

CEC/ANB BOARDING PROGRAM

ADMISSIONS PROCESS

REQUIRED DOCUMENTS

- CEC/AnB Application and Agreements
- Transcripts for current school year
- Recent two years of student transcript or all high school transcripts available
- English test score (TOEFL or ELTiS)
- Copy of valid passport
- Recommendation Letters
- Bank Statement
- Confirmation of student's direct personal email address
- Physical Exam/Immunization Records/CEC Health History Form
- Application Fee: \$200 by credit card
www.anbeducation.com/payment

ACCEPTANCE LETTER

Student application is submitted to the school. If accepted, the acceptance letter will be sent via email.

I-20

Archdiocese of Philadelphia Schools will send the I-20 directly to the student's personal confirmed email address. This email cannot be sent to an agent or parent.

ARRIVAL INFORMATION SENT TO ANB EDUCATION

Student provides his/her arrival information

AIRPORT PICKUP

Students arrive at JFK airport.

SUPPORT 24/7

We will assign a Student Supervisor to support the student's wellbeing.

STUDENT INTERVIEW

Zoom Interview

AnB Education will review submitted documents and arrange Zoom interview. Direct school interview is subject to school's discretion.

PROGRAM DEPOSIT

The full invoice will be shared within two business days. Student's family will pay program deposit of \$8,000.

STUDENT'S VISA INTERVIEW

Student will arrange their visa interview schedule and payment independently or through the home country's agent. After the visa is received, the copy of the their visa is sent to AnB Education

PRE-ARRIVAL ORIENTATION

Pre-arrival Orientation occurs in home country. Student reviews and signs off on Student Handbook and submits signed Handbook Acknowledgement and Pre-Arrival Orientation form to AnB Education.

STUDENT ORIENTATION

Once the students arrive in the U.S., they will participate in an AnB Education Orientation. AnB Education will arrange to take students to uniform shop.





ADMISSION CHECKLIST

- _____ **1. Student application** completely filled and signed by the student and parents/guardians.
- _____ **2. Copy of student's passport**
- _____ **3. Birth Certification**
- _____ **4. Color photo of student and his/her family**
- _____ **5. Copy of student's two year of recent transcripts** with an English translation and current year transcripts
- _____ **6. Recommendations from English teacher and Math teacher**
- _____ **7. Student Interview with AnB Education** (School interview completed dependent on school's request)
- _____ **8. Certificate of TOEFL or IELTS test score** or other English proficiency test scores accepted
- _____ **9. Bank Statement** of parents, certified by bank official on bank's official letterhead (a) proof of sufficient financial ability to pay for one academic year (b) the current bank account balance has to be at least \$45,000 U.S. dollar and (c) the account is in good standing.
- _____ **10. AnB School Application Processing Fee - \$200 (Non-refundable) Application payments can be submitted at www.anbeducation.com/payment**
- _____ **11. Immunization/Medical Records and Conwell-Egan Health History Form:**
<https://conwell-egan.org/documents/CEC%20Health%20History%20Form.pdf>
- _____ **12. Copy of I-20 and visa, only if student is transferring from another US school**



Student Application

Please fill out in English

<input type="checkbox"/> New Applicant		<input type="checkbox"/> Transfer Applicant	
STUDENT INFORMATION			
First Name:	Last Name:	English Name:	Student's picture
Address:		City:	
Province/State:	Country:	Zip code:	
Phone:	Email:		
Date of Birth:	Age in USA:	Gender:	
Student's SKYPE ID:		WeChat ID:	
School name you are applying for:			
If you plan to transfer, what is the reason? (*Only for transferring students)			
Grade Applying for	Semester Applying for	Which grade are you in now	
Race:	Ethnicity:	Primary Language Spoken at Home:	
City of Birth:	Country of Birth:	Country of Citizenship:	
Passport Number:		Passport Expiration Date	
INFORMATION FOR STUDENT ENGLISH LEVEL			
English Proficiency Test Score: SLEP_____/ TOEFL_____/ TOEFL Jr. ____/ SSAT_____/ ITEP_____ or _____		How many years have you studied English?	
Have you ever studied English in an English-speaking country?			
If so, Which country?	How long?	Have you studied in US with J1 VISA before? Yes / No Have you studied in US with F1 VISA before? Yes / No	
Other Languages that you can speak :			
FAMILY INFORMATION			
<i>Please list your natural parents' information</i>			
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other			
Name (Father):		Occupation:	
Email:		WeChat ID:	
Cellphone:		Work Phone:	
Company Name :		Address:	
City :	Province/State:	Country:	Zip Code:
Date of Birth:		City of Birth:	
Name (Mother):		Occupation :	
Email:		WeChat ID:	



