know well.
 I don't usually begin conversations with people I don't know well, but I start to feel relaxed after a few minutes if someone speaks to me who is friendly.
 I don't feel comfortable talking with people I don't know well.



Tri-City Christian Academy Childcare Authorization

We, the undersigned parent(s)/guardian(s) of _____
(*Your son or daughter's name as it appears on his or her passport*) hereby grant permission
for the following caretaker(s) to take temporary care of our above-named child:

Host Family/ Caretaker Name(s):
Address:

This granted authority shall begin on _____ and shall remain effective until terminated
by the undersigned. The above named caretaker(s) shall have the power to: make all decisions,
execute all documents, and grant permission regarding the child's education, including but not
limited to school and extracurricular activities, school trips, and school conferences; and
regarding all health care services including emergency and non-emergency medical, dental,
vision, and psychiatric care services.

Natural parents sign here:

_____	<i>Name</i>	
_____	<i>Signature</i>	_____ <i>Date</i>
_____	<i>Name</i>	
_____	<i>Signature</i>	_____ <i>Date</i>

ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

ARTICLE VII 36.14(1) PHYSICAL EXAMINATION. Every year each student (grades 7-12) shall present to the student's superintendent a certificate signed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, advanced registered nurse practitioner (ARNP), physician's assistant or qualified doctor of chiropractic, to the effect that the student has been examined and may safely engage in athletic competition.

This certificate of physical examination is valid for the purposes of this rule for one (1) calendar year. A grace period, not to exceed thirty (30) days, is allowed for expired certifications of physical examination.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (Please type or neatly print this information)

Name _____ Male ___ Female ___ Date of Birth _____ Grade _____
 Home Address _____ Phone # _____
 Parent's/Guardian's Name _____ Date _____
 Family Physician _____ Phone # _____

HEALTH HISTORY (The following questions should be completed by the student-athlete with the assistance of a parent or guardian. A parent or guardian is required to sign on the back of this form after the physical examination is completed.)

- | Yes | No | <i>Has this student had any?</i> | Yes | No | <i>Has this student had any?</i> |
|-----------|-------|---|-----------|-------|--|
| 1. _____ | _____ | Chronic or recurrent illness or injury? | 16. _____ | _____ | Asthma? |
| 2. _____ | _____ | Any illness lasting more than one (1) week? | 17. _____ | _____ | Epilepsy or other seizures? |
| 3. _____ | _____ | Rheumatic fever, mononucleosis? | 18. _____ | _____ | Diabetes? |
| 4. _____ | _____ | Hospitalizations (Overnight or longer)? | 19. _____ | _____ | Eyeglasses or contact lenses? |
| 5. _____ | _____ | Surgery, other than tonsillectomy? | 20. _____ | _____ | Dental braces, bridges, plates? |
| 6. _____ | _____ | Missing organs (eye, kidney, testicle)? | | | |
| 7. _____ | _____ | Allergy to medications, insects, food? | | | |
| 8. _____ | _____ | Seasonal allergies (hay fever)? | | | |
| 9. _____ | _____ | Problems with heart, blood pressure, cholesterol? | | | |
| 10. _____ | _____ | Racing of your heart or skipped heart beats? | 21. _____ | _____ | Injuries requiring medical treatment? |
| 11. _____ | _____ | Chest pain with exercise? | 22. _____ | _____ | Neck injury? |
| 12. _____ | _____ | Frequent headaches, convulsions, dizziness, fainting? | 23. _____ | _____ | Knee injury? |
| 13. _____ | _____ | Dizziness or fainting with exercise? | 24. _____ | _____ | Knee surgery? |
| 14. _____ | _____ | Concussion, unconsciousness, extremity numbness? | 25. _____ | _____ | Ankle injury? |
| 15. _____ | _____ | Heat exhaustion, heat stroke, or other heat related problems? | 26. _____ | _____ | Broken bones (fractures)? |
| | | | 27. _____ | _____ | Other serious joint injuries? |
| | | | 28. _____ | _____ | Use of protective equipment or braces? |
-
- | Yes | No | <i>Further History:</i> |
|-----------|-------|---|
| 29. _____ | _____ | Is there a history of family or genetic disease? |
| 30. _____ | _____ | Has any family member died suddenly at less than 40 years of age of causes other than an accident? |
| 31. _____ | _____ | Has any family member had a heart attack at less than 55 years of age? |
| 32. _____ | _____ | Are you uncomfortably short of breath after running ½ mile (2 times around a track) without stopping? |

