

IRON SHARPENS IRON – Proverbs 27:17



SCOTLAND CAMPUS SPORTS DIVISION

2021-2022 US High School

Enrollment Guide

Honor Code

"A Knight will not lie, cheat, steal, or tolerate those who do."



APPLICATION PROCESS

1. APPLICATION FOR ADMISSION

A. COMPLETE SCOTLAND CAMPUS SPORTS APPLICATION

B. INTERVIEW

2. SUBMIT ALL TRANSCRIPTS (3 years)

3. SUBMIT PROGRAM DEPOSIT

4. RECEIVE SCHOLARSHIP OFFER LETTER

5. SIGN SCHOLARSHIP AGREEMENT

6. COMPLETE PAYMENT AGREEMENT

(a 3% credit card transaction fee will be applied to all credit card transactions)

A. FULL PAYMENT

B. HALF PAYMENT

C. QUARTERLY

D. MONTHLY



GLOBAL VISION CHRISTIAN SCHOOL
PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

1.

Operation Plan

Curriculum		Regular Operation
Prospective Students	High School	Grades 9-12

2. Admissions Eligibility

Eligibility	
(1)	Accumulative GPA 2.5 or above.
(2)	Current 9th - 12th grade students in United States

3. Requirements

Criteria	No	Required Official Document
Prospective Students	(1)	Student application for admission
	(2)	Medical History
	(3)	Physical Examination Record
	(4)	Immunization Record
	(5)	Photo of current Medical Insurance Card
	(6)	Photocopy of passport and Photo ID for US students
	(7)	Official transcript for past 3 years



GLOBAL VISION CHRISTIAN SCHOOL
PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

APPLICANT INFORMATION			
Name: (Family Name, Given Name)			Nickname:
School Year:	Gender:	Date of Birth:	Age:
Term Applying for: ___Fall ___Spring	Current Grade:	Place of Birth:	Country of Citizenship:
Date of Application:	Grade Applying For:	Residential Program Applying for: ___Homestay ___Dormitory	

STUDENT CONTACT INFORMATION			
Street Address:		Home Phone Number:	Cell Phone Number:
City:	State/Province:	Country:	
Postal Code:	Email Address:		

REFERENCE	
Talent :	<p>Have you ever been:</p> <p>Expelled or suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Caught using drugs, alcohol, or tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Prescribed a daily medication we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Repeated a grade level during your educational career? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>If you answered "Yes" to any of the question above, please use this section to explain in detail:</u></p>
Aspiration :	
Hobby :	
Chronic Illness :	



GLOBAL VISION CHRISTIAN SCHOOL
PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

STATEMENT OF INTENT

Please state the reason(s) why you desire to attend Scotland Campus Sports:

FAMILY INFORMATION: PARENT(S) / LEGAL GUARDIAN(S)

FATHER or Male Legal Guardian		MOTHER or Female Legal Guardian	
Full Name: (Last, First, Middle)		Full Name: (Last, First, Middle)	
Address:		Address:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:		Work Phone:	
Email Address:		Email Address:	
Place of Employment:		Place of Employment:	
Position:	Work Phone:	Position:	Work Phone:
Marital status of parents listed above: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Living Together If separated or divorced please explain legal custody and rights information:			

EXTRACURRICULAR ACTIVITIES/GOALS

List any extracurricular activities with which you have been involved (athletics, student leadership, clubs, etc.)

List any community service projects or employment you have experienced:

What are your post-high school goals? (What kind of college do you hope to attend; what work-related interests might you pursue?)

CURRENT CHURCH MEMBERSHIP/ACTIVITY

Are you affiliated with a particular religion or denomination?
Please explain.

Church of Attendance:

Are you a member of this church:
 Yes No

Pastor's Name

Have you and your parents read the SCS Statement of Faith
and do you support that Statement? Yes No

Pastor's Email Address:

Pastor's Phone Number:

Church Address:

Other _____

GVCS-PA PHYSICAL EXAMINATION RECORD

PHYSICAL EXAMINATION (To be completed by Medical Provider)

Physical Exam Date _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

DATE OF BIRTH (mo/day/yr) _____

STUDENT ID# _____

TEMP _____ RESP _____ PULSE (sitting) _____

BLOOD PRESSURE (sitting) _____ HEIGHT _____ WEIGHT _____

BMI (Body Mass Index) _____

VISION: Right Eye 20/____ Left Eye 20/____ Corrected: Right Eye 20/____ Left Eye 20/____

ALLERGIES:

MEDICATIONS:

PHYSICAL EXAM

General Appearance/Mental Status:

Check appropriate answer	Normal	Abnormal	Comment on abnormalities
Head/face/scalp			
Neck/nodes/ thyroid			
Eyes/Ears/Nose/Sinuses			
Mouth and teeth			
Pharynx and tonsils			
Lungs and chest			
Breasts			
Heart (size, rhythm, murmurs)			
Abdomen (scars, hernia, mass)			
Genitourinary (pelvic in females)			LNMP ___/___/___
Anus, rectum (prostate in males)			
Extremities			
Spine and musculoskeletal			
Peripheral vascular system			
Skin and lymphatics			
Neurological, reflexes			

TUBERCULOSIS SCREENING

Please document dates for the last PPD reading:

Date skin test placed ___ / ___ / ___ Date skin test read ___ / ___ / ___ Reading in mm induration: _____

If PPD is positive, you must submit a copy of a chest x-ray report done within the last six months.

Date of Chest X-Ray _____ Result: _____

Restricted Activity: _____

Reason for Restriction: _____

Provider's Signature and Title: _____ **Date:** _____

Provider's Name-Office/Clinic Phone No: _____

Name

Office/Clinic Address

All Pennsylvania State required immunizations must be completed within 5 days after school start date in order to continue attending classes. We will notify you as to any that are still needed when we review your records.

CERTIFICATE OF IMMUNIZATION

NAME : _____ BIRTH DATE : _____ SEX: M or F

VACCINE	Dose	DATE GIVEN Month / Day / Year	Remarks
DTP Diphtheria Tetanus Pertussis	1	/ /	
	2	/ /	
	3	/ /	
	4	/ /	
	5	/ /	
Tdap	1	/ /	
Polio	1	/ /	
	2	/ /	
	3	/ /	
	4	/ /	
MMR (Measles, Mumps, Rubella)	1	/ /	
	2	/ /	
Hepatitis B	1	/ /	
	2	/ /	
	3	/ /	
Varicella	1	/ /	Or provide Mo/Year you had disease
	2	/ /	
Meningococcal (MCV4)	1	/ /	
	2	/ /	Second dose required for entry into 12 th grade and post grad studies.
		Must be NEATLY printed or typed	Please use Month/day/ year format

Signature : _____ Date: _____ Clinic _____

Name/Address _____

Scotland Campus Sports, 3583 Scotland Road, P.O. Box 370, Scotland, Pennsylvania 17254
(717) 753-4341 scadmissions@scotlandcampus.online

INTRODUCTION to SCOTLAND CAMPUS COMPLIANCE STANDARDS

Scotland Campus Sports is a Christian Educational Ministry for the purposes of expanding Christian values and improving the skills and character of its students. Chapel during the week and Christian worship on the weekend is required. Failure to attend can lead to expulsion from the program. While on Scotland Campus as a student, it is expected that behavior of students reflect respect for the traditions that are integral to the practice of Christian faith. No accommodation is made for those of other faiths. For the duration of a student's enrollment in SCS, it is expected that behavior, language, and self-discipline reflect the values of a Christian community.

Moral misconduct which violates the standard qualifications for students and employees includes, but is not limited to, such behaviors as the following: heterosexual activity outside of marriage (e.g., premarital sex, cohabitation, extramarital sex), homosexual or lesbian sexual activity, polygamy, transgender identity, any other violation of the unique roles of male and female, sexual harassment, use or viewing of pornographic material or websites, and sexual abuse or improprieties toward minors as defined by Scripture and federal or state law.”

