



Lynden Christian Schools

Bellingham-Evergreen Campus: Preschool – 6th Grade
Lynden Campus: Preschool – 12th Grade

INTERNATIONAL PARENT-STUDENT PARTICIPATION AGREEMENT

Our prayer is that students at Lynden Christian will successfully grow in their faith in Jesus Christ, their knowledge of the world He has made, and their transforming influence in that world. Success requires the student to make their best efforts in every area of school life. To that end, each student and parent(s)/guardian(s) must read, understand, and agree to honor the following terms and obligations:

1. Laws, Rules and Regulations, and Behavior Agreements:

I agree that I will abide by all the laws of the United States of America, each local jurisdiction in which I am present during my stay, the Lynden Christian Schools Parent-Student Handbook Rules and Regulations, and the Home-stay Agreement. In particular, I understand that I am not permitted to purchase, use, ingest, be under the influence of, or have in my possession, which includes my home-stay premises, school locker and any vehicle in which I am an occupant: any illegal drugs, or drugs requiring a prescription without a valid U.S. doctor's prescription in hand, and/or any alcoholic beverage, and/or any tobacco or tobacco product. I understand that I am not permitted to purchase, use, or have in my possession, which includes my home-stay premises, school locker and any vehicle in which I am an occupant, any firearm, martial arts or other weapon, or any dangerous implement. I am not to be involved in abusive or violent behavior, including fighting, bullying, racial taunting, or similar activity. I am to maintain a chaste lifestyle in keeping with the character of Lynden Christian Schools and my home-stay family. I understand that violation of the above will result in my dismissal from the school. I also understand that in the event of dismissal, I will be sent home at my parents' expense and there will be no refund of tuition paid and no refund of home-stay fees.

2. Home-stay:

I understand that living in a home-stay environment provides me with an opportunity to develop friendships with individuals of a different culture. I acknowledge that it is mandatory for me to live with a home-stay family that has been approved and selected by the school. I will make every effort to make my home-stay experience a successful one. If problems arise, I will attempt to resolve them with the parties involved. I understand that the International Program Director will be available for me if I require assistance. I will sign the Home-Stay Agreement upon being placed with my host family.

3. Parent(s) residing in the U.S. with their child(ren):

I/we, the parent(s)/guardian(s) of the undersigned student, understand that according to federal law all children under the age of 18 must live with a responsible adult. I understand that if I wish to travel without my child, I will inform the International Program Director of my plans and will arrange for a responsible adult to live with my child while I am away.

4. Attendance:

I understand and accept the obligation to attend all classes included in my weekly schedule. I agree that all absences must be explained by a note from my parent/home-stay parent, and that unexplained absences may lead to my dismissal from the program.

5. Travel:

I agree that I will not take overnight trips unless I am accompanied and supervised by an adult. I agree that the International Program Director should approve all such travel.

6. Refund Policy:

In the event that I am unable to obtain an I-20 Certificate, or decide not to attend, or withdraw from the International Education Program, I agree that only a portion of the paid tuition fee will be refunded. In all cases, the application fee will be retained to cover administrative expenses. The following refund policy will apply for each school year for which a student is registered:

- a. Full refund, except the Application Fee, if the I-20 Certificate application is not approved. (Original copy of rejection letter from the Embassy is required).
- b. If the student withdraws prior to date of enrollment, 2/3 of the tuition is refundable.
- c. If the student withdraws within one calendar month of enrollment, 1/2 of the tuition is refundable.
- d. No refund of tuition or fees or homestay fees after one calendar month of attendance at school.

7. Medical Authority and Release:

The provision of continuous coverage under the insurance program of comprehensive medical insurance purchased through Lynden Christian is a condition of participation in the International Education Program at Lynden Christian Schools.

Power of attorney

We, the undersigned parent(s)/guardian(s) of the student participant, do hereby appoint and authorize the Superintendent, High School Principal and each teacher of Lynden Christian Schools to act under authority of RCW11.94.010(4) as our attorney-in-fact to make all necessary or helpful health care decisions, whether or not emergent but not including cosmetic or elective procedures, on behalf of our child/ward so long as he or she is under the age of majority as defined in RCW 26.28.015, to be effective if neither I/we nor any other legal representative is/am readily available and authorized to give such consent. Our contact information is provided below our signatures hereto; any changes to our contact information will be provided in writing to Lynden Christian School.

To the greatest extent permitted by law, we as parent(s)/guardian(s) of the undersigned student do hereby authorize the Lynden Christian Schools staff and/or the home-stay parents to consent to any X-ray examinations, anesthetics, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is rendered under the general supervision of, any licensed physician or surgeon, whether such treatment or diagnosis is rendered at the office of said physician or surgeon or at a hospital.

It is understood that this authorization is not 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 the School to give specific consent to any all such diagnoses, treatment or hospital care which the aforesaid physician or surgeon, in the exercise of his/her best judgment, may deem advisable.

8. General Release

We, the undersigned, do waive and release all claims against Lynden Christian Schools, including its governing body, administration, faculty, and staff (all hereinafter referred to as “the School”) for the injury, loss, damage, accident, delay or expense resulting from the applicant’s participation in the International Education Program. We also release the School and agree to indemnify them, with regard to any financial obligations or liabilities that the applicant may personally incur, or any damage or injury to the person or property of others that the applicant may cause while participating in the International Education Program.

We understand that the School is not responsible for any loss or injury suffered by the applicant during periods of travel. If the applicant becomes ill or incapacitated, the School and/or home-stay family may take such actions as it considers necessary, including securing medical treatment and transporting the applicant home at his or her own expense. We release the School from all liability related to such actions. We understand that the applicant’s participation in the Program may be terminated at the discretion of the principal

without any refund or fees, and that the applicant may be sent home at his or her own expense if he or she does not adhere to the School's guidelines and rules as set out by the Parent-Student Handbook and the Participation Agreement.

I have read the above and agree to fulfill all my obligations as set forth. I also agree to both the Medical Authority and Release, and the General Release.

Name of Student	Student's Signature	Date
-----------------	---------------------	------

I/we, the parent(s)/guardian(s) of the student signing above, have read and agree to be bound by all of the above, including both the Medical Authority and Release, and the General Release. I/we also agree to use our best efforts to ensure that our child honors all the obligations set forth

Print Name of Parent/Guardian	Signature	Date
-------------------------------	-----------	------

Print Name of Parent/Guardian	Signature	Date
-------------------------------	-----------	------

Name of Emergency Contact	Telephone Number
---------------------------	------------------