



# BERGEN COUNTY CHRISTIAN ACADEMY

15 Conklin Place Hackensack, NJ 07601 [www.bergenchristian.org](http://www.bergenchristian.org)

PHONE: (201) 487-7212 FAX: (201) 487-1427

## International Student Application

### Welcome!

Welcome to International Student Admissions at Bergen County Christian Academy.

### How to Apply for Admissions

Thank you for your interest in Bergen County Christian Academy. This checklist will provide you with assistance to our application processions. Should you have any additional questions, please contact the School Office at +1.201.487.7212 or by email at: [office@mybccca.org](mailto:office@mybccca.org)

It is strongly recommended that all International Applications for Enrollment be submitted no later than the first week of June for the applying year.

ALL forms and documentation must be officially translated into English or they will not be accepted by Bergen County Christian Academy.

### Step One – Application Submission

- Completed Registration
- Completed Application
- Student Questionnaire
- Student Essay
- Student Agreement
- Media Use Consent Form
- Pastoral Reference Form
- Academic Reference Form
- I-20 Information Form
- Financial Agreement Form with Bank Statement
- School Form (required only if presently attending another U.S. school)
- Immunization Record
- Official School Transcript
- Official Copy of applicant's birth certificate or copy of Passport
- \$500.00 USD registration fee (non-refundable).

**Step One of the application process will not be complete until all the above documentation and listed fees are submitted to Bergen County Christian Academy**

### Step Two – Interview Process

- If the parent(s) and child are in the United States, the interview will be conducted either in person at Bergen County Christian Academy or via video conference.
- If the parent(s) and child are not in the United States, then a representative of Bergen County Christian Academy will conduct the interview via video conferencing.
- If the student is in the USA and a host family or legal guardian will be used, an interview will be conducted at Bergen County Christian Academy with the host family/legal guardian or via video conferencing.

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### **A face-to-face interview will be conducted under the following conditions:**

The face-to-face interview will be conducted to assist the school in determining the following:

1. The commitment of the family to serving Jesus Christ in all ways, including education.
2. The parent's support of school policies and procedures that will hold the student accountable.
3. Whether the parents will work directly with the school or through a legal guardian.
4. What means of direct communication will be utilized with the parents
5. The student's fluency in writing and speaking technical English.
6. The parent's agreement to abide by the school calendar.
7. The name of the local Church where the student will attend weekly worship services.
8. The student's living arrangements while attending Bergen County Christian Academy.

**Summaries of these conducted interviews will be added to the student's file along with the documents and fees from Step One for final review.**

### **Step Three- Acceptance**

If the applicant meets all of the admissions requirements for Bergen County Christian Academy, the School Office will notify the parents that the student has been accepted.

All International Students accepted to Bergen County Christian Academy must complete and submit the SEVIS I-901 form before final I-20 acceptance is complete. You must go to <https://www.fmjfee.com/i901fee/> to fill out and complete this form. BCCA is not responsible for any fees associated with the completion of the SEVIS I-901; these fees are paid directly Government of the United States of America, and it is the sole responsibility of the student to do so. HCS must receive notification of the completed SEVIS I-901 before a USCIS Form I-20 will be issued.

### **Step 4 - Enrollment**

Upon acceptance, these documents will be needed

**Enrollment is not official until the following are received:**

- Documents from the Parent/Student Handbook
  - Appendix 3: CDS Testing Agreement Form (grades 7-12 only)
  - Appendix 4: Handbook Acknowledgement Form
- Official Physical Examination Form
  - Signed by a licensed physician and translated into English
  - The physical examination must be current and remain current for the entire school year
- Guardianship papers
  - Authorization And Consent of Parent or Legal Guardian
- All tuition and fees are in U.S. currency.

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**2022-2023**

### **I -20 TUITION SCHEDULE**

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#### **REGISTRATION FEE**

(NON-REFUNDABLE)

All Students \$100.00

After student is accepted, and additional \$400.00 will be charged

#### **TUITION PAYMENT SCHEDULE**

Payments are due prior to the first day of school term.