STUDENT SELF-INTRODUCTION

**This form must be completed by the applicant. If needed, additional paper can be attached to this form.*

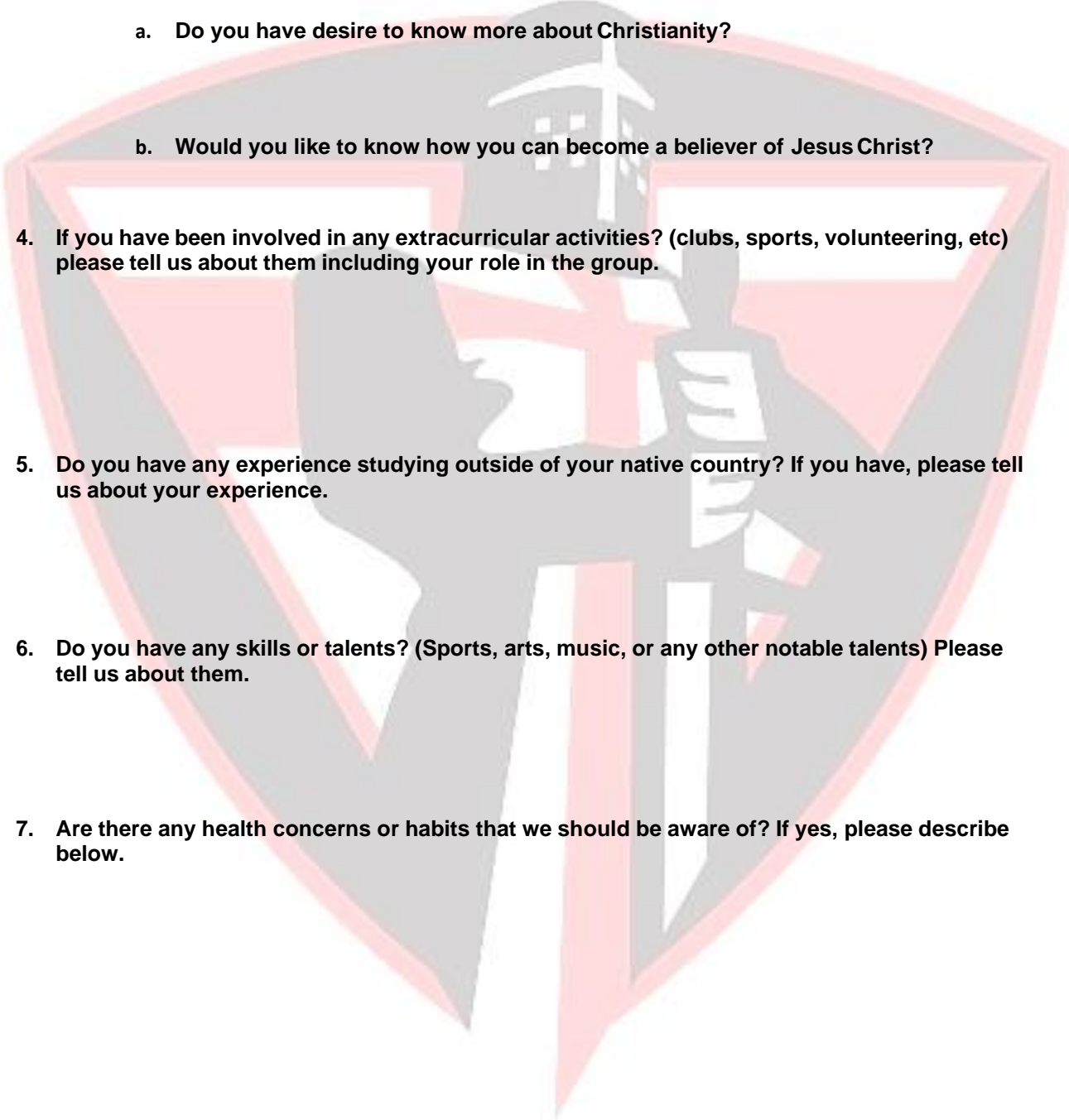
1. Please introduce your family and your childhood background.
2. Why would you like to attend Scotland Campus Sports and what are your future goals?
3. Please answer following questions concerning your faith...
 - a. Have you accepted Jesus Christ as your personal savior?
 - b. Could you please tell us about your life before you met Jesus Christ?
 - c. Please describe in detail how you came to know and accept Jesus as your Lord and Savior.
 - d. Please tell us about your life after you received Jesus Christ as your personal savior

STUDENT SELF-INTRODUCTION

B. If you claim yourself as non-Christian, please answer below

a. Do you have desire to know more about Christianity?

b. Would you like to know how you can become a believer of Jesus Christ?

- 
- 4. If you have been involved in any extracurricular activities? (clubs, sports, volunteering, etc) please tell us about them including your role in the group.**
 - 5. Do you have any experience studying outside of your native country? If you have, please tell us about your experience.**
 - 6. Do you have any skills or talents? (Sports, arts, music, or any other notable talents) Please tell us about them.**
 - 7. Are there any health concerns or habits that we should be aware of? If yes, please describe below.**