Cellphone:		Work Phone:	
Company Name :		Address:	
City:	Province/State:	Country:	Zip Code:
Date of Birth:		City of Birth:	
Address if different from applicant			
<i>Please list your siblings information</i>			
Name:		Relationship:	
Date of Birth:		Present Grade/Occupation/School Name :	
Name:		Relationship:	
Date of Birth :		Present Grade/Occupation/School Name :	
Is either sibling currently attending or has graduated from the Archdiocese of Philadelphia Schools? If so, which?			
Does the applicant have an additional household with legal guardian ship?			
STUDENT'S PREFERENCE			
Religion:		How often do you attend services?	
Favorite Subject:			
Your merit:		Demerit:	
What would you like to be when you grow up?			
STUDENT'S EDUCATION DATA			
Current School:			
School Type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other _____			
Date Attended: From _____ To _____		Present Grade: _____ Completed?	
School Address:			
City :	Province/State :	Country :	Zip Code :
Principal or Counselor Name:		Email:	
Phone#:		Fax:	
Previous School:			
School Type : <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other _____			
Dates Attended: From _____ To _____		Grade: From _____ To _____	
School Address:			
City:	Province/State :	Country :	Zip Code :
Has the applicant ever repeated a grade		If yes, what grade	
Has the applicant ever been suspended, expelled or withdrawn from any school for any reason?			
If yes, please provide details, including name of school, year and contact person for futher information			



Is any parent an alumnus of an Archdiocese of Philadelphia School? If so, please list the name of the institution:
What is the highest level of education of each parent/guardian? What institution is the highest level of education from?
HEALTH DATA
Have you ever had a serious injury, illness or disability?
If so, please explain
Have you ever had counseling, an IEP, or psychological/psychiatric evaluation or treatment?
If so, please explain
INTEREST AND HOBBIES (CHECK ONES THAT YOU CURRENTLY ENJOY OR PARTICIPATE IN)
Sports: <input type="checkbox"/> Football <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> Track <input type="checkbox"/> Skiing <input type="checkbox"/> Bowling <input type="checkbox"/> Golf <input type="checkbox"/> Badminton <input type="checkbox"/> Volleyball <input type="checkbox"/> Soccer <input type="checkbox"/> Hiking <input type="checkbox"/> Camping <input type="checkbox"/> Field Hockey <input type="checkbox"/> Fishing <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Gymnastics <input type="checkbox"/> Kung Fu <input type="checkbox"/> Taekwondo <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis Other:
Music: <input type="checkbox"/> Choir <input type="checkbox"/> Vocal <input type="checkbox"/> Piano <input type="checkbox"/> Violin <input type="checkbox"/> Cello <input type="checkbox"/> Viola <input type="checkbox"/> Flute <input type="checkbox"/> Clarinet <input type="checkbox"/> Oboe <input type="checkbox"/> Harp <input type="checkbox"/> Guitar <input type="checkbox"/> Saxophone <input type="checkbox"/> Trombone <input type="checkbox"/> Drum Other:
Art: <input type="checkbox"/> Drawing <input type="checkbox"/> Painting <input type="checkbox"/> Handcrafts <input type="checkbox"/> Cooking <input type="checkbox"/> Dancing <input type="checkbox"/> Photography <input type="checkbox"/> Knitting Other:
QUESTION: Why do you want to come to the USA to study?



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DISCLAIMER AND SIGNATURES

I certify that my answers are true and complete to the best of my knowledge. I, the undersigned parent or guardian of _____ (student's name) and I grant only **AnB Education**, located in the state of Pennsylvania, USA the right to: Start and complete the school's application process, arrange host family, gain access to transcripts, and gain access to all other documents regarding school during his/her stay in USA on my behalf. I agree to abide by the policies of the school and of **AnB Education**. I also agree to follow the law as set by the USA. I agree that the program fee deposit less an administrative fee of \$200 and bank transfer fee of \$50 will be refunded if the visa is denied with proof of two failed attempts. However, applications fees, bank transfer and credit card fees are non-refundable. The fees will not be refunded if I withdraw from or cancel service for any personal reason.

Parent's Signature:

Date:

Student's Signature:

Date:

**Typed Signature will be taken as official signature.*



AnB Education Program Services

1) General Services

- AnB Staff will pick up AnB students from the nearest international airport to the school and send arrival photos to parents through overseas agency
- AnB Staff and affiliates will greet students in a courteous and professional manner. Our Local Coordinators and Student advisors will greet our students by phone or by face-to-face within 24 hours upon their arrival in the US.
- AnB will keep the communication channel open 24hours/365days to the students.
- AnB will listen effectively to our students' requests and promptly take the necessary actions to assist them.
- AnB will inform students of any news or valuable information such as college admission information, tips on student conducts, advices on cultural differences and etc. .,
- AnB will contact the students at least once a month via phone call or email to develop strong relationships and to generate the monthly report for the parents. Students can always reach out to AnB Education staffs when needed.
- AnB has Student Advisors who speak their native language. Students can discuss their concerns or seek academic support from Student Advisors in their native language.
- AnB will respond to emails, phone calls, and texts within 24 hours during normal business hours.
- AnB will contact parents directly for emergency situation such as; medical matters, unexpected moving, serious discipline issues or any other situation deemed an emergency.
- AnB will be fair to all boarding staff and all students in any conflict. AnB will listen to both parties without any bias and will try to resolve the problem effectively, in a courteous and professional manner.
- AnB will work to anticipate the needs of the students AnB serves.
- AnB Staffs will hold each other accountable for the service provided.
- AnB offers Scholarship program and leadership training for qualified student through student Ambassador Program.
- AnB Staff will celebrate the students' birthdays.

2) Safety Assurance

- AnB takes guardianship of the student and is on-call 24-7 should the student have an emergency.
- AnB's Staff will assist in reporting insurance claims when the student seeks medical treatment.

3) Academic Support

- AnB guides the student through the list of selected private American high schools that suit the student's needs and academic goals.
- AnB follows the student's academic progress in the school and sends the progress report to parents along with monthly report•
- AnB offers students supplementary academic support through its tutoring service (additional charge).
- AnB encourages students to prepare for their future with its college preparation service (basic service will be included in Program fee, but if student wants to get higher level of services, there will be additional charges).
- AnB will offer various methods to help our students be successful in their academic endeavors.

4) Cultural Guidance

- AnB provides students with an orientation for school and the fundamentals of the American culture.
- AnB takes the students on cultural excursions at least twice per year.
- AnB Student advisors help students understand cultural differences and guide them in their native language.

AnB Education International Student Agreement

Please read carefully and initial at each term and condition.

Initial

 1. **Expenses:** The following expenses are not included in the program fee: Uniforms, school lunch during school days, school materials, personal spending money, airfare, and special tutors or private lessons such as music lessons, etc.



2. Regulations: Students are subject to the rules, regulations and requirements of the school, as well as the laws of the US government. Infractions may warrant dismissal from the program and repatriated and may in appropriate cases result in legal prosecution. Student is further subject to and must comply with all of the rules, regulations and requirements of AnB Education (“AnB”), including but not limited to all rules, regulations and requirements set forth in the AnB Education program student handbook and in the attached Exhibit “A”

3. Tuition Payment, Program Fee Deposit and Emergency Fund Deposit:

1) New students

The parents should pay the tuition to AnB Education, and pay other school expenses such as school lunch fees and activity fees to the school directly. The program fee deposit and tuition/enrollment deposit for the school are due when the Student confirms his/her acceptance with the school. Upon the receipt of the deposit, AnB will ask the school to issue I-20. The entire program fee balance is due when the parents confirm the placement.

2) An additional \$2000.00 (not included in the tuition and program fee) will be secured from each Student upon initial enrollment to be held in an Emergency Fund account by AnB Education for the benefit of the Student “Emergency Fund”. Any unused amount from the Emergency Fund shall be returned to the student at the end of their final year of enrollment at Conwell-Egan Catholic High School.

3) Returning students

For re-registration, students and/or parents cannot contact the school to make any separate arrangements of their own. As long as the Student attends the school arranged by the AnB, the Student should be under the AnB Education program rules and guidelines.

To extend the participation in the AnB Education program, parents should pay the program fee deposit of \$8,000 (Eight Thousand U.S. Dollars) and the school re-registration fee before the due date. Due dates for the AnB Re-registration fee will be on (a) Fall Semester student: Feb 1st in the following year (b) Spring semester student: Nov 1st in the same year. In addition, the program fee deposit of \$8,000 for re-enrollment is non-refundable and all signed agreements and other documents will be legally effective as long as the Student remains in the AnB Education program, even if the parents do not sign on the renewal agreement each year.

4. AnB Education minimum Enrollment Period

Students are required to enroll for at least 1 full academic year.

5. AnB Education Day School Official Period:

The service period for the AnB Education program covers an Academic year which will begin 5 days before the official school commencement date and conclude 3 days after the last official day of school.

6. Airport pick- up rule.

AnB Staff will pick up the student from the airport. Student should arrive at the nearest international airport to the school that has been agreed to. If there are not any international airports nearby, student needs to choose the local airport within 60 miles from the school. Otherwise, they have to pay extra for airport pick-up/drop-off service. Also, student must arrive between 9am to 9pm. If they choose earlier or later than designated time frame, they have to pay extra.