#### **TUITION RATE**

ANNUAL (SCHOOL YEAR)

Grades 6<sup>th</sup> – 12<sup>th</sup> \$13,500.00

#### **INTERNATIONAL STUDENT FEE**

Grades 6<sup>th</sup> – 12<sup>th</sup> \$4,700.00

#### **INTERNATIONAL DEVELOPMENT FEE**

(one time fee for first year student)

\$1,000.00

#### **ATHLETIC FEE**

Fee per student, per sport \$50.00

Tuition is due and payable in full for the entire school year on July 1<sup>st</sup> preceding the academic year. A student who leaves during the school year, for any reason whatsoever (either voluntary withdrawal or dismissal) is responsible for the entire year's tuition.

*\*Bank fees will be charged per transaction.*

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## International Student Application

### 2022-2023 REGISTRATION FORM

*(Please Print)*

REG. CK# _____	\$. _____
TEST. CK# _____	\$. _____
_____. CK# _____	\$. _____
DATE RECEIVED _____	

#### PARENT INFORMATION

FATHER NAME: _____	MOTHER NAME: _____
ADDRESS: _____	ADDRESS: _____
TOWN _____ ZIP _____	TOWN _____ ZIP _____
PHONE: _____	PHONE: _____
WORK #: _____	WORK #: _____
CELL: _____	CELL: _____
e-MAIL _____	e-MAIL _____

#### REGISTRATION INFORMATION

STUDENT NAME	GRADE ENTERING	REGISTRATION FEE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Date of Application: \_\_\_\_\_ Year Applying For: \_\_\_\_\_

### Student Information:

Pupil's Name \_\_\_\_\_ Sex \_\_\_\_\_ Student's English Name \_\_\_\_\_

Address \_\_\_\_\_ Email Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Grade: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

School previously attended \_\_\_\_\_

Address \_\_\_\_\_

Church Attending \_\_\_\_\_ Member? \_\_\_\_\_

Address \_\_\_\_\_

### Family Information *(Please print all information)*

#### Father/Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_

Education High School \_\_\_\_\_ # years completed

College \_\_\_\_\_ # years completed

Marital status  Married  Separated  Divorced

Widowed  Remarried  Single

Church affiliation \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

Senior Pastor \_\_\_\_\_

#### Mother/Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_

Education High School \_\_\_\_\_ # years completed

College \_\_\_\_\_ # years completed

Marital status  Married  Separated  Divorced

Widowed  Remarried  Single

Church affiliation \_\_\_\_\_

Church Name \_\_\_\_\_

Address \_\_\_\_\_

Senior Pastor \_\_\_\_\_

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## International Student Application

Have you accepted Jesus Christ as your personal Savior?

Yes  No  I'd like more information

if **yes**, please share how and when that decision was made:

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Have you accepted Jesus Christ as your personal Savior?

Yes  No  I'd like more information

if **yes**, please share how and when that decision was made:

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What do you feel is the most important thing in life? (Please number 1 through 5 according to your priorities, with 1 being most important?)

\_\_\_\_\_ good personal health

\_\_\_\_\_ successful career

\_\_\_\_\_ happy and united family

\_\_\_\_\_ healthy children

\_\_\_\_\_ knowing you have eternal life

What do you feel is the most important thing in life? (Please number 1 through 5 according to your priorities, with 1 being most important?)

\_\_\_\_\_ good personal health

\_\_\_\_\_ successful career

\_\_\_\_\_ happy and united family

\_\_\_\_\_ healthy children

\_\_\_\_\_ knowing you have eternal life

Why do you want your child to attend Bergen County Christian Academy?

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Why do you want your child to attend Bergen County Christian Academy?

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**List the Names of all your children:**

Name	Date of Birth	Current School	Current grade or highest grade completed in school

APPLICANT LIVES WITH:

Both Parents  Mother only  Father only  Other \_\_\_\_\_

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### Additional Information *(Please print all information)*

Has the applicant ever been retained? If yes, please explain and include the grade level.