STUDENT SELF-INTRODUCTION

Category		Yes	No
Spiritual Life	Have you accepted Jesus Christ as your personal savior?		
	Do you believe in the existence of Heaven and Hell?		
	Have you experienced the presence of the Holy Spirit?		
	Have you been part of an organized bible study?		
	Do you attend early morning prayer regularly?		
	Have you been involved with mission, either domestically or internationally?		
Volunteering	Questions regards to volunteering: Have you ever volunteered in your local community to assist people in need?		
	Have you ever helped a fellow student or a friend who was faced with difficulty?		
	Have you ever been a part of a local or federal volunteering organization?		
General Questions	Questions about personal experiences: Have you ever ran away from home?		
	Have you ever smoked cigarettes?		
	Have you ever used illegal drugs? Have you ever consumed alcohol?		
	Were you ever in a dating relationship?		
	Have you ever been part of bullying someone?		
	Have you ever been bullied by someone or a group of people?		
	Have you ever been physical with someone? (punching, kicking, fighting, etc)		
	Have you ever been physically harmed by someone?		

PARENTS SELF-INTRODUCTION

1. Father's Name:	
Employment	
Company Name:	Company Phone#:
Department:	Position:
3. School History: High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Major <input type="checkbox"/>	
Religious Life	
Current church you're attending:	Denomination:
Position:	Pastor:
5. Please explain below (Why do you want to send your child to SCS ?)	
1. Mother's Name:	
Employment	
Company Name	Company Phone#:
Department	Position:
3. School History: High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Major <input type="checkbox"/>	
Religious Life	
Current church you're attending:	Denomination:
Position:	Pastor:
5. Please explain below (Why do you want to send your child to SCS ?)	

PASTOR RECOMMENDATION FORM

The following student has applied for admission to Scotland Campus Sports. This letter of recommendation will be an important reference to the student's admission. Therefore, when filling out this recommendation letter, we ask you to be honest. Please complete in your own handwriting.

Student Name: _____ Student Grade: _____

1. How long have you known the student? (Approx. Year (s)____, Month (s)____)
2. How well do you know the student (Super well Very Well Well Not very well)
3. When did the student attend your church?
4. Which types of church activities is the student involved with? (Focusing on activity department position, worship participation)
5. Has the student accepted Christ as their personal Savior? Yes No (Please note if yes)
6. Please comment on the student's commitment to the Church.
7. What are some of the positive attributes of the student? (Including special gifts or talents)
8. What are some of the negative attributes of the student and are you aware of them?
9. Briefly describe the student's home environment (if known).
10. Please list any church related activities of the student's parents.

**If you have any additional comments about the student other than above, please record it.*

**Please attach most recent program from your church*



GLOBAL VISION CHRISTIAN SCHOOL
PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

PASTOR RECOMMENDATION FORM

Please mark below:

- | | | | |
|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| Initiative | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Normal | <input type="checkbox"/> Passive |
| Social adaptability | <input type="checkbox"/> Excellent | <input type="checkbox"/> Moderate | <input type="checkbox"/> Slow |
| Attention and concern for others | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low |
| Leadership | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Moderate | <input type="checkbox"/> Low |
| Confidence | <input type="checkbox"/> High | <input type="checkbox"/> Moderate | <input type="checkbox"/> Absent |
| Emotional stability | <input type="checkbox"/> High | <input type="checkbox"/> Average | <input type="checkbox"/> Low |
| Health | <input type="checkbox"/> Healthy | <input type="checkbox"/> Moderate | <input type="checkbox"/> Weak |

(General opinion) _____

- | | | | |
|---------------------------------------|--|-----------------------------------|--|
| Intelligence (comprehension) | <input type="checkbox"/> Quick to understand | <input type="checkbox"/> Moderate | <input type="checkbox"/> Slow |
| Effort (diligence) | <input type="checkbox"/> Very enthusiastic | <input type="checkbox"/> Moderate | <input type="checkbox"/> Insufficient |
| Reliability (Responsibility) | <input type="checkbox"/> Reliable | <input type="checkbox"/> Moderate | <input type="checkbox"/> Not reliable |
| Cooperation (cooperation with others) | <input type="checkbox"/> Work well with others | <input type="checkbox"/> Moderate | <input type="checkbox"/> Difficult Personality |
| | <input type="checkbox"/> Positive | <input type="checkbox"/> Moderate | <input type="checkbox"/> Negative |

(General opinion) _____

• **A certificate of Parent's church attendance verification**

Names (Father & Mother)	Years of attendance (Father & Mother)	Church Office (Father & Mother)	Other Departments Specify: _____
/	/	/	/

*If you recommend a student who does not attend church, Please describe your motivation for support, student's willingness to live by faith in the future, and your consultation results.