7. Cancellations & Refund:

1) New students

The program fee deposit and the program fee are non-refundable upon the student’s arrival in the U.S. In case of medical emergency or extenuating circumstances, as to be determined by AnB Education, which occurred before the arrival of the student in the U.S., AnB Education provides a 100% refund excluding the application processing fee, bank transfer fees, and the non-refundable program fee deposit. If the student is unable to obtain the visa and provides proof of two failed attempts, they will be eligible to receive a refund for the program fee deposit less and administrative fee of \$200 and a bank transfer fee of \$50 (\$7,750 total refund). The original application fee and all bank transfer and credit card fees are non-refundable.

Re-enrollment (Returning student)

The program fee deposit is non-refundable even if the parents do not sign the renewal contract.

If the student withdraws from participating in the AnB Education program two months before school starts, the student is responsible for 20% of the Program Fee, excluding the program fee deposit of \$8,000. If the student withdraws from participating in the AnB Education program one month before school starts, the student is responsible for 50% of the Program Fee, excluding the program fee deposit of \$8,000. After school starts, there are no refunds of the program fee. Exceptions to AnB’s refund policies may include medical emergency and extenuating



circumstances that will be looked into and investigated. Decisions about refunds are at the discretion of the AnB and the decisions are final. School tuition may be refunded depending on the schools' policies. In all instances, if a student is dismissed from his/her school, violates U.S. laws, or fails to comply with this Agreement, no refunds will be given. The program fee deposit is non-refundable for any case.

3) Refund policy for Exceptions after student's arrival

AnB refunds in the following amounts in case of medical emergency or extenuating circumstances have been determined: If a student goes back to his/her country of origin within the first month, 70% will be refunded from unused program fee (excluding the program fee deposit of \$8,000), 60% for the second month, 50% for third month, 40% for the fourth month, and 30% for the fifth month. After 5 months with the AnB program, the program fee will not be refunded under any circumstances. The program fee deposit is non-refundable for any case.

8. Program termination policy.

The Student will be terminated from the AnB Education if

- AnB received false documentations/applications and/or was not disclosed of any /academic problem.
- The student violates ANY rules, regulations and/or laws.
- The student fails to improve their decorum/behavior after the first warning.
- The student gets expelled from the school.
- The student has suicidal tendencies or dangerous mental issues that need assistance from the parents.
- The student has severe health issues that were not disclosed to the AnB Education or happened to get severe health issue during AnB program.

9. Liability and Release:

Parents and the students agree to release, indemnify and holds no harm to AnB and its affiliates, staff, representatives and agents for any injury (bodily, emotional or mental), property damage or loss, or expense incurred by or at the hands of the student while the student is participating in the AnB Education program.

Parents and the students understand that AnB is not responsible for any loss or injury suffered by the student during periods of independent travel or absence from the AnB Education program. Parents and the student also release AnB, staff, representatives, agents and affiliates from any liability, and agree to indemnify them, for any expenses or liabilities that the student may incur or cause, such as personal injury or loss of property while participating in the AnB Education program.

Parents and the students must understand that the student's participation in the AnB Education program may be terminated at the discretion of AnB or the school without any refund of fees or monies paid, if the student violates any rules, regulations, or laws of the school, AnB or the United States, including but not limited to all federal, state or local laws; and the student may be sent home at his/her own expense. Including, but not limited to, underage drinking, smoking of cigarettes, violence, theft and drug use.

10. Parents and the students agree not to contact AnB Education's affiliates, schools privately. If the students want to terminate the AnB Program, the students are required to independently private schools that are separate from the AnB Program listings.

11. Use of film likenesses:

AnB hold rights to use any pictures or videos taken of students during the participation of AnB Education Programs. Any promotional materials created containing photos or videos of AnB students may be used for several years

12. Travel release/Authorization:

Travel release/Authorization is signed in advance to eliminate the necessity of obtaining the signatures at the time of the travel. By initialing, parents hereby grant travel release to AnB Education and understand and agree to indemnify and hold AnB harmless along with AnB's affiliates from any claims and/or liability to third parties arising from the student's participation.

13. Summa Global Education and its Affiliates

AnB conducts business with other companies to better serve the students. AnB acquired number of affiliates such as Global Vision Management. It is understood that whenever the term "AnB" is used in this agreement, the term shall not only refer to AnB Education but, Summa Global Education and



AnB Education

any AnB Affiliates. By initialing, the parents are authorizing Summa Global Education and its affiliates to conduct and carry out responsibilities of AnB Education.

____ **14.** EXHIBIT “A” (The AnB Education Program Rules) is attached to this Agreement, contains the AnB Education program rules, and is made a part of this Agreement.

____ **15.** This Agreement in English is binding. This Agreement has been prepared in English and its English language version shall prevail and will be binding even though other language translation may be prepared in whole or in part.

Required Signatures:

IN WITNESS WHEREOF, the undersigned, have read, understand and agree to comply with all AnB’s terms and conditions, including but not limited to, those set forth in EXHIBIT “A”. and understand that any agreement between AnB and the undersigned cannot be modified without prior consent and from the AnB.

