



# HEIGHTS CHRISTIAN SCHOOLS

HCS-Intermediate/Junior High • HCS-Brea • HCS-Chino Hills • HCS-La Mirada

## TUITION AND FEE SCHEDULE • 2019-2020

### INTERNATIONAL STUDENT

#### ACADEMIC PROGRAM

APPLICATION FEE:	\$750	Due with Application; Non-refundable
ANNUAL REGISTRATION FEE:	\$500	Due each school year; Non-refundable
ANNUAL TUITION—ELEMENTARY CAMPUSES:	\$12,599	Due In-full; Non-refundable
ANNUAL TUITION—INTERMEDIATE/JUNIOR HIGH	\$14,199	Due In-full; Non-refundable

#### ACADEMIC CALENDAR

- ◆ **1<sup>st</sup> Semester:** early September to late January
- ◆ **2<sup>nd</sup> Semester:** late January to early June
- ◆ **Summer Break:** June, July, August  
During summer break, day camp is available at all three of our elementary schools. Day camp is open to all children in the community who are *entering* grades K-7<sup>th</sup>.

#### APPLICATION AND REGISTRATION INFORMATION

- ◆ The **Application Fee** is due at the time of application and is non-refundable. This fee includes processing the application, issuing the Form I-20, and one-time testing for student placement. The application will not be processed until all paperwork is turned in.
- ◆ The **Registration Fee** is an annual fee due each new school year, regardless of what time of year the student enrolled. The registration fee is due with the tuition payment and is non-refundable.
- ◆ The **Registration Fee** includes textbook usage, consumable supplies, office records, supplemental student accident insurance, SAT testing, yearbook materials, earthquake kits, and ACSI membership.

#### TUITION INFORMATION

- ◆ Tuition is an annual fee.
- ◆ Tuition is due in-full and is non-refundable.
- ◆ Tuition and all other payments are due in U.S. currency.
- ◆ **Your account must remain current. All Payments are due on the 1<sup>st</sup> of the month** (daycare, extra-curricular activity fees, fines, etc.). Payments received after the 5<sup>th</sup> of any month will be assessed a late fee of \$25. Report cards will be held until your account is made current.
- ◆ A service charge of \$40 will be assessed for each returned payment, such as NSF check or NSF E-check. After two occurrences, *only* cash, credit, or money orders will be accepted for future payments.

#### I-20 INFORMATION

- ◆ Our school is authorized under Federal law to enroll non-immigrant International Students. International Students must submit all required documents to our school prior to us issuing the I-20. Once all documents are turned in, please allow the school office two days to process.

## EXTENDED DAYCARE PROGRAM

### BREA (TK-4)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:30AM–8:00AM	\$750.00	\$80.00	\$66.67
Afternoon	3:00PM–4:30PM	\$975.00	\$102.50	\$85.42
Late Afternoon	3:00PM–6:00PM	\$1,270.00	\$132.00	\$110.00
Combined	6:30AM–6:00PM	\$1,900.00	\$195.00	\$162.50

### CHINO HILLS (K-6)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:00AM–8:30AM	\$885.00	\$93.50	\$77.92
Late Afternoon	3:00PM–6:30PM	\$1,300.00	\$135.00	\$112.50
Combined	6:00AM–6:30PM	\$1,970.00	\$202.00	\$168.33

### LA MIRADA (TK-4)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:30AM–8:00AM	\$750.00	\$80.00	\$66.67
Afternoon	3:00PM–4:30PM	\$975.00	\$102.50	\$85.42
Late Afternoon	3:00PM–6:00PM	\$1,270.00	\$132.00	\$110.00
Combined	6:30AM–6:00PM	\$1,900.00	\$195.00	\$162.50

### INTERMEDIATE (5-6)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:30AM–7:15AM	\$750.00	\$80.00	\$66.67
Afternoon	3:00PM–4:30PM	\$975.00	\$102.50	\$85.42
Late Afternoon	3:00PM–6:00PM	\$1,270.00	\$132.00	\$110.00
Combined	6:30AM–6:00PM	\$1,900.00	\$195.00	\$162.50

### JUNIOR HIGH (7-8)

	TIME	YEARLY	10 PAYMENTS	12 PAYMENTS
Morning	6:30AM–7:15AM	\$430.00	\$48.00	\$40.00
Afternoon	3:00PM–4:30PM	\$715.00	\$76.50	\$63.75
Late Afternoon	3:00PM–6:00PM	\$1,050.00	\$110.00	\$91.67
Combined	6:30AM–6:00PM	\$1,470.00	\$152.00	\$126.67

## HOLIDAY & EMERGENCY DAYCARE

**HOLIDAY DAYCARE:** **\$15.00** PER DAY  
 (ELEMENTARY/INTERMEDIATE ONLY) Martin Luther King's Birthday, Veteran's Day, Teacher In-Service days, Teacher Conference days, half-days, Easter Break, Christmas Break (first week).