Use this space to explain any of the above numbered YES answers or to provide additional information:

33. List all medications you are presently taking, including asthma inhalers, and the condition the medication is for:
 A. _____ B. _____ C. _____
34. What is the most and least you have weighed in the past year? **Most** _____ **Least** _____
35. Year of last known: Tetanus (lockjaw) vaccination: _____ Meningitis vaccination: _____ HBV vaccination: _____

FOR WOMEN ONLY:

1. How old were you when you had your first menstrual period? _____
2. In the past year, what is the longest time you have gone between menstrual periods? _____

PHYSICAL EXAMINATION RECORD (To be completed by a licensed professional as designated in Article VII 36.14(1).
This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations.

Athlete's Name _____

Height _____ Weight _____ Pulse _____ Blood Pressure _____ Vision R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Mouth & Teeth			
4. Neck			
5. Lymph Nodes			
6. Heart (Standing & Lying)			
7. Pulses (esp. femoral)			
8. Chest & Lungs			
9. Abdomen			
10. Skin			
11. Genitals - Hernia			
12. Musculoskeletal - ROM, strength, etc. (See questions 21-28)			
13. Neurological			

Comments regarding abnormal findings:

ATHLETIC PARTICIPATION RECOMMENDATIONS

 FULL & UNLIMITED PARTICIPATION

 LIMITED PARTICIPATION - May NOT participate in the following (checked):

- Baseball Basketball Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling

 CLEARANCE PENDING DOCUMENTED FOLLOW UP OF _____

 NOT CLEARED FOR ATHLETIC PARTICIPATION

Licensed Medical Professional's Name (Printed) **Date**

Licensed Medical Professional's Signature **Phone**

Parent's or Guardian's Permission and Release (Sign after the physical examination has been completed.)

I hereby give my consent for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also give my permission for the team's physician, athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

 Typed or printed Name of Parent or Guardian Signature of Parent of Guardian

 Address (Street/PO Box, City, State, Zip) Phone Number

HEADS UP: Concussion in High School Sports

The New Hampshire Legislature passed a new law, effective July 26, 2014, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from New Hampshire Code RSA 200:49-200:52, Head Injury Policies for Student Sports:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
“Licensed health care provider” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
“Extracurricular interscholastic activity” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it’s not smart to play with a concussion.
3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT’S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, “HEADS UP: Concussion in High School Sports.”

Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

Student’s Signature

Date

Student’s Printed Name

Parent’s/Guardian’s Signature

Date

Student’s School



Tri-City Christian Academy Emergency Treatment Authorization

STUDENT INFORMATION

Name: _____

English Name (If applicable): _____

Student's U.S. Mailing Address: _____

Date of Birth: _____ Student Email: _____

PARENT/GUARDIAN INFORMATION:

Father's Name: _____

Mailing Address: _____

Home Phone Number: _____

Employer: _____ Title/Position: _____

Work Phone Number: _____ Email: _____

Mother's Name: _____

Mailing Address: _____

Home Phone Number: _____

Employer: _____ Title/Position: _____

Work Phone Number: _____ Email: _____

PRIMARY PHYSICIAN INFORMATION

Name: _____

Affiliated Institution: _____

Position/Title: _____ Work Phone: _____

PLEASE READ THOROUGHLY AND SIGN AND DATE

If this preferred medical contact cannot be reached, the school is given authority to have my child treated by hospital physicians and other professional or technical personnel. In case of a serious injury, the school is given permission to have my child transported by ambulance.