IN WITNESS WHEREOF, the undersigned certify that all information provided in this application including the personal statement/essay is the student’s own work and is factually true and honestly presented.

I/We, the undersigned, certify that we have funds in amount of _____ to cover the educational and personal expenses of the student and will be responsible for all expenses incurred while enrolled in the AnB Education program.

Parent’s/Guardian’s Signature (mother): _____ Date: _____

Parent’s/Guardian’s Signature (father): _____ Date: _____

Student Signature: _____ Date: _____



***** A copy of this document, including EXHIBIT “A” attached, should be retained by the parents and the student.**

EXHIBIT “A” (The AnB Education Program Rules)

These rules are subject to change by AnB without advance notice and in the sole discretion of AnB. The following list is not an exhaustive list of all of the rules, regulations and/or requirements.

1. The Student may only work as a volunteer while they maintain the F1 visa status.
2. The Student understands and agrees that the Student cannot express the Student’s anger and frustration through any physical action with any person, household items or animals while in the AnB Education program. Fighting is prohibited and if the student gets into any physical altercation, he/she will be expelled from the AnB Education program and sent back to Student’s home country immediately.
3. If the AnB Education program director becomes aware that the Student has failed to comply with any of these rules, in addition to any other consequences, AnB may be required to report criminal Activity to the Department of Homeland Security and may be required to terminate the Student’s F-1 visa without providing a program refund fee.
4. The Student must discuss and decide with the AnB Staff should the Student need rides to and from after-school activities.
5. The Student must have health insurance plan before arriving in the U.S.
6. The Student must pay for their personal expenses when they travel and the travel is not arranged by AnB Education.
7. The Student is responsible for paying for lunch during school days, if student chooses not to eat the provided lunch at school the student agrees to be financially responsible for food utilized for a packed lunch.
8. If the Student damages or steals school property, or the boarding facility’s property, the student is responsible for compensation of the loss according to the law.
9. If the Student has any issue or complaint while they are living at the boarding facility, the Student must discuss with the AnB Education program LC or another member of the AnB Education program staff first.
10. The Student is obligated to make every effort to integrate into the dorm life. This means participating in activities, following all rules set by the boarding program and showing respect to the boarding staff and other residents.
11. The Student must adhere to the boarding program rules; which could include curfews, basic chores, dating policy and use of electronics to name a few. Additionally, the student must inform the AnB boarding staff of student’s whereabouts regularly.
12. The Student understands and agrees that smoking and the use of tobacco products, or any illegal substance is not permitted while in the AnB Education program. If the Student violates this rule, he/she is subject to dismissal from the AnB Education program and will be sent home. This policy applies regardless of the student’s legal age to smoke.
13. The Student understands and agrees that drinking alcohol is not permitted while in the AnB Education program. If Student violates this rule, he/she is subject to dismissal from the AnB Education program and will be sent home. This policy applies regardless of the Student’s legal age to drink.
14. Student understands and agrees that downloading from the Internet or any other source, or otherwise watching on internet, TV, DVD or through any other medium- pornographic, sexually explicit, or any other inappropriate materials will result in additional consequences and immediate termination from the AnB Education program and AnB Education program will notify Student’s school to terminate the I-20.



