



## I-20 Student Exchange Visitor Program

### **CHECKLIST**

1. 7 page paperwork from our website filled out and returned to our school
2. Interview with the principal
3. I-20 preliminary paperwork emailed to our school -
  - a. Copy of Passport
  - b. Copy of financial records showing \$24,000. in savings
  - c. Copy of Immunization Records
  - d. Copy of Transcript translated in English
  - e. Copy of housing in the US
  - f. Copy of TOEFL scores (not required)
  - g. Copy of Birth Certificate
4. I-20 drafted
5. I-20 approved by the parents and Registration Fee paid in full to LCS.
6. I-20 issued and mailed
7. When you receive the I-20 form, your next step is to go to [fmjfee.com](http://fmjfee.com) and pay the SEVIS fee (I-901 fee) to the United States Government. The fee is \$350. Keep your receipt because you need it in your VISA interview. (Remember, we are an "F" school)
8. Students/Parents take I-20 and the I-901 fee receipt to the US Embassy to apply for a student VISA. Visit the website, [travel.state.gov](http://travel.state.gov) for more information about this interview process.
9. After student VISA is issued, Tuition payment in full is due along with copies of:
  - a. Copy of VISA
  - c. Copy of medical insurance in the US
  - d. Copy of Airline Ticket
10. No more than 30 days prior to the start date of the school year, arrive in the states and get ready for school.

# I-20 Enrollment Application



## 2024-2025

Grade Entering
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For office use only
Date/Time
Grade Enrolled
Reg Fee Paid
Birth Certificate / Visa
Accepted by:

Student Last Name		First Name		Middle Name	
California Home Address			City		Zip
Birthplace		Date of Birth		Age	Male <input type="checkbox"/> Female <input type="checkbox"/>
Host/Guardian Contacts: (Not Parents)	Name #1	Phone ( )		Relationship to Student	
	Name #2	Phone ( )		Relationship to Student	
School Last Attended		Address			
Has your child been retained in a grade before? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:					
If your child has had any disciplinary or emotional problems in school, please explain.					
Has your child ever been in trouble which led to contact with the police or juvenile authorities? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain.			
Church Name			Pastor's Name		
Church Address					
Male Host/Guardian Name		Work Phone ( )		Cell Phone ( )	
Occupation/Company Name		E-mail:			
Female Host/Guardian Name		Work Phone ( )		Cell Phone ( )	
Occupation/Company Name		E-mail:			

Please state the reasons why you wish your child to attend Liberty Christian:

# Permission and Release 2024-2025



## Parent/Guardian Permission to Participate

- I hereby give my permission for my child(ren) to engage in activities at Liberty Christian School. This consent extends to participation in all educational, athletic and group activities, including school sponsored field trips away from the school premises.

## Statement of Cooperation/Release of Liability/Assumption of Risk

- I give permission for my child's likeness to be used in various media and advertising.
  - I understand that the standards of Liberty Christian School do not tolerate, by student, parent or family member, profanity or obscenity in word or action, dishonesty or disrespect to personnel of the school.
  - I understand that as a ministry of CrossPoint Baptist Church, it is the aim of Liberty Christian School to lead students to a saving knowledge of Jesus Christ and to develop Christian character in their lives.
  - I understand that I must maintain complete support and cooperation with Liberty Christian School in order for my child to remain enrolled in Liberty Christian School.
  - I understand and agree to authorize Liberty Christian School to employ such discipline as it deems wise and expedient for my child.
  - Realizing that my attitude toward the personnel and policies of Liberty Christian School affects the emotional and academic stability of my child, I will support and uphold the ideals of the school and will abide by the discipline and regulations of Liberty Christian School.
  - I understand that, in the event of a conflict with Liberty Christian School or its employees, I will not pursue legal action in the court system. I will attempt to resolve the conflict in a Biblically based manner by going to the appropriate individual and then their supervisors. Any conflict settled outside of the school or church will be settled by a mutually agreed upon Christian Conciliation service in Orange County, CA.
- I understand that there are certain dangers, hazards, and risks inherent in educational activities, and have signed this document in full recognition and appreciation of the dangers of these activities, which dangers include, but are not limited to, physical injuries (minimal, serious, catastrophic) and/or property loss or damage. I assume this risk and take on all responsibilities in any activities associated with Liberty Christian School. In consideration of, and in return for, the service, facilities and other education provided to students by Liberty Christian School, I, along with any of my assignees, heirs, and legal representatives release Liberty Christian School, CrossPoint Baptist Church and all personnel, employees, tutors, teachers, directors, and officers of these entities, from any and all liability, claims and actions that may arise from injury, harm or death to my student and from loss or damage to my student's property in connection with these activities. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failure to act by these individuals and entities, including but not limited to negligence, mistake, or failure to supervise by these individuals or entities or any of their personnel, employees, tutors or teachers.