Referrer's Position: _____

Full Name: _____ (Signature) _____

Name of the Church: _____

Denomination:



GLOBAL VISION CHRISTIAN SCHOOL
PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

Global Vision Christian School/Broadfording Christian Academy

International Program Release of Liability & Other Authorizations

The Undersigned, [REDACTED] (Parents/Guardians Names) (referred to in this document as "Parents") parent(s)/guardian(s) of [REDACTED] (Student's Name) (referred to in this document as the "Student", hereby grant(s) custodial responsibility and the following authorization and powers to the school relative to the Student during the entire tenure of a Student's enrollment in Global Vision Christian School/Broadfording Christian Academy, (referred to in this document as "School"). The custodial responsibility of the School and the authorities, powers and responsibilities granted to the School under this document begin at the time the Student arrives in the United States. The custody of the Student by the School and the authorities, powers and responsibilities granted to the School under this document continue until the time the Student leaves the United States for the purposes of returning to the undersigned's custody on school leave times or following the Student's graduation from the Program or removal from the Program.

I. Purposes of this Grant of Custodial Responsibility, Authorization and Limited Power of Attorney

This Grant of Custodial Responsibility, Authorization and Limited Power of Attorney is intended for the persons who are parents or guardians of the Student (referred to henceforth as "Parents" in this document) to give the School the legal authority under applicable United States national and state law to act for those persons with regard to the Student during the time the Student is attending the Program. Some activities, such as the Student's immigration into the United States for the purpose of studying in the program, are subject to the laws of the United States. Many other things, such as the right to cause the Student to get medical care, and communicate with teachers and others involved in the education of the Student, are subject to the laws of the state, the part of the United States in which The School's residential accommodations for the Student are located. As a general statement, by signing this form, the Parents are allowing The School to take the actions the parents or guardians could take with regard to the Student if the Parents were with the Student during the Student's stay in the United States. This document describes the extent of the actions The School may take with regard to the Student in more detail below. It is important for the Parents to understand what powers and authorizations the Parents are giving to The School, and that the Parents agree to those powers and authorizations. The School will attempt to contact the Parents in a timely manner in the event of medical emergency, and will keep Parents informed of the Student's progress in school and in activities in which the Student participates. However, there will be times when The School needs to act as guardians in the interests of the Student. This document allows The School to determine those times and take those actions.

II. Specific Custody Statement, Authorizations, and Limited Power of Attorney

- A. Statement of Custodial Responsibility.** For the period the Student is enrolled in the Program, beginning and ending as described in the second and third sentences of the first paragraph of this document, the Parents give to The School temporary authority as custodian of the Student. Without limiting that grant of temporary legal authority under the state law, The School shall have the right, power, and authorization to make major and minor decisions concerning the Student including, but not limited to, the Student's health, education and welfare. The School may delegate these powers as necessary to authorized adult supervisors with whom the Student resides while enrolled in the Program. The school may communicate with such supervisors as well as with any doctor or other person concerning the Student, the Student's health and education, including the Student's progress in the Student's studies.

Health Care Release. I/We hereby designate the School (which shall include any contracted dorm supervisors/host families/homestay providers) to act as the "Health Care Agent" for health care decisions for the minor because I am/we are not available to provide consent for medical treatment and surgical diagnostic procedures. The said Health Care Agent shall have the authority, without limitation, to make any and all health care decisions on the minor's behalf, including, without limitation, decisions regarding the withholding or withdrawal of life sustaining procedures. The Health Care Agent shall have the right to receive any and all medical information necessary to make informed decisions regarding the minor's health care, including any and all confidential medical information that I/we and/or the minor would be entitled to receive. I/We intend for the Health Care Agent to be treated as I/we would be with respect to the use and disclosure of the minor's identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42 USC 1320d and 45 CFR 160-164 and M.G.L. c. 111, M.G.L. c. 112, and M.G.L. c. 123. I/We authorize the Health Care Agent to disclose any and all medical information to the School at which the student is enrolled on the minor's behalf. I/We authorize any physician, health-care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health-care provider, any insurance company and the Medical Information Bureau, Inc. or other health-care clearinghouse that has provided treatment or services to the minor, or that has paid for or is seeking payment from me/us for such services, to give, disclose and release to the Health Care Agent, without restriction, all of the minor's individually identifiable health information and medical records regarding any past, present or future medical or mental health condition. The authority given to the Health Care Agent shall supersede any prior agreement that I/we may have made with the minor's health-care providers to restrict access to or disclosure of the minor's individually identifiable health information. The authority given to the Health Care Agent will not expire unless I/we revoke the authority in