AnB Education

15. The Student understands and agrees that they must respect of the boarding facility's possessions. If any boarding facility's possessions are lost, stolen or damaged as a result of the Student's irresponsibility, the Student's natural family or the Student will be required to pay for the lost, stolen or damaged possession.
16. The Student understands that they may participate in school-sanctioned and sponsored extra-curricular activities, including athletics, if such participation is authorized by the local school district they are enrolled and the State authority responsible for determination of athletic eligibility, if applicable. Athletic eligibility or participation is not guaranteed.
17. The Student understands and agrees that while participating in the AnB Education program, the Student is always under the jurisdiction of the U.S. federal, state and local laws as well as the rules of the attending school and they are responsible to abide by all laws and regulations. The use of illegal -prescription drugs is not permitted, therefore, may use only those medications which are prescribed by their doctor or "over the counter" medications such as aspirin. Involvement with illegal drugs during the AnB Education program is grounds for expulsion from school and termination from the AnB Education program.
18. The Student understands and agrees that the student may not make any "life-changing" decisions or actions while in the AnB Education program. The Student also understands and agrees that the Student will not be sexually active while in the AnB Education program. Marriage and sexual relations affect people long after such actions are taken, and would be advisable to wait to explore such experiences and attachments until they can be viewed from the perspective of the Student's own culture before making such a permanent decision.
19. The Student understands and agrees that Student will not acquire new tattoos or body piercings while in the AnB Education program. If the Student violates this rule he/she is subject to dismissal from the AnB Education program and will be sent home.
20. The Student understands and agrees they have been accepted into the AnB Education program based on the information provided in the application. Should any information in the application prove to be false, the Student understands that he/she may be terminated from the AnB Education program.
21. The Student understands and agrees that they must have sufficient English comprehension and conversation skills to succeed in an American high school. Should a U.S. school determine that the Student's English skills are not proficient to succeed in their school or if the English Proficiency test score in the Student's Student Application is incorrect or false, the Student may be terminated from the AnB Education program and sent back to their home country at the student's expense.
22. The Student understands and agrees that if the student is on probation he/she will not be permitted to go on trips or have visits from relatives or natural family.
23. The Student understands and agrees that the immunizations listed in the Student application may be required prior to arrival in the United States and must bring the most up-to-date copy of the Student's immunization records with them when he/she arrives.
24. The Student understands and agrees that The AnB Education is at its sole discretion, reserves the right to terminate the Student's participation in the AnB Education program for the violation of any program rules, regulations and/or requirements and/or when a participant's mental and/or physical health or well-being are in jeopardy.
25. The Student understands and agrees that provocative behavior and/or suggestive or revealing clothing may not be appropriate in the boarding facility and at school. The Student further understands that this term of participation is to protect their reputation as an exchange student and uphold high standards of the AnB Education program. If the Student is suspended or expelled from school as a result from this or any other reason, the Student may be dismissed from the AnB Education program.
26. The Student understands and agrees that the Student is expected to follow and obey all the rules, regulations and requirements of the AnB Education program, including but not limited to all those in this Exhibit "A" and those contained in the Student Handbook. The Student also understands and agrees that if the Student does not, in addition to any other consequences, the Student may be sent back to the Student's home, immediately, at student's expense. All AnB Education program fees are non-refundable.



27. Student understands and agrees that the AnB Education program is an educational international student exchange program and attendance at school are mandatory. Students must maintain satisfactory progress, including but not limited to, attending all classes, and actively participating in all classes. Student must not receive a failing grade in any class. If the Student's school recommends tutoring or otherwise determines that the Student's grades or academic performance is not satisfactory, private tutoring at the Student's own expense may be required to maintain a satisfactory standing in the AnB Education program. If the Student fails to maintain a passing grade in all classes, the Student may not be authorized to continue in the AnB Education program. Student must follow all attendance requirements at the Student's high school. If the Student is expelled from high school due to poor behavior or low grades, the Student will be sent home at the Student's own expense.
28. The Student understands and agrees that the Student may not travel alone or hitchhike. If the Student plans to travel, the Student must be accompanied by a responsible adult (25 years of age or older) and have the written permission from the the Student's natural parents, and the Student's AnB Education program coordinator. If the Student is to be absent from school, the student must have written permission from the Student's school. The Student may not travel while school is in session without the written permission from the Student's school. In such case the Student must have written permission from the Student's natural parents and signed Program Release Form. Travel outside of the U.S. requires the AnB Education program office authorization.
29. The Student understands and agrees that he/she is not permitted to operate any motorized vehicles or be a passenger on motorcycles, motorbikes, ATVs, or scooters, or purchase any motorized vehicle while in the U.S without the prior written of AnB, the Student's natural parents and the Student's school, If the Student violates this rule the Student is subject to dismissal from AnB Education program and will be sent home.
30. In addition to as otherwise provided above, the Student is fully responsible for the compliance with all of the Student's school's rules. The Student must accept punishments of suspension or expulsion from the Student's school without argument.
31. Student understands and agrees that employees, agents, local coordinators, student advisors, directors and staff of AnB and its affiliates are focused on the student's education and providing advice, maintaining the well-being of the student, providing for the student and must be treated with respect by the Student. Student may be terminated from the AnB Education program and sent back to their home country at the student's expense if proper decorum towards staff members is not followed.
32. Student understands and agrees that violence in any way shape or form is not acceptable in the AnB Education program. Any student found participating or enticing violence via physical, mental, emotional or abusive attacks on others including, but not limited to physical violence, threats, and cyber bullying may be terminated from the AnB Education program and sent back to their home country at the student's expense.
- 33.. The most current rules and regulations will be posted and maintained on www.anbeducation.com, Student agrees that the student will abide by all rules and regulations listed above as well as those posted on www.anbeducation.com.



AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

(To Custodian)

STUDENT'S Information

Student's name in full:

Date of Birth:

Grade:

PARENTS' Information

Father's name in full:

Date of Birth:

Passport No.:

Home Address:

Phone Number:

Email:

Mother's name in full:

Date of Birth:

Passport No.:

Home Address:

Phone Number:

Email:

CUSTODIAN'S Information

Name in full: **AnB Education**

Contact Address:

Phone Number(s):

1. I/We, the parent(s) named above, do hereby declare that I/We are the parents of the above-named student and/or Child (hereinafter the "**Student**") and that I/We have legal custody of the Student.
2. I/We hereby grant and confer onto AnB Education and any of its affiliates or management company, at AnB's sole discretion, (hereinafter the "**Custodian**") custodianship for all purposes relating to the Student's school application and selection process, school work, school activities, school grades, communications with schools, making arrangements for and communicating with the host family, medical decision-making and communications with medical care providers, medical insurance, medical insurance claims submission and processing and communication with medical insurance companies, during the Student's stay in the USA while he/she is under the legal age in the US. Where used herein the term "medical" includes, but is not limited to, medical, surgical, dental and psychological.
3. In addition to the above and not in limitation thereof, I/We hereby grant my full permission and consent for Custodian to establish a place of residence for the Student, and for the Student to reside and travel with Custodian.
4. In addition to the above and not in limitation thereof, I/We hereby grant Custodian my/our full authorization to make all decisions related to the Student's educational and recreational activities and undertakings. I/We understand and agree that we will not contact the Student's school directly.
5. In addition to the above and not in limitation thereof, I/We hereby grant the Custodian my/our full authorization to consent to any x-ray or other diagnostic tests, examination, anesthetic, medical, diagnosis, medical treatment, medical care, psychological care and/or hospital care, to be rendered to the Student under the general or special supervision and on the advice of any physician, surgeon, therapist or dentist licensed or certified to practice in any state in the United States of America, whether such diagnosis or treatment is rendered at the office of said physician, surgeon or dentist, at a hospital, or elsewhere. In addition to the above and not in limitation thereof, I/We hereby grant the Custodian my/our full authorization to have access to any and all records, including, but not limited to, insurance records regarding any such services.
6. In addition to the above and not in limitation thereof, I/We, further acknowledge and understand that if the Student becomes ill or incapacitated, Custodian may take any action they deem necessary for the Student's safety and well-being, including securing medical treatment and psychological treatment as above and/or transporting the Student, at the Student's expense. I/We release Custodian from any liability in regard to such actions.



AnB Education

7. In addition to the above and not in limitation thereof, I/We also acknowledge and understand that the Student is required to have specific immunizations prior to enrolling in classes, and if these immunizations need to be administered, it will also be at the Student's expense.
8. The powers and authorizations granted herein to Custodian may be exercised by Custodian, as well as employees, staff and representatives of AnB.
9. I/We expressly direct that for all purposes, a photocopy of this Authorization and Consent shall be deemed to be an original and that any person shall be authorized to act upon such a copy as if it were an original.
10. I/We consent hereto and confer the powers and authority granted herein freely and knowingly in order to provide for the Student and not as a result of pressure, threats or payments by any person or agency.
11. By his/her signature below, the Student understands, acknowledges, and agrees to this Authorization and Consent and to the extent required, authorizes, agrees and consents to the terms of this Authorization and Consent.
12. We, the undersigned, agree and authorize that AnB to conduct and carry out all of the responsibilities through its affiliates and/or management company, Global Vision Management, Inc. at all times. Whenever "AnB" is used in this Agreement, the term shall also include and refer to AnB Education and its affiliates.

Parent's/Guardian's Signature (mother): _____ **Date:** _____

Print Name: _____

Parent's/Guardian's Signature (father): _____ **Date:** _____

Print Name: _____

Student Signature: _____ **Date:** _____

Print Name: _____



5. TEACHER RECOMMENDATIONS

ENGLISH TEACHER RECOMMENDATION

Student's Full Name:

Grade Level of Above Student:

Teacher's Full Name:

Teacher's Phone Number:

School Name:

School Address

BELOW AVERAGE

AVERAGE

GOOD

SUPER

ENGLISH SKILLS

a. Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speaking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIOR AND INTERPERSONAL SKILLS

a. Follows teacher's directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is able to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is able to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contributes to group discussions/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Perseveres in spite of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Shows respect to peers and faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shows self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is willing to take responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Exhibits emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

SIGN
HERE

Signature _____ Date: _____



MATH TEACHER RECOMMENDATION

Student's Full Name:

Grade Level of Above Student:

Teacher's Full Name:

Teacher's Phone Number:

School Name:

School Address:

	BELOW AVERAGE	AVERAGE	GOOD	SUPER
MATHEMATICAL SKILLS				
a. Computational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mathematical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mathematical applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEHAVIOR AND INTERPERSONAL SKILLS				
a. Follows teacher's directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is able to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is able to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contributes to group discussions/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Perseveres in spite of difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Enjoys new challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Responds positively to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Shows respect to peers and faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Shows self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is willing to take responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Demonstrates self-control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Exhibits emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

**SIGN
HERE**

Signature _____ Date: _____

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:
Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: Male Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? No Yes (If yes, list specific allergy and reaction.)

