



2018-2019 Admissions Procedures

Spring Application Timeline: **September 10- November 8, 2018**

STUDENT CHECKLIST

Step 1: Application

- Application for Admission
 - International Student Information Form
 - Official Transcripts: most recent 3 years (*GPA at least 2.5*)
 - Copy of Passport (transfer students submit copy of F1 visa)
 - Statement of Commitment for I-20 Students
 - Academic Excellence Policy
 - OC Student Information Forms (2 pages)
 - Teacher Recommendation Letter in English
 - TOEFL, TOEFL jr, or IELTS score
- \$450 Non-refundable Application Fee

Applicant must agree to live with a school-approved, Christian family/legal guardian provided by International Affairs Services*

Step 2: Enrollment

- \$800 Non-refundable Enrollment Fee
- \$80 FedEx fee (to mail I-20 Internationally)
- Completed California Immunization Requirements (in English)
- Affidavit of Support (Bank Certificate of Deposit)
- \$350 Homestay Application Fees
- Homestay Application Packet
 - Family Selection (*to follow*)
 - Notarized Guardianship Form (*to follow*)
- I-20 Request Form
- Homestay Parent Pledge
- Emergency Release Authorization Form

Step 3: F-1 Visa

- Make appointment with US Embassy for F-1 visa
- Pay I-901 fee: <https://www.fmjfee.com/i901fee>

Step 4: BEFORE Arriving at School

- Email copy of F-1 visa and date arriving to US
- Pay tuition fees in full

Step 5: AFTER Arriving at School

- Bring original F-1 visa to School Registrar to finalize enrollment

*All documents must be translated into English (and notarized)

*Forged documents will result in automatic rejection

*All fees are non-refundable - please no personal/business checks

INSTRUCTIONS

Please submit all application documents in order to be considered for admission to Ontario Christian. We are now requiring mainstream English level scores in order to consider the applicant for the coming school year. An admissions decision, containing enrollment instructions and an acceptance letter, will be emailed within 1 week of the assessment.

An I-20 and letter of support will be issued to students once enrollment documents, payment, along with homestay documents and fees have been completed and submitted. Students must meet immunization requirements for the state of California. Immunizations need to have an official hospital translation or a notarized translation.

Students should immediately make an appointment with the US embassy for their F1 visa interview. The interview fee must be paid online.

Upon receipt of their F1 visa, students need to email a copy of their visa and arrival date to the admissions department. A scheduled orientation appointment will be assigned at this time. Students should plan to arrive 1 week before the orientation start date. Tuition and any remaining fees will be due at this time. Students are only allowed to begin school after all documents have been received and after they have completed placement testing/orientation.

Please send all questions and application documents to
jmendoza@internationalaffairsservices.com

Jami Mendoza |
Director of International Student Services
(909) 718-8647



2018-2019 Tuition and Fees

High School Tuition	Grades 9-12	
Step 1: Application & Test Fee	\$450	
Step 2: Enrollment Fee	\$800 (+ \$80 FedEx fee if mailed internationally)	
Step 3: School Fees	Full Year	2nd Semester
Tuition	\$20,062	10,031

Middle School Tuition	Grades 7-8	
Step 1: Application & Test Fee	\$450	
Step 2: Enrollment Fee	\$800 (+ \$80 FedEx fee if mailed internationally)	
Step 3: School Fees	Full Year	2nd Semester
Tuition	\$18,493	\$9,247

Homestay	Grades 7-12	
Step 1: Application Fee	\$350	
Step 2: Homestay Fees	Full Year	2nd Semester
Deposit	\$1,500	\$1,500
Fees	\$15,000	\$7,500
Insurance	\$1,270	\$635

***** ALL FEES ARE NON-REFUNDABLE & SUBJECT TO CHANGE *****

Payment Options

- Cash
- Cashier's check payable to "International Affairs Services"
- Credit card payment via PayPal (Application & Test and Enrollment Fees only)
- Wire transfer (request instructions)—extra bank fees will apply

Other Purchases/Fees

- Lunch, field trips, dance tickets, and other school related activities
- Laptop - \$150/year plus \$20 for case to rent (*must acquire from the school)
- Uniforms - purchased from school-approved vendor (prices may vary)

*All international students must live with school-approved, Christian families provided by International Affairs Services. Please contact the Director, Jami Mendoza (jmendoza@internationalaffairsservices.com), for more information.



International Student Information

Please print clearly

Last Name: _____ First Name: _____

Date of Birth: _____ (mm/dd/yyyy) Gender: _____

Passport Number: _____ Country of Citizenship: _____

New I-20 student? Y/N _____ Grade Applying: _____

Contact Person E-mail Address: _____

*Student Skype Account: _____ (Must set up a Skype account for ISAA)

*Student E-mail Address: _____

*Parent E-mail Address: _____

*Parent Cell Phone Number: _____

Previous School Name: _____ Previous School Number: _____

*Application is incomplete without this information

1. Please explain why you are pursuing an education in the United States.
2. Why are you interested in attending Ontario Christian Schools?
3. What are your educational goals?
4. In what extracurricular activities are you involved (clubs, musical instruments, sports, etc.)?
5. Please explain how you plan to be disciplined with your time and studies at Ontario Christian.
6. What would you consider to be the most important thing in life?