GLOBAL VISION CHRISTIAN SCHOOL
PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

writing and deliver it to the minor's health-care provider or until the earliest of the following: The minor reaches the age of 18, marries, or is emancipated; Revocation of the health care proxy by a court of law; or Termination or completion of the minor's participation in the Program by the School. The decisions made by the minor's Health Care Agent on my/our behalf shall have the same priority as my/our

- B.** decisions would have over decisions by any other person, including a person acting pursuant to a durable power of attorney. The Health Care Agent shall be entitled to reimbursement by me/us or by my/our personal representative for expenses reasonably incurred by the said Health Care Agent acting in good faith hereunder. Photocopies of this Health Care Proxy shall have the same force and effect as the original. I/We understand that this delegation is voluntary and have carefully read and considered this delegation of authority before signing it. This health care proxy is intended by me/us to be valid in any jurisdiction in which it is presented. The various powers granted herein are separate and severable to the effect that the possible invalidity of any one or more of such powers shall not affect the validity of any other powers. I/We do authorize the School to share copies of this Form with its boards, commissions, committees, employees, officers, directors, servants, agents, and assigns. I/We do forever release, acquit discharge, and covenant to hold harmless the School and their affiliates and subsidiaries, boards, commissions, committees, employees, officers, directors, servants, agents, contractors, and assigns, whether past and present, or future, from and against any and all actions, rights of action, causes of action, charges and/or claims, in any way related to, arising from and/or growing out of, directly or indirectly, which I/we may now or hereafter have as the parent(s)/guardians/legal representatives of said minor, as well as any actions, rights of action, causes of action, charges, and/or claims which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, resulting from, relating to, or in any way to this Form. I/we, as parent(s)/guardian(s)/legal representative (s) of said minor, agree to indemnify and hold harmless the School, and any of their affiliates and subsidiaries, their boards, commissions, committees, employees, officers, directors, servants, agents, contractors, and assigns, whether past, present, or future, in the event that any action, charge, costs, and fees (including attorneys' fees) and/or claim, is brought against the foregoing, which is in any way related to, arising from and/or growing out of, directly or indirectly to this Form.
- C. Medical Treatment.** The school may seek medical treatment for the Student and approve such treatment for any and all medical, surgical, optical, dental, and mental health conditions or injuries. Routine care not reasonably anticipated to have significant effects on the Student or entail significant risk of present or future injury may be approved without prior authorization by the Parents. Emergency treatment for conditions or injuries may be approved by the School without prior authorization when, in the opinion of the School, time does not permit such prior authorization by the Parents. If treatment decisions carry significant risks for the Student, in the judgment of the School, and time permits contact with the Parents before treatment is undertaken, the School will make reasonable efforts to contact the Parents for approval. In the event that the Parents cannot be reached within a reasonable time and the School determines that the treatment decision should be made without further delay, the School may approve such treatment. By this authorization, I indemnify, release, and hold the school harmless from any and all liability in providing care and treatment for my child, and further, I grant my permission regarding the use of my student's personal medical information, including but not limited to, medical history, allergies, physical evaluations, emergency contact information, and immunization records.
- D. Authorization to Administer Immunizations.** I authorize the School or a School designated physician to administer my child's immunizations in the event that I have failed to provide proof of all immunizations required by the state of Maryland. I acknowledge that the school is bound by law to ensure that all students meet the state requirements for immunizations and that my child will be pulled out of school in the event that I have failed to provide proof of all state required immunizations for my child. I also acknowledge that I will be responsible to assume all costs associated with administering my child's immunizations.
- E. Church Attendance Policy.** I understand that my child will be attending a Bible believing church on a weekly basis, and that my child will be required to complete one Bible course each school year. I understand that students will be expected to participate in weekly chapel services and other religious instruction as deemed necessary or required by the school. Students are not required to make a profession of faith or ascribe to any certain religious belief system.
- F. Registration Forms and Other School Documents.** The School may execute on behalf of the Parents the standard forms required of Students as part of the registration, enrollment, and class-assignment process. These forms include, but are not limited to student registration forms, consent to treatment forms, forms for permission for the Student to participate in off-campus events, honor code acknowledgement forms and athletic emergency information forms. In addition, the School may execute on behalf of the Parents all forms necessary to select and approve elective classes in the curriculum for the Student, and the purchase of books and materials required for classes, the costs for these shall be borne according to the School standard policy.