If I cannot be reached in case of injury to my child, I give my permission to faculty or staff at my child's school to seek emergency treatment for my child. By this authorization, I indemnify, release and hold the school harmless from any and all liability in providing care and treatment to my child, and further, I grant my permission regarding use of the above information.

Parent Signature: _____ Date _____



Tri-City Christian Academy Medical Authorization and Treatment Form

Student Full Name

English Name

Student Home Address

Student Home Country

Emergency Contact (if parents are not reachable)

Emergency Phone (include country code)

Father's Name (Last, First)

Mother's Name (Last, First)

Medications

According to instructions from our Public Health Department, prescription medicines must be kept in the nurse's office in their original container. If you as the parent direct below, we will issue the medication for headache, upset stomach, cramps and injury in the manner you specify or as directed on the bottles for adult dosages.

Approved Over-the-Counter Medicines

Please check any medications that you **will allow** your student to take while at Tri-City Christian Academy. You may specify a particular dosage if you would like.

Tylenol (Pain Reliever/Fever Reducer)

Ibuprofen (Pain Reliever/Fever Reducer)*

Midol (Pain Reliever)

Benadryl (Allergies)

Antacid (Indigestion, Stomach Aches)

Other: Please Specify _____

* Ibuprofen is used for pain and injury. It should not be given if allergic to aspirin.

Self-Administration of Asthma Medication

If your student requires asthma medication, a separate form must be completed, kept on file in the nurse's office, and renewed each year. This form allows students to carry asthma medication with them during school. The form is available from the school nurse.

Special Health Alerts or Needs

All health concerns which included overnight hospitalization or diagnosis must be disclosed. Please note any special health alerts such as diabetes, allergies, asthma, regular medicines (medication name, dosage, frequency).

Previous Medical Diagnosis (pre-existing condition): _____

Health Alert: _____

Medicine Name: _____ Dose: _____ Frequency: _____

Allergies: _____

What medicines will your child bring with him or her? _____

In the event of injury or illness, whether physical, mental or dental, which requires the attention of a doctor, we consent to any reasonable medical treatment or hospitalization as deemed necessary by a licensed physician, school nurse, and/or appropriate medical or clinic personnel. In the event neither parent can be reached in an emergency situation, I/we hereby authorize Tri-City Christian Academy officials to give legal consent for any medical treatment, procedure and/or hospitalization while attempting to reach parent. I/we agree to hold such persons harmless and free of any legal responsibility: of any claims, demands, or suit for damages arising from this action. I understand that if medical treatment is for an illness and not a school-related accident, I will be responsible to pay the medical costs if it is not covered by the international student insurance.

Father's/Legal Guardian Signature Date

Mother's/Legal Guardian's Signature Date



Tri-City Christian Academy Immunizations

Student/Patient Information

Student/Patient Name: _____

Student/Patient Sex: _____

Date of Birth: _____

Please attach proof of immunizations, in English.

Vaccine	# Doses Required	Doses: Please enter MM/DD/YYYY of each immunization				
		1	2	3	4	5
Diphtheria/Tetanus/Pertussis	5					
Polio	4					
Measles	2					
Rubella	2					
Hepatitis B	3					
Varicella (or history of disease)	2					

Physician Information

Physician Name: _____

Title: _____

Address: _____

Physician Signature: _____ Date: _____

Parental Authorization

By signing below, I authorize the school or a school designated physician to re-administer my child's immunizations in the event that I have failed to provide proof of them. I acknowledge that the school is bound by law to ensure all students meet state requirements for immunizations and that my child might be pulled out of school in the event that I have failed to provide proof of my child's immunizations.