## Signature of authorized parent

Parent

Date



# Self-Supplement Form (cont.)

10. What is important to you about your Christian faith and why?

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11. Do you attend church regularly? YES  NO

Church Name:

Church address:

City:

Zip:

Phone number:

Are you a member?

YES  NO

Which services do you attend?

Saturday / Sunday worship

Weekly Bible study

Youth activities

12. Is it your personal desire to attend Liberty Christian School?

Please explain:

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13. If you are accepted as a student at Liberty Christian School, do you promise to abide by the rules of the school and to use your influence to protect the good name of the school, it's buildings, and property?

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Student Signature

Date



## MEDICAL RELEASE OF LIABILITY

**Student** \_\_\_\_\_

**Parent/Guardian Medical Release:**

I hereby authorize Liberty Christian School personnel or authorized parties acting on behalf of the school to administer emergency medical treatment (first aid) to my child if it is deemed necessary and appropriate to preserve or aid the health and/or well being of my child. I further authorize Liberty Christian School personnel or authorized representative's thereof, that should it be deemed necessary and appropriate to secure emergency medical treatment beyond that which can be reasonably administered at the school or a school function, to contact and engage medical personnel qualified to administer necessary and appropriate emergency medical treatment to my child or transport my child to a facility that can administer appropriate medical treatment. In such cases I consent to the treatment of my child by emergency physicians or other professionally licensed health care providers as determined necessary to provide emergency medical care to my child. I understand and agree that I will be financially responsible for any and all expenses incurred in the treatment of my child. I understand that anytime emergency medical care becomes necessary or transportation to a medical care facility is necessary, Liberty Christian School personnel will make every effort to contact me as appropriate and without jeopardizing the care or treatment of the child.

I also understand that accident and medical insurance will be maintained for my child by me during the calendar year.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Printed Name** \_\_\_\_\_

Child's Name	Date of Birth	M	F
		Gender	
Parent's/Guardian's Name		Parent's/Guardian's Name	
Cell Phone #	Work Phone #	Cell Phone #	Work Phone #
()	()	()	()
Address		Address	
City, State Zip Code		City, State Zip Code	

**Alternative Emergency Contacts**

#1 Emergency Contact:	#2 Emergency Contact:		
Relationship to student:	Relationship to student:		
Cell Phone #	Work Phone #	Cell Phone #	Work Phone #
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**Medical Information**

Hospital/Clinic Preference	
Physician's Name	Physician's Phone Number
Insurance Company	Policy Number
Is there any reason the student cannot participate in normal playground or athletic activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	

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Allergies/Special Health Considerations:

Current Medications: (If current medications change during the school year, please contact the school office.)





## 2024-2025 - Admission Policies

### I-20 Student Exchange Visitor Program

#### **Requirements: Students requesting an I-20 from Liberty**

1. Student must be able to effectively communicate in English (speaking, reading, and writing). Liberty does not provide ESL services. Student must speak only English while at school or school activities. (Please provide TOEFL test scores if you have taken this test.)
2. Student must interview with the principal or DSO who will determine communication skills (Skype or Zoom interview is acceptable).
3. Student must meet and maintain academic and behavioral requirements as found in the student handbook to remain a student at Liberty.
4. Must provide copies of all travel documentation, immunization records, and academic transcript in English.
5. Must provide household information for host family and family of origin.
6. Student must be high school aged enrolling in 9th-12th grades only.
7. Payment must be in American currency (cash, certified check or money order) and paid in full at time of enrollment as soon as your student travel VISA has been issued (credit card payments require a 2.85% convenience fee).
8. Student must provide proof of medical insurance coverage.
9. Student must be a full-time Liberty student and may not seek any employment.

#### **Registration Fee: \$750.00 per student** (non-refundable)

This fee includes Chromebook rental, book rental fees, and record-keeping for Liberty and Sevis only.

#### **Tuition: 9th-12th Grades: \$15,000 per year**

(non-refundable/non-transferable once classes begin)

Tuition is not all-inclusive. Field trips, transportation, athletics, lab fees and graduation items/ fees are not included and will require extra payments throughout the school year as activities arise. Liberty Christian School does not provide room, board, or medical coverage. (Failure to pay tuition or fees in a timely fashion will result in immediate suspension from classes.)

I have read and understand the conditions of this policy (The following address is critical to mailing the I-20 form. The I-20, once issued, cannot be emailed due to original signatures):

Parent (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

Postal Code (required): \_\_\_\_\_ Country: \_\_\_\_\_

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