

NCLS Support Education Plan Student Application Form

Student Information			
First Name	Last Name	Gender (M F)	
E-mail		Date of Birth	
Home Address		Phone (Home)	
City	State	Zip code	
Regular high school grade	NCLS Grade	Class	Years @NCLS
Do you understand Chinese [Yes No Somewhat (in percentage)]			
Do you speak Chinese [Yes No Somewhat (in percentage)]			
Health Insurance provider Info. Address:			Phone #
Describe any current and recent medical conditions, medication or treatment. (may require additional written documents from your physician)			
Family Information			
Father's Name	Mother's Name	Address (if different)	
Cell phone	Cell phone		
E-mail	E-mail		
Emergency Contact Information in China			
Names (in Chinese)		Address	
Relationships	E-mail		
Home phone	Cell Phone		
I agree that:			
1) The above information is true and documents given in support of my Application are complete and correct.			
2) I will abide by the laws of the People's Republic of China and will not engage in activities beyond the scope of this program in China.			
Signature of Applicant			Date
Please read and sign the Authorization and consent on next page carefully first			
Signature of Parent or Guardian			Date
<u>(if applicant is under 18 years old)</u>			
More information of this program can be found at www.newtonchineseschool.org . Visit www.cdc.gov for more health requirement information traveling aboard.			

Statement of Authorization and Consent

Student's Full Name _____

The following agreements are designed to protect all participants in this Newton Chinese Language School (NCLS) program, including the students, the teachers, administration staffs, officers and school board. We require that all students and their parents sign these forms to indicate their agreement and permission.

NCLS does not discriminate against individuals who have had physical, emotional or mental disorders. If an applicant has a history of any medical or psychiatric problems during the previous two years, we strongly advise that the student consult with a medical professional in this country before departure to discuss the potential stress and difficulty of study abroad. A medical examination may be required upon reviewing the application.

1. We understand that participation in the program is entirely voluntary and that any program of travel involves some element of risk. We agree that we will not attempt to hold NCLS and its staffs liable in damages for any injury or loss to person or property the student might sustain while participating; and we hereby release NCLS and its staffs from any liability whatsoever for any personal injury or property damage arising from participation in the program.

2. We understand that NCLS reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions or in the interest of the group. Should NCLS cancel the program, NCLS will NOT be held responsible to refund or reimburse of the expenses incurred for individual student and family.

3. We understand that the Student applicant family is responsible to arrange the travel of the student to and from China and arrange the local travel and transportations to the elected school site while in China with full payment.

We also understand that NCLS may consider financial assistance to partially cover the travel and living expenses. NCLS reserves the right to set the amount of financial aid.

4. We understand that NCLS requires that appropriate sickness and accident insurance cover all students for the duration of the program and that they be financially responsible for all medical expenses. In addition, we understand that payment for medical expenses customarily will have to be advanced and reimbursement sought later from the insurance carrier.

5. We understand that NCLS program will not employ health care professionals overseas and make no representation with respect to accessibility of services and facilities abroad. Appropriate treatments may not be as readily available abroad as in the United States. The student must make provision before departure for continuation of medical treatments such as prescriptions and others. The director of the program should be fully informed of any special needs before leaving.

6. In the event (I) (we) cannot be reached to give (my) (our) consent, (I) (we) the parent(s) of the above named student, hereby authorize NCLS's representative to consent for (me)(us) to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed necessary or advisable by a licensed physician.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of NCLS to give specific consent to the diagnosis, treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

Signature of student _____ Date _____

Parent/Guardian

I certify that I am the parent or legal guardian of the student named above; that I have read the entire preceding agreement and I join in all the articles of the agreement without reservation, granting my consent to all actions provided for herein.

Signature of parent or guardian _____ Date _____

Printed name of parent or guardian _____