Statement of Commitment for I-20 Students

As a potential student at Ontario Christian School, I understand that there are rules I must follow in order to remain enrolled at school. If I fail to meet any of the requirements listed below, I understand I may be asked to leave Ontario Christian and that my I-20 status can be cancelled.

- I understand that I will be attending a Christian school, and I am open to learning about Christianity.
- I understand that I will be taking Bible-related classes and Bible credits are a graduation requirement.
- I understand that I will attend chapel service on campus every week.
- I understand that I will be living with a Christian family provided by International Affairs Services, and must follow the family rules.
- I understand that weekly church attendance is required.
- I understand that all fees (application & test fee, enrollment fee, and tuition) are non-refundable.
- I understand that by signing this document, I am agreeing to abide by the policies and procedures found therein for the entirety of my enrollment at Ontario Christian Schools.

Student Name (Print)

Student Signature

Date (mm/dd/yyyy)

Parent Name (Print)

Parent Signature

Date (mm/dd/yyyy)



International Academic Excellence Policy

The International Program was designed to provide a strong, college preparatory program and loving, positive learning environment in order to build international students a well-rounded educational experience. In order to ensure this for every student at Ontario Christian, we require your cooperation with the academic policy outlined below.

If you have questions, please contact the school for more information regarding the policy procedures.

- Student grades will be reviewed halfway through each quarter (four and a half weeks in length). If, at this point, any grade has dropped to a 'D' or below students will be required to attend school-approved tutoring on a weekly basis.
- Student grades will be reviewed again after the completion of each quarter (nine weeks in length). If there has not been sufficient progress, as determined by the school, students will be required to attend Lights on Learning Tutoring on a weekly basis for an additional fee.
- Tutoring will be required until the student has demonstrated sustained academic excellence, as determined by the school.
- **I understand that by signing this document, I am agreeing to abide by the policies and procedures found therein for the entirety of my enrollment at Ontario Christian Schools.**

If my actions are such that I am judged to have violated the letter or intent of this code, I agree to submit to the discipline of the school.

Student Name (Print)

Student Signature

Date (mm/dd/yyyy)

As a parent/guardian, I accept the conditions imposed on my child by this policy and I will do everything in my power to help my child live by this code. I agree to cooperate with the administration of Ontario Christian Schools.

Parent Name (Print)

Parent Signature

Date (mm/dd/yyyy)



Ontario Christian Student Information Form

Instructions for Applicant:

- Please complete part 1 and allow an authorized staff person of your child's present school to complete part 2
- The completed form should be returned directly to the Ontario Christian School at the address below

PART 1: Parental Authorization - Request for release of records

Student's name (last, first middle)

Applying to grade

beginning

I hereby authorize the release of my child's records to Ontario Christian School.

Date

Signature of parent or guardian

Home phone

PART 2: School Reference - Request for student information

The following items are necessary for us to evaluate and consider this application for enrollment.

1. Copies of students report cards for the past two years
2. Copies of all standardized and/or specialized testing done for remedial or GATE replacement
3. Please have a previous teacher/counselor complete the following form

Name of school

Address

School phone

Teacher/Counselor's name

In what capacity and for how long have you known the applicant?

Student's chief strength

Student's chief weakness

Would you be willing to allow us to contact you by phone?

Phone Number:



2018-2019 Application

Part 3: Confidential Teacher/Counselor Recommendation

Please indicate your ratings by numbers in the right-hand column. Use a question mark where you have insufficient evidence. Your candid estimate of the applicant will be of invaluable assistance to the Admissions Committee and your comments will be held in strict confidence.

	1	2	3	4	5	Rating
Academic Potential	Exceptionally promising student	Generally strong student	Average student, capable of satisfactory work	Below average <input type="checkbox"/> marginal ability <input type="checkbox"/> lacks motivation	Questionable candidate	
Personal Qualities	Outstanding - leads and participates	Generally strong	Average	Below average, immature	Very immature for age	
Emotional Stability	Exceptionally stable	Well balanced	Generally well balanced	<input type="checkbox"/> excitable <input type="checkbox"/> unresponsive <input type="checkbox"/> distractible	Hyper-emotional, apathetic	
Summary	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	

General Comments (please give any comments that have not been addressed that you feel would be important for us to be aware of)

Date

Signature

Return this form to:
International Affairs Services
Ontario Christian Schools
931 W. Philadelphia Street
Ontario, CA 91762
(909) 983-4644

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					/
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					/
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)	/	/	/	/	
HEPATITIS B					
VARICELLA (Chickenpox)		/			
TDAP BOOSTER		/	/	/	/
TB SKIN TEST (NEG) OR CHEST X-RAY REPORT		/	/	/	/