Parent/Guardian Signature: _____

Date: _____

New Hampshire School Immunization Requirements 2017-18

1. Children must have proof of all required immunizations, or valid exemptions, in order to attend the first day of school. Documentation of immunity by confirming laboratory test results is acceptable.
2. A child may be conditionally enrolled when the parent or guardian provides: (1) Documentation of at least one dose for each required vaccine and (2) The appointment date for the next dose of required vaccine. (He-P 301.13) http://www.gencourt.state.nh.us/rules/state_agencies/he-p300.html
3. All immunizations must meet minimum intervals and age requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines not administered on the same day should be administered at least 28 days apart.
4. Medical and religious exemption information is available at: <http://www.dhhs.nh.gov/dphs/immunization/exemptions.htm>

DTaP DT/DTP Td/Tdap ¹	6 years and under: 4 or 5 doses, with the last dose given on or after the 4th birthday. 7 years and older: 3 or 4 doses, with the last dose given on or after the 4th birthday. 11 years and older: A one-time dose of Tdap. If a child turns 11 on or after the first day of school, they are required to have Tdap prior to first day of the next school year. A dose of Tdap at age 10 is acceptable.
Polio	Grades K-3: 3-4 doses with one dose on or after the 4th birthday, with the last two doses separated by 6 months. Grades 4-12: 3 doses, with the last dose given on or after the 4th birthday. 2 Or 4 doses regardless of age at administration. ²
Hepatitis B	Grades K-12: 3 doses at acceptable intervals.
MMR	Grades K-12: 2 doses required; the first dose must be on or after the first birthday.
Varicella	Grades K-6: 2 doses. ³ , Grades 7-12: 2 doses ⁴ ; the first dose must be on or after the first birthday.

For further information regarding immunizations, contact the New Hampshire Department of Health and Human Services at 1-800-852-3345 Ext. 4482 or visit <https://www.dhhs.nh.gov/dphs/immunization/index.htm>.

¹ 1 If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td/DT) vaccine.

² 2 If a combined IPV/OPV schedule was used, 4 doses are always required, even if the 3rd dose was administered after the 4th birthday.

³ 3 Varicella vaccination or laboratory diagnosis of chicken pox disease is required.

⁴ 4 Varicella vaccination or history of chicken pox disease.



Tri-City Christian Academy

Permission to Ride in Non-School Vehicles to Away Events

Occasionally it may be necessary for students in extracurricular activities to ride to away events in private vehicles rather than school owned transportation. When this is necessary a responsible adult will drive the vehicle.

I give permission for _____ (student's name) to ride to in a privately owned vehicle to away extracurricular events as needed. I understand the vehicle will be driven by a responsible adult, and I will not hold Tri-City Christian Academy or the driver liable for any accident or injury that could occur while traveling to or from the event.

Parent Signature: _____ Date: _____



Tri-City Christian Academy Travel Permission Form

I hereby grant permission for my child _____, student at
Tri-City Christian Academy, to travel over the period of (dates: month/date/year)

_____.

Please Select One:

I authorize the following adult(s) to accompany my child during his/her travel:

OR

I authorize my child to travel unaccompanied by an adult.

Travel Details:

Destination(s): _____

Planned Activities _____

Method of Transportation: _____

Itinerary (Include Flight itinerary if applicable): _____

Emergency Contact Name: _____

Cell Phone number: _____

I agree to defend, indemnify, and hold harmless Tri-City Christian Academy, the affiliates of both, and each of their respective officers, directors, employees, advisors, and agents (individually and collectively, "Indemnified Party") from and against any and all claims, demands, damages, losses, actions, causes of action, liabilities, and lawsuits, including attorneys' fees and costs, to which any such Indemnified Party may become subject arising out of or in connection with activities involving, directly or indirectly, my child's travel as authorized herein.

I understand that my child's travel is at his/her own risk.

Natural Parent Signature: _____ Date: _____