Athletics, Activities, and Field Trips. Many athletic pursuits, activities, and field trips typically require the approval of a parent or guardian and may also involve the payment of fees on the Student's behalf above and beyond tuition, board, books, and supplies. The Parents authorize the School to approve such athletic and non-athletic activities and trips without prior authorization of Parents. This authorization includes permission to transport the Student to locations in and out of State if the Student possesses the proper travel documents. Any travel out of the country, including travel to the Student's home country, shall require the prior approval of the Parents. The Parents acknowledge that all activities involve some risk of injury, whether



GLOBAL VISION CHRISTIAN SCHOOL
PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

from activity itself or the transportation to and from the location of the activity. The Parents authorize the School to exercise its good faith judgment in permitting participation in activities, even where there is a minor risk of injury to the Student. Apart from the school-sponsored activities, the Student may request permission to go off campus or take leave of the Student's residential accommodations with other students and their families for events and activities that are not sponsored by the School. The Parents agree that the School and/or its authorized residential supervisor(s) may, at their discretion, grant or withhold permission for a Student to be off campus or remote from the Student's residence for such purposes.

- A. Individual Sport Permissions and Prohibitions.** I understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in all sports accept: (By writing any sports below, you are refusing permission for your child to participate in the sport. For any other sports, your child will be asked to sign up for the sport at another time.)
List of Prohibited Sports: _____
- B. Athletic Related Transportation Permission.** I give my permission for my child to travel with the school's athletic program to and from games and tournaments. As a Parent/Guardian, I hereby give my consent for the responsible leader to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication, should an accident or other medical emergency occur during a trip or activity and the responsible leader is unable to reach me. As Parent/Guardian, I also agree to be responsible for all debts non covered by the school that are incurred by my child during the trip or activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving my child, and for all transportation costs to prematurely return the student to school, should the student's continued participation jeopardize the safety or health of the other participant.
- C. Passenger Permission.** I hereby give permission for my child to attend on or off campus school organized or sponsored activities on a school-schedule (or any rescheduled) day and to be transported by school bus, private bus, public transportation, or private vehicle(s) as determined by the school. For myself and the named child, I hereby waive and release any claim against the school and its members, board, employees, homestay and dormitory supervisors, volunteers, and agents for any injury or loss incurred by my child during such activities (save for any personal injury directly resulting from gross negligence on the part of the school) and against any expenses, loss, or damages incurred as a consequence of any action or inappropriate inaction on the part of my child. I confirm that there are no medical or other circumstances that should be known to the chaperone(s) that have not been appropriately communicated to the school in writing. As Parent/Guardian, I give permission for my child to ride with an **authorized parent or faculty driver** for any school-sponsored events, including, but not limited to, field trips and athletic events. As Parent/Guardian, I give permission for my child to ride with another **authorized student driver** for any school-sponsored events, including, but not limited to, field trips and athletic events.
- D. Authorization for Third Party Grade and/or Transcript Review.** By signing below, I/we authorize the school to assign privileges for School employees, including but not limited to, host parents and sports coaches to review student grades, report cards, and transcripts for the purpose of monitoring student school progress during their tenure with the school. Information garnered from this access and adequate progression throughout the school year, and aide the school to facilitate programs to meet the educational needs of the student.
- E. Student Handbook Agreement.** I understand The School's Student-Parent Handbook and acknowledge that these are the policies of The School. By signing this form, I acknowledge the Student-Parent Handbook as a binding contract, and I explicitly accept its provisions as a condition of enrollment at The School. I agree to uphold and comply with all school regulations and policies while my/our son/daughter is enrolled as a student at The School.
- F. Authorization to Incur Expense.** The Parents are aware that the exercise of the powers and authority granted herein may involve expenses to the Student and/or the Parents. The Parents approve the reasonable expenses associated with the activity, provided that those expenses do not exceed the amounts being charged to other School students for the same activity or event. Any activity or event for which the charge would exceed \$250 will not be approved by the School for the Student without advance consent from the Parent. The School shall not be responsible for damages or losses incurred by the Student or the Parents caused by the failure of the Parents to respond within a reasonable time to a request for approval of participation in activities or trips.
- G. Media Authorization.** Throughout the year, the school may publish pictures and accounts of the activities and accomplishments of students in a variety of ways including, but not limited to, the internet and external publications, web sites, news releases and, at times, on television. Please be advised that through the course of conducting daily school business, your child's name and photo may appear in internal publications for distribution within the school community, such as yearbook or student publications. Your student may also appear in external publications in the School's media including, but not limited to, newsletters, brochures, websites, and online video and photo galleries. If your child participates in sports, his or her name and photo will invariably be used in local media coverage over which we have no control. Your child may be pictured in a large group photo, especially as a sports participant, in any of the above media. Also, please be aware that occasionally, media companies and individuals over whom we have no control take pictures and video of the school and our students. The school is not liable for the use or misuse of any pictures or video taken by another party. I give my permission to include my child's name, picture, and video in School media. By this authorization, I



GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

understand and agree to all terms and information listed above. I understand that the school is not liable for the use or misuse of any pictures or video taken by another party. My signature below shows my consent to the conditions of this agreement.