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

* RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

CHDP website: www.dhcs.ca.gov/services/chdp



I-20 Request Form

2018-2019 School Year

*For Office Use Date: _____ Annual Tuition: _____ Annual Homestay: _____

Student Information

Last Name: _____ First Name: _____ English Name: _____

Gender: _____ Date of Birth (mm/dd/yyyy): _____ Grade: _____ New/Trans: _____

Country of Birth: _____ Citizenship: _____

Passport Number: _____

Email: _____ Cell Phone Number: _____

Parent Information

Father's Name: _____ Mother's Name: _____

Parent's Address: _____
(Number/Street/Road/District) (City)

(Province)

(Country)

(Postal Code)

Father's Phone Number: _____ Father's E-mail: _____

Mother's Phone Number: _____ Mother's E-mail: _____

Homestay/Guardian Information

Last Name: _____ First Name: _____

Homestay Address: _____
(Number/Street) (City) (ZIP code)

Homestay Phone Number: _____ Homestay Cell Phone Number: _____

Homestay Email: _____

Church Name: _____ City of Church: _____

Pastor's Name: _____ Pastor's E-mail: _____

How long have you been attending? _____

Guardian's Name: _____ Guardian's E-mail: _____



ONTARIO CHRISTIAN SCHOOLS
Growing Christian Leaders

since 1944



Transfer School: _____ Phone Number: _____

Address: _____ Contact Person: _____



Homestay Parent Pledge of Partnership

The mission of Ontario Christian School is to join Christian parents in providing your homestay children with a Biblically based, quality education that nurtures students to grow in knowledge, conviction, and maturity. Therefore, our focus is to equip students with the vision and skills to engage all relationships and culture under the authority of Jesus Christ.

As Ontario Christian School seeks to partner with Christian families, it is important that home, school, and church provide a consistent confession and lifestyle on and off campus. For specific policies and practices, please contact the Admissions Director or Principal.

EXPECTATION OF PARENTS/GUARDIANS

- As a family new to Ontario Christian, I will attend a school-sponsored class that includes the philosophy of the school.
- To understand and acknowledge that my homestay children will be taught from a Christian perspective consistent with the philosophy of the school.
- To abide with school policies, rules, and practices.
- To recognize the school requirement that the parent is to demonstrate a consistent Christian lifestyle and acknowledge that the parent/guardian is not participating in practices that would be considered illegal, or considered by the school as immoral or inconsistent with a positive Christian lifestyle such as cohabiting without marriage or in a homosexual relationship.
- To regularly attend and worship in a local Christian church.
- To express a positive attitude toward the school, staff, students, and standards, and demonstrate a spirit of cooperation that enhances unity in "Growing Christian Leaders."
- To resolve questions or complaints with the principles of Matthew 18, in which contact will be made first with the person involved; if the issue is not resolved, to contact the administration. Any claim or dispute arising from or related to this agreement shall be settled by Biblically-based mediation.

EXPECTATIONS OF THE STUDENT

- To regularly and responsibly attend school and faithfully complete the work and expectations.
- To regularly attend and worship in a local Christian church.
- To express a positive attitude toward the school, staff, students, and standards, and demonstrate a spirit of cooperation that enhances unity in "Growing Christian Leaders."
- To abide with school policies, rules, and practices, both on and off campus. Students are to behave at all times in a manner consistent with that expected of a Christian and to conduct their lives so as to bring honor and respect upon themselves and their school. The school may take disciplinary action, even though the behavior was not at school or at a school sponsored activity in cases in which there is a serious immoral and/ or illegal behavior that is opposed to the philosophical, religious, and organizational standards of the school and that will negatively affect the school community.

Homestay Parent Name (Print)

Homestay Parent Signature

Date (mm/dd/yyyy)

Student Name (Print)

Student Signature

Date (mm/dd/yyyy)



Emergency Release Authorization Form

Please fill out Southern California contact information

Student's Name _____ Grade _____ Date of Birth (mm/dd/yyyy) _____ Gender _____
(Last) (First)

▪ Homestay Mother's Name _____ Phone Number _____

Homestay Address _____
(Number/Street) (City) (ZIP Code)

Work Number _____ Cell Number _____ Email Address _____

▪ Homestay Father's Name _____ Phone Number _____

Work Number _____ Cell Number _____ Email Address _____

IF A PARENT/GUARDIAN CANNOT BE REACHED, I HEREBY GIVE MY CONSENT TO THE ADMINISTRATOR, TEACHER, OR COACH OF MY SON OR DAUGHTER, AS THE CASE MAY BE, TO ACT AS LEGAL GUARDIAN IN CASE OF INJURY. I ALSO CONSENT TO HAVING MY SON OR DAUGHTER ATTENDED TO BY AN AUTHORIZED PHYSICIAN OR HOSPITAL IN CASE OF INJURY.

Signed by parent _____ Date _____

Insurance Carrier _____
(Company) (Policy Number)

Family Doctor _____
(Name) (Phone Number)

Student's Known Allergies: _____ Medications Taken: _____

Any other medical problems? _____

If child is to be hospitalized, which hospital (if possible)? _____

Any other information? _____