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Has the applicant ever been expelled from school? If yes, please explain.

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Has the applicant ever been tested or received special help for reading or learning difficulties? If yes, please summarize.

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Does the applicant regularly require any medication? If yes, please explain.

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Please list three (3) people as references for your child (preferably a pastor; student's former teacher or principal; and an adult friend.)

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

How did you hear about Bergen County Christian Academy?

Friend/Relative: \_\_\_\_\_ Current BCCA Family  Yes  No  
Name

Open House Flyer  Website  Advertising If so, which publication? \_\_\_\_\_

Please note: Submission of this form is non-binding

*We affirm that the information provided is true to the best of our knowledge.*

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Student Questionnaire *(Please print all information)*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please answer the following questions in paragraph form in your own handwriting:

Why are you applying to Bergen County Christian Academy? \_\_\_\_\_

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Describe your relationship to God. Tell us about your faith. \_\_\_\_\_

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What do you see as your strengths and weaknesses? \_\_\_\_\_

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Of the qualities you possess, which one would you say people admire the most? \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_





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### Student's Agreement Form

As a student in the Bergen County Christian Academy, I agree to accept my responsibilities:

- To attend school regularly and participate in its activities.
- To work diligently to meet the academic requirements, including homework and special assignments.
- To show I care by being friendly, accepting and respecting others, encouraging and trying to build them up, and by refraining from any activity that is not a good example to others.
- To grow as a Christian in my response to God and to His Word as a guide for Christian living, by studying the Bible and praying; by confessing my wrongdoing; by accepting guidance and correction.
- To learn the school rules and to respect them.
- To support the school staff, the standards of conduct, and to submit to its discipline.
- When there is a situation, which I find difficult to accept, I will first try to resolve it with the person directly involved and then seek the assistance of a staff member or my parents.

**I understand that I have been admitted for a one-semester probationary period and that the principal will recommend that I continue on probation, or that I continue in full standing, or that I be dismissed from school.**

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Student's printed name

Student's signature

Date

### Internet Acceptable Use Agreement:

Any user violating this agreement, the terms and conditions for use of the internet, applicable local, state and federal laws or posted classroom rules is subject to loss of network privileges and other Board disciplinary action.

The Bergen County Christian Academy Board of Directors reserves the right to suspend or terminate all access to the internet if any local, state or federal government agency or entity imposes, by statute, rule or regulation, any criminal liability on the Board, its schools or representatives concerning internet access.

USER: I understand and will abide by the Acceptable Use Agreement and terms and conditions for use of internet. I further understand that any violation of the above Acceptable Use Agreement or terms and conditions for use of Internet are unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be removed, and disciplinary action and/or appropriate legal action may be taken against me.

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Student's printed name

Student's signature

Date

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Parent's printed name

Parent's signature

Date

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### Media Use Consent Form

*Except where a signature is required, please **PRINT** all requested information*

I, the undersigned parent, consent to my child, \_\_\_\_\_,  
student at Bergen County Christian Academy, Hackensack, NJ, being photographed during this School Year.

I further agree that First Baptist Church of Hackensack, and Bergen County Christian Academy, shall have the right, but not the obligation, to use my child's photograph, likeness (including caricature), biographical information, and any reproduction of simulation thereof, for any publicity, advertising, training aids, or websites at any time and for any other purpose or materials the ministry deems necessary.

Child's Name: \_\_\_\_\_

Child's Grade: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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## International Student Application

### Academic Reference

The student whose name follows has applied for admission to Bergen County Christian Academy. We ask for your candid evaluation of this student. We need your input to help us in making a good decision for the student. Please understand that this evaluation will be held in strict confidence. Thank you for your help! Please return this form to the address above.

Student's Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Your relationship:    Teacher             Administrator             Counselor             Other \_\_\_\_\_

How long have you known this student? \_\_\_\_\_ Grade level and/or Subject(s) \_\_\_\_\_

Please rate the applicant in each of the following areas using the continuum provided. Please note that 10 is SUPERIOR and 1 is POOR. In areas where you are unable to judge, check "N/A."