**EMERGENCY DAYCARE:** **\$5.00** PER HOUR  
 (ELEMENTARY/INTERMEDIATE)

(JUNIOR HIGH) **\$10.00** PER HOUR

Available only during Extended Daycare hours.

## EXTENDED DAY CARE INFORMATION

- ◆ Payments for daycare are due on the 1<sup>st</sup> of the month; late fees will apply.
- ◆ A charge of \$1 per minute per child is charged for students picked up after 6:00pm (6:30pm for Chino Hills).
- ◆ Participation in Extended Daycare is a privilege. Violation of any of the conditions of school enrollment may result in a student being refused the use of the Extended Daycare program.

## HOLIDAY DAYCARE INFORMATION

- ◆ Elementary students enrolled in **Combined** Extended Daycare will receive Holiday Daycare at no extra charge, except for Easter Break and Christmas Break (first week), which are an additional fee.
- ◆ There is no Holiday Daycare available for the Junior High students.
- ◆ All campuses and school offices are closed on the following holidays: President's Day, Good Friday, Memorial Day, Labor Day, Thanksgiving (Thursday and Friday), and Christmas break (second week). There is no Holiday Daycare available on these days.



**WE ACCEPT VISA, MASTERCARD, AND DISCOVER.**

We accept cash, personal check, or money order at the District Office.

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**Non-Discrimination Policy:** Heights Christian Schools admit students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.



# HEIGHTS CHRISTIAN SCHOOLS

HCS-Intermediate/Junior High • HCS-Brea • HCS-Chino Hills • HCS-La Mirada

## INTERNATIONAL STUDENT ENROLLMENT PROCESS

Student Name: \_\_\_\_\_ Grade Enrolling: \_\_\_\_\_ School Year: \_\_\_\_\_  
Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

### Step 1: Apply to our School

Submit copies of the following items to our school office:

- Application** (apply online or fill out form)
- Application Fee** (non-refundable)
- Passport Copy**
- Birth Certificate** (Translated & Certified)  
*Must include student name, birth date, and birth place.  
Name on Birth Certificate must match name on Passport.*
- Immunization Record**  
(Translated & Certified) *Student must be up-to-date.*
- School Transcript**  
(Most recent year; Translated & Certified)
- Host Identification** (Person the student will live with)  
*Driver's License, passport or permanent resident card*
- Host Proof of Residency** (Place the student will live at)  
*Utility bill showing name and address of Host*
- Copy of I-20 from previous school** (if applicable)

### Step 2: Issue I-20

After the above items are submitted, the school will input the student information into SEVIS (the government system) and will then print out and sign the I-20. Please allow 2 days for the school to process the I-20. The school can either mail the I-20 to you, or you can have someone pick-up the I-20 in the school office.

### Step 3: Apply for Student Visa

The student will use the I-20 to apply for a Student Visa through the U.S. Embassy.

### Step 4: Enter the Country

The student can enter the country up to **30 DAYS** before their scheduled program start date.

When entering the country, the student will show their Passport, Student Visa, and signed I-20 at the port of entry.

At the port of entry, an official will stamp the I-20. The official will also issue and stamp an I-94 Departure Record for the student to keep while in the country.

### Step 5: Report to School and Register

The student must report to the office on the first day of school, and bring the following items on the first day:

- I-20 Copy** (Stamped at Port of Entry)
- Student Visa Copy** (Stamped at Port of Entry)
- Emergency Card** (School Form)
- Registration Fee** (non-refundable)
- Tuition Payment** (non-refundable)

After the student reports to the school office with the above items, the office will make copies of the items, and then "activate" the I-20. The student is now officially enrolled.

- *If the student enters the country but does not report to the school within **30 DAYS**, the school must "Terminate" the I-20, and the student will have **15 DAYS** to leave the country.*
- *If the student has not yet entered the country, and the start date has not yet passed, the student can call the office and request to "Defer the Start Date" to a later date.*
- *If the student does not enter the country by the program start date nor contact the school, the school will "Cancel" the I-20.*

### Step 6: Maintain Status

To maintain status, the student must continue to **attend class**, and **notify the school** within **10 DAYS** of any of the following:

- Change of address or phone number
- Plans to withdraw, transfer or change Visa status
- Plans to travel outside the U.S.