Medicines Pollens Food Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes No

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes No

Physical exam performed at: Personal Health Care Provider's Office School Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD DO PAC CRNP

HEALTH CARE PROVIDERS: *Please photocopy immunization history from student's record – OR – insert information below.*

IMMUNIZATION EXEMPTION(S):

Medical Date Issued: _____ Reason: _____ Date _____ Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date _____ Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX		GRADE	SECTION/ROOM
_____	_____	_____		<input type="checkbox"/>	<input type="checkbox"/>		
_____ Last	_____ First	_____ Middle		M	F		

ADDRESS

_____ No. and Street _____ City or Post Office _____ Borough or Township _____ County _____ State _____ Zip

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment Yes No

Treatment Completed Yes No

_____ Date of Dental Examination

_____ Signature of Dental Examiner

_____ Print Name of Dental Examiner

_____ Address

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
 - 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
 - 2 doses of measles, mumps, rubella***
 - 3 doses of hepatitis B
 - 2 doses of varicella (chickenpox) or evidence of immunity
- *Usually given as DTP or DTaP or if medically advisable, DT or Td*
*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*
****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.

School District of Bristol Township Health History

Form#40

School _____ Grade _____ Date _____

Child's Name _____ Sex _____ D.O.B. _____

SCHOOL AND DISTRICT LAST ATTENDED _____

CURRENT ADDRESS _____

HOME PHONE _____ CELL _____ E-MAIL _____

MOTHER'S NAME _____ FATHER'S NAME _____

GUARDIAN'S NAME _____

FAMILY PHYSICIAN _____ DR'S PHONE NUMBER _____

DOES YOUR CHILD HAVE AN I.E.P. OR 504 PLAN? _____

DOES YOUR CHILD HAVE:	YES	NO	HAS YOUR CHILD HAD:	YES	DATE	NO
6 OR MORE COLDS / YEAR	_____	_____	CHICKENPOX	_____	_____	_____
6 OR MORE SORE THROATS/YEAR	_____	_____	CONVULSIONS	_____	_____	_____
ASTHMA OR WHEEZING	_____	_____	GERMAN MEASLES	_____	_____	_____
HAY FEVER	_____	_____	MEASLES	_____	_____	_____
CHRONIC COUGH	_____	_____	MUMPS	_____	_____	_____
FREQUENT EAR INFECTIONS	_____	_____	POLIO	_____	_____	_____
HEARING PROBLEMS	_____	_____	RHEUMATIC FEVER	_____	_____	_____
HEARING AID PRESCRIBED	_____	_____	MONO	_____	_____	_____
VISION PROBLEMS	_____	_____	BED WETTING	_____	_____	_____
GLASSES PRESCRIBED	_____	_____	HERNIA	_____	_____	_____
SPEECH DIFFICULTIES	_____	_____	HEPATITIS	_____	_____	_____
POOR POSTURE	_____	_____	APPENDICITIS	_____	_____	_____
EMOTIONAL PROBLEMS	_____	_____	TONSILS REMOVED	_____	_____	_____
EXTREME ACTIVITY OR RESTLESSNESS	_____	_____	TB	_____	_____	_____
DIFFICULTY SLEEPING	_____	_____	WHOOPING COUGH	_____	_____	_____
TEMPER TANTRUMS AFTER AGE 5	_____	_____	FAINTING SPELL	_____	_____	_____
CONCUSSION	_____	_____	HEART MURMUR	_____	_____	_____
FREQUENT FALLS	_____	_____	OTHER _____	_____	_____	_____
FREQUENT STOMACH ACHES	_____	_____				
FREQUENT HEADACHES	_____	_____				

IS YOUR CHILD ALLERGIC TO ANYTHING? _____ WHAT? _____

TYPE OF REACTION _____

HAS YOUR CHILD HAD ANY OPERATIONS? _____ DATES _____

TYPE OF OPERATIONS _____

ANY OTHER PROBLEMS, NEEDS, OR HANDICAPS? _____

WHAT MEDICATIONS IS YOUR CHILD ON NOW? _____

CAN YOUR CHILD PARTICIPATE IN FULL PHY. ED. PROGRAM? _____ IF NOT, WHY? _____

AGE CRAWLED _____ AGE TALKED _____ AGE WALKED _____

AGE TOILET TRAINED: BLADDER _____ BOWEL _____ BIRTH WEIGHT _____

DOES ANYONE IN THE FAMILY HAVE: (PLEASE CIRCLE AND EXPLAIN ON BACK OF THIS FORM)

TB HEART DISEASE CANCER EPILEPSY DEAFNESS ALLERGY
 DIABETES KIDNEY CONDITION ASTHMA BLINDNESS VISION PROBLEM
 NERVOUS BREAKDOWN

DATE _____ PARENT OR GUARDIAN SIGNATURE _____

FORM40DC04