	POOR. . . . .		AVERAGE. . . . .					SUPERIOR		N/A	COMMENTS
	1	2	3	4	5	6	7	8	9	10	
Academic Potential											
Relationships											
Completion of Assignments											
Desire to Learn											
General Behavior											
Initiative											
Leadership Potential											
Parental Support of School											
Parental Support of Student											
Self Confidence											
Self Discipline											
Self Esteem											
Stability											

- To your knowledge (please check), does this student have any known:
  - Learning Disabilities     Emotional Problems     Hyperactive     Attention Deficit Disorder
- Please describe the applicant's strengths:
 

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- Please describe the applicant's areas that need strengthening:
 

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- Please describe the applicant's personality:

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## International Student Application

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### Academic Reference • Page 2

- Please describe the applicant's behavior in the classroom:

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We would appreciate your observations in the following areas:

- |   |  |  |  |
|---|--|--|--|
| <b>LEADERSHIP</b>                             | <input type="checkbox"/> A positive leader | <input type="checkbox"/> A follower                          | <input type="checkbox"/> A negative leader                 |
| <b>COOPERATION</b>                            | <input type="checkbox"/> Cooperative       | <input type="checkbox"/> Cooperates occasionally             | <input type="checkbox"/> Uncooperative                     |
| <b>DEPENDABILITY</b>                          | <input type="checkbox"/> Dependable        | <input type="checkbox"/> Dependable occasionally             | <input type="checkbox"/> Undependable                      |
| <b>RELATIONSHIP OF ACHIEVEMENT TO ABILITY</b> | <input type="checkbox"/> Overachiever      | <input type="checkbox"/> Achievement consistent with ability | <input type="checkbox"/> Achievement below ability         |
| <b>CITIZENSHIP</b>                            | <input type="checkbox"/> A good citizen    | <input type="checkbox"/> Adequate behavior well behaved      | <input type="checkbox"/> Immature, unreliable, misbehavior |

I recommend this student academically:  Yes  No  Questionable

I recommend this student's character:  Yes  No  Questionable

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SIGNATURE OF REFERENCE

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DATE

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TITLE

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SCHOOL

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PHONE

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### School Form

**APPLICANT:** Please complete **Part I** and give this form to the office of your child's present school.

#### PART I

I give my permission to release a copy of my child's summary record, including grades, test scores, and the Child Study Team Evaluation (if applicable).

\_\_\_\_\_ Date

\_\_\_\_\_ Parent(s) Signature

Name of student applying to Bergen County Christian Academy: \_\_\_\_\_

Student's address \_\_\_\_\_ Grade: \_\_\_\_\_

#### PART II

**PRINCIPAL OR DIRECTOR OF GUIDANCE:** Kindly complete this form and mail it directly to:  
International Applications Office, Bergen County Christian Academy, 15 Conklin Place, Hackensack, NJ 07601

1. How long has this student attended your school? \_\_\_\_\_

2. Attendance record: Days absent THIS Year? \_\_\_\_\_ LAST Year? \_\_\_\_\_

3. Social Adjustment: Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

4. Conduct record: Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Has this student ever been suspended or placed on probation? (please explain) \_\_\_\_\_  
\_\_\_\_\_

5. Parental support: Excellent\_\_\_ Good\_\_\_ Fair\_\_\_ Poor\_\_\_

6. Academic record: Areas in which this student has received special assistance: \_\_\_\_\_  
\_\_\_\_\_

This student's strengths: \_\_\_\_\_

This student needs help in \_\_\_\_\_

Has this student been evaluated by a Child Study Team or tested privately for learning problems?