*If school is not notified, the I-20 could be "Terminated."*

### Step 7: Program End Date/Close Record

When the student reaches their program end date (and does not re-enroll or transfer), the student I-20 record will automatically close after 60 days. The student has a **60 DAY** grace period in which to leave the country after their program end date.



# HEIGHTS CHRISTIAN SCHOOLS

## INTERNATIONAL STUDENTS: ENGLISH ACQUISITION

International Students will learn English through immersion at school. Students are required to speak English at all times while at school and are encouraged to speak English at home.

During the first semester of school, emphasis will be placed on vocabulary development and language acquisition. During this time, students whom the school has determined would benefit from English tutoring will be required to enroll in some type of after-school English tutoring program. English tutoring programs are offered by various organizations throughout the community.

During the second semester of school, most International Students will be able to focus primarily on academics. By this time, it is expected that the student will have acquired enough English to receive regular classroom instruction and participate in class work, homework, and assessments.

The student's grades will be modified to reflect achievement with respect to their vocabulary development and additional content and skills appropriate for the student's proficiency in English.

### RESOURCES

Princeton Academy-English Tutoring Services  
14836 Beach Blvd, La Mirada, CA 90638  
Phone: 714- 670-8702



# HEIGHTS CHRISTIAN SCHOOLS

## BREA CAMPUS

200 S. Associated Road, Brea, CA 92821 • (714) 990-8780

HeightsChristianSchools.org

### OFFICE USE ONLY

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

Date Payment Rec: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_

## INTERNATIONAL STUDENT REGISTRATION for 2019-2020

### STUDENT INFORMATION

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Birth Date</b>
American Name (if any): _____		Desired Start Date: _____	Desired End Date: _____
USA Address: _____		City: _____	Zip Code: _____
USA Home telephone: (    ) _____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Enrolling in Grade: _____
Father and Mother are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widow/er			
Please list any siblings enrolled at any of our schools: _____			
School last attended (or currently attending): _____			
School address, city, state, zip: _____		School Telephone: _____	
Country of Citizenship: _____		Country of Birth: _____	
Foreign Address: _____		City: _____	
Providence/Territory: _____		Postal Code: _____	

### PARENT/HOST FAMILY INFORMATION

1. <b>Father</b> Full Name: _____	Home Phone: (_____) _____
Home Email: _____	Cell Phone: (_____) _____
Work Email: _____	Work Phone: (_____) _____
Job Title: _____	Employer Name: _____
<input type="checkbox"/> Custody Rights	<input type="checkbox"/> Financial Responsibility
<input type="checkbox"/> Receive Correspondence/Report Cards	
2. <b>Mother</b> Full Name: _____	Home Phone: (_____) _____
Home Email: _____	Cell Phone: (_____) _____
Work Email: _____	Work Phone: (_____) _____
Job Title: _____	Employer Name: _____
<input type="checkbox"/> Custody Rights	<input type="checkbox"/> Financial Responsibility
<input type="checkbox"/> Receive Correspondence/Report Cards	
3. <b>Host</b> Full Name: _____	Home Phone: (_____) _____
Home Email: _____	Cell Phone: (_____) _____
Work Email: _____	Work Phone: (_____) _____
Job Title: _____	Employer Name: _____
<input type="checkbox"/> Custody Rights	<input type="checkbox"/> Financial Responsibility
<input type="checkbox"/> Receive Correspondence/Report Cards	
Host's Relationship to the Student: _____	

### ENGLISH SPEAKING CONTACT PERSON

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MORE ON REVERSE SIDE

***IMPORTANT:*** the student must notify the school within **10 DAYS** of any changes in address or phone number, or plans to transfer, withdraw, travel, or change status. If the school is not notified, the I-20 could be terminated.

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**I-20 INFORMATION**

- Our school is authorized under Federal law to enroll non-immigrant International Students. Prior to receiving an I-20 from our school, International Students must submit all required documentation. Once all documents are submitted, please allow two days for processing.
- In order for the I-20 to remain valid, the student must notify the school within 10 DAYS of any changes in address or phone number, or plans to transfer, withdraw, travel, or change status. If the school is not notified, the I-20 could be terminated and the student will be required to leave the country within 15 days of termination.

**HOST FAMILY**

- It is *recommended* that the host be an adult who is at least 25 years old and is able to speak English.
- The host must provide personal identification and proof of residency.
- The student is allowed to change host families but must notify the school within 10 DAYS of any address change.

**BEHAVIOR**

- The student, parent/guardian, and host must agree to accept the responsibility of obeying the rules and regulations of the school, and to support the Christian principles by which is operates.
- Violation of school standards by the student, parent/guardian, or host in some cases may constitute grounds for dismissal from our school. Violations include but are not limited to: disciplinary issues, reckless or dangerous behavior, non-cooperation with staff, verbal or physical abuse of staff or students, harassment of school staff by a parent/guardian or host family, philosophical differences with the values of Heights Christian Schools.

**CAMPUS**

- The campus playground opens at 8:00am. All students should report to the playground upon arrival. Students should not be dropped off any earlier than 8:00am unless enrolled in the morning Extended Daycare program.
- Parents who do not wish to have their child's picture (video or still) appear in the school's publications including electronic publications, must notify the principal in writing at the start of each school year.

**TUITION & FEES**

- The application fee, registration fee, and tuition are due in-full and are non-refundable. Refunds are not issued in the event of early withdrawal.
- Your account must remain current at all times. Daycare fees, extracurricular activities fees, and any other fees are due on the 1<sup>st</sup> of each month. A late fee of \$25 will be assessed on payments received after the 5<sup>th</sup> of any month. Report cards will be held until your account is made current.

We, the undersigned, **understand** and **agree to** the above conditions:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Date

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**Non-Discrimination Policy:** Heights Christian Schools admit students of any race, color, national or ethnic origin to all rights, privileges, programs and activities generally accorded to and/or available to students at school.



# International Student Emergency Card • 2019-2020

Heights Christian Schools-Brea • 200 S. Associated Road, Brea 92821 • 714-990-8780

## Authorization of Emergency Medical Treatment

Student's Name: Last		First	Middle	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	Grade:
Student lives in the USA with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Host Family						
Full Name of Father/Guardian:		Full Name of Mother:		American Name (if any):		
Host Address (street, city, zip)			Foreign Home Address			
			City		Providence/Territory	
			Postal Code		Country	
USA Home Phone ( )	USA Work Phone ( )	ext.		Foreign Home Phone ( )	Foreign Work Phone ( ) ext.	
USA Cell Phone ( )	USA Home Email		Foreign Cell Phone ( )		Foreign Home Email	
USA Job Title	USA Work Email		Foreign Job Title		Foreign Work Email	
USA Employer			Foreign Employer			
USA Employer Address (street, city, zip)			Foreign Employer Address			
<b>ENGLISH SPEAKING CONTACT PERSON</b>						
NAME: _____ PHONE NUMBER: _____ EMAIL: _____						
Persons (18 years or older) authorized to pick up your child or to be contacted if unable to reach parents:						
1.Name	Address, City, State, Zip			Phone ( )	Relationship	
2.Name	Address, City, State, Zip			Phone ( )	Relationship	
3.Name	Address, City, State, Zip			Phone ( )	Relationship	
4.Name	Address, City, State, Zip			Phone ( )	Relationship	
5.Name of person outside California	Address, City, State, Zip			Phone ( )	Relationship	
Name of your child's physician:				Phone ( )		

**In case of illness or accident, I hereby authorize school officials to call any local physician if none of the above persons can be reached.**

I (we) the undersigned parent(s) or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. 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 to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any physical restrictions	
Allergies to drugs or foods	Allergic to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any special medications or pertinent information	
Last Tetanus Toxide Booster	Financial Responsibility
Insurance Company	Policy Number
Date	Signature of Father/Guardian
Date	Signature of Mother



**CONFIDENTIAL MEDICAL INFORMATION**

Describe any significant **accidents** or **surgeries** that would limit the student's activities on campus:

Describe any known **disabilities** in vision, hearing or speech:

Describe any known **disabilities** emotionally, psychologically, or physically:

Prescription medications needed during school hours on an ON-GOING BASIS (including inhalers):

**PRESCRIPTION MEDICATIONS**

Medication Name	Amount/Frequency	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-prescription medications needed during school hours on an ON-GOING BASIS:

**NON-PRESCRIPTION MEDICATIONS**

Medication Name	Amount/Frequency	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE:** All prescription and non-prescription medication must be in its **original** container with printed directions on the label, and the student name clearly written on the container.

California Education Code Section, 49423 allows designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, to maintain, or improve his/her potential for education and learning. However, this is a service or accommodation that the school is not legally required to perform. This is to be recognized by all parties signing this form, and in so signing, they agree to hold the school or its personnel free from any or all suits that might arise out of these arrangements.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, request that the staff at **HCS-Brea** administer the medication(s) as described above to my child in accordance with my written instructions above. I will notify the school immediately if there are any changes in medication or physicians.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_