Yes\_\_\_ No\_\_\_ Date of evaluation \_\_\_\_\_ Classification \_\_\_\_\_

**PLEASE SEND A COPY OF THIS STUDENT'S SUMMARY RECORD, INCLUDING GRADES, TEST SCORES,  
AND THE CHILD STUDY TEAM EVALUATION (if applicable).**

Signature \_\_\_\_\_ Position \_\_\_\_\_

Name of School \_\_\_\_\_ Phone Number \_\_\_\_\_

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*Please be aware that we consider these completed forms the property of Bergen County Christian Academy and will keep all information provided by the child's school in strict confidence. This and other information provided will not be shared with the parent.*

### Financial Agreement Form

C O N F I D E N T I A L

**All international applicants on F1 or J1 visas must provide a Financial Guarantee to show evidence of sufficient funds for studies abroad before the application can be processed.**

#### Financial Guarantee

Student

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent / Sponsor

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

I guarantee that I will be fully responsible for all the expenses of the above-named person for the duration of attendance at Bergen County Christian Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important: Attach an official copy of bank statement to this form.**

**Please mail this form directly to:**

International Application Office  
Bergen County Christian Academy  
15 Conklin Place  
Hackensack, New Jersey 07601

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### I-20 Information Form

(Please print or type clearly)

Today's Date: \_\_\_\_\_

**Student's Name:** (as it appears on passport)

\_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade applying for: \_\_\_\_\_  
(Month) (Day) (Year)

Country of Birth: \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Reason for requesting I-20? \_\_\_\_\_

**Parent's/Guardian name:**

\_\_\_\_\_  
(Last) (First) (Middle)

Address (Home Country) NO P.O. Boxes please

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (Province)

\_\_\_\_\_  
(Country) (Postal code)

\_\_\_\_\_  
(Phone) (FAX) (Email)

### U.S. Address

I have requested a Hackensack Christian Host Family.

Host Family Name: \_\_\_\_\_

Address (NO P.O. Boxes) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip code)

Telephone: \_\_\_\_\_ Secondary # \_\_\_\_\_  
(Area code) (Number) (Area code) (number)

Expected Date of Arrival into the United States: \_\_\_\_\_ Port of Entry: \_\_\_\_\_  
(mm/dd/yyyy) (name of Airport, city, etc.)



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### INCOMING WIRE TRANSFER INSTRUCTIONS TO BERGEN COUNTY CHRISTIAN ACADEMY

The Provident Bank is a Fedwire® funds transfer participant and is online with the Federal Reserve Bank for domestic and foreign wires sent via US banks.

For foreign wires sent via the SWIFT system, The Provident Bank utilizes any US corresponding bank of your choice.

#### Instructions for Incoming Wires (Domestic or Foreign) Sent via US Banks

ABA #	221272303
Beneficiary Bank Name	The Provident Bank
Beneficiary Bank Address	464 Cedar Lane Teaneck, New Jersey 07666
Beneficiary Information	Account #831514574 SWIFT: PRNDUS33XXX Bergen County Christian Academy 15 Conklin Place Hackensack, New Jersey 07601

#### Instructions for Incoming Foreign Wires Sent via SWIFT system (Foreign Bank Requires a Swiftcode to Complete Transfer)

Beneficiary Bank	Any US corresponding bank of your choice (Each bank has a Swiftcode)
For Further Credit to Beneficiary Bank	The Provident Bank 464 Cedar Lane Teaneck, New Jersey 07666
For Further Credit	Account #831514574 Bergen County Christian Academy 15 Conklin Place Hackensack, New Jersey 07601
If Needed: Intermediary Bank: Intermediary Swift Code:	Wells Fargo Beneficiary Bank WFBIUS6S

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### GUARDIAN/CUSTODIAN APPOINTMENT LETTER

Student:

Full Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Father:

Full Legal Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Mother:

Full Legal Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Insurance Information:

Medical Insurer/Health Plan: \_\_\_\_\_ Policy # \_\_\_\_\_

Claim Office in USA: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (other): \_\_\_\_\_

If applicable, please note the conditions for which the child is currently receiving treatment:

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Note any other significant medical information:

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----- BCCA staff will fill out below-Please read and sign next -----

Temporary Guardian (s) in USA:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ email: \_\_\_\_\_

# BERGEN COUNTY CHRISTIAN ACADEMY

15 Conklin Place Hackensack, NJ 07601 [www.bergenchristian.org](http://www.bergenchristian.org)

PHONE: (201) 487-7212 FAX: (201) 487-1427

## International Student Application

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

1. I hereby declare that I have legal custody of the above-named child.
2. I hereby grant my full permission and consent for the temporary guardian and/or its Agent to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian and/or its representative.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious, and recreational activities and undertakings. I understand that my temporary guardian and/or its agent is responsible in attending parents' meetings and cooperating with HCS regarding student's discipline issues, administrative and financial issues. If my guardian does not conduct their roles, I give my permission for HCS to assign a school-designated guardian. I am responsible for any associated guardianship fee for the HCS designated guardian.
4. I hereby grant the temporary guardian and/or its representative, my full authorization to administer State required immunization, physical exam to complete any medical forms to play school sports, general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis treatment, or hospital care deemed advisable by, and to rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
5. This agreement will be in effect for as long as the student is enrolled in Bergen County Christian Academy.
6. For the duration that the temporary guardian cares for my child, the costs associated with my child's maintenance, living expenses, medical, and dental expenses shall be directly pay to the temporary guardian.
7. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the used of the singular shall incorporate the plural. Under penalty of perjury under the laws of the state of \_\_\_\_\_, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent 1's Signature: \_\_\_\_\_

Parent 1's Name: \_\_\_\_\_

Parent 2's Signature: \_\_\_\_\_

Parent 2's Name: \_\_\_\_\_

### CONSENT OF TEMPORARY GUARDIAN IN USA

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the state of \_\_\_\_\_, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary guardian signature: \_\_\_\_\_

Temporary guardian printed name: \_\_\_\_\_

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### Parent/Student Handbook Acknowledgement Form

The Parent/Student Handbook is a guide to Bergen County Christian Academy. It states our school's philosophy and purpose, and it gives rules for all of us to follow. As a requirement for student-admission, parents must read this handbook and sign and return this form to the school office. Likewise, students entering grades 7-12 must also read The Parent/Student Handbook and sign the form.

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I/We, the parent(s)/guardian(s) of the below-indicated child(ren), have read the Parent/Student Handbook and are aware that Bergen County Christian Academy reserves the right to reject or dismiss my/our child if he/she does not comply with the school's spiritual standards, does not cooperate with the school's academic process, or fails to abide by the discipline procedures of the school.

Student name(s): *Please print*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entering grade:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / guardian name(s): *Please print*

\_\_\_\_\_  
\_\_\_\_\_

Relationship to student:

\_\_\_\_\_  
\_\_\_\_\_

Parent / guardian signature(s):

\_\_\_\_\_  
\_\_\_\_\_

Date:

\_\_\_\_\_  
\_\_\_\_\_

Student signature(s): *Required for grades 7-12, only*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BCCA Parent/Student Handbook, Fall 2016 Version. Updates will be posted on BCCA' web site at [www.bergenchristian.org](http://www.bergenchristian.org).

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### Controlled Substance Testing Agreement Form *for Students Entering Grades 7-12*

We give Bergen County Christian Academy our permission to have the student named below tested for the use of a Controlled Dangerous Substance (CDS). This permission is given only in the event that there is a suspicion that the student may be under the influence of a CDS, and not for routine testing. Any testing may be administered without further consent or notification to the student and/or parent. In the event that a student is sent for testing for CDS, the hospital bill will be paid by Bergen County Christian Academy. If the test results are positive, the student's parents will be liable to reimburse Hackensack Christian School for the total amount of the bill.

Student name: *Please print*

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Entering grade:

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Student signature:

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Date:

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Parent / guardian name(s): *Please print*

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Relationship to student:

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Parent / guardian signature(s):

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Date:

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BCCA Parent/Student Handbook, Fall 2011 Version. Updates will be posted on BCCA' web site at [www.bergenchristian.org](http://www.bergenchristian.org)