- G. Release of Liability.** The Parents understand that the School is not required to assume the responsibilities associated with this GRANT OF CUSTODIAL RESPONSIBILITY, AUTHORIZATION, AND UNITED POWER OF ATTORNEY, and may instead require the Parents to make every decision and execute every form and document associated with attendance at the School and the Program, as a precondition to the Student's enrollment and participation in the activities and events that occur in the Program. The parents understand that the willingness to exercise the authority granted herein is an accommodation to the Student and the Parents for which the School receives no additional consideration. In exchange for the willingness of the School to exercise the authority and powers granted herein the Parents release(s) the School, the Program, and those participating in the Program and their respective officers, trustees, directors, agents, employees and assigns from any and all liability and arising from the good faith exercise of the powers granted herein, even if later events prove the decisions made by the School to have been unwise when made.
- H. Agreement to Reimburse Expenses and Charges.** The Parents agree to maintain medical insurance for the Student. The Parents further agree to reimburse the School and/or its relevant assign(s) any and all charges approved by the School for any treatment not covered by medical insurance, as well as for the cost of any activity or trip in which the Student participates or fails to participate at a time when the cost cannot be reasonably avoided.
- I. Appointment of the School as the Attorney In Fact.** The Parents appoint the School attorney in fact for the Parents for the sole purpose of carrying out the authority granted by the Parents to the School in this agreement. This power may be exercised by the School acting through its designated officers and employees.
- J. Disputes.** Disputes arising under this document and any action taken by the School, the Program, or a participating School shall be governed by the laws of the state and heard by as court of competent jurisdiction sitting in the county of the Students aforementioned the School-provided residence in the state.
- K. Copies of Forms and Documents Executed Pursuant to this Authorization.** When documents are executed by the School pursuant to this document, the School will endeavor to promptly send copies to the Parents. Unless otherwise specifically instructed, The School will send copies by email at the address provided by the Parents.

III. International Student Residential Agreement

- A. Overview & Purpose of this Agreement** The International Student Residential Agreement is designed to be a supplement to the school's rules and regulations, as published in the Student Handbook. This agreement outlines the rules and regulations that students are expected to abide by while living in a host-family or dormitory environment. These rules may be different from the rules a student would be asked to adhere to at home. They are established as an outline for students to make informed choices while living with their host-family or dorm parents and intended to maximize everyone's academic and social experience. All students who are enrolled at the School will be held to the expectations and policies outlined in this Residential Student Agreement. It is expected that all parents and students read this student agreement thoroughly and refer to it as a source of guidance and information. Students and parents are expected to have knowledge of the agreement's content.
- B. Standards of Conduct.** Students enrolled at the School are expected to treat other members of the school and their host-families with respect and courtesy. The following standards of conduct are examples and general expectations for all students at BCA:
- Honesty in academic endeavors and in all aspects of campus and home life.
 - Commitment to a safe, clean, congenial, and productive learning environment.
 - Respect for the feelings, beliefs, time, efforts, and physical well-being of others, and for their capacity for growth.
 - Respect for the property and materials of the School, their dorm supervisors, and their host-families.
 - Respect for the rules and regulations of the School, their dorm supervisors, and their host-families, and the laws of the State of Maryland, the State of Pennsylvania, and of the United States.
- In addition, conduct occurs in the context of a community of scholars dedicated to personal and academic excellence. Joining this community obligates each member to observe the following principles: Mutual respect, Personal and academic integrity, Civil discourse, Responsible decision making
- C. Alcohol & Drug Policies.** The School, in cooperation with dorm supervisors and/or the host-family, will address any behavior relating to drugs and alcohol as outlined below:
- 1. Possession of alcohol or illegal drugs.** Students who are found to possess, use, distribute, or transport alcohol or illicit drugs will be subject to suspension or expulsion. The School reserves the right to consider the presence of smoke or odors as a violation of this policy.
 - 2. Being under the influence of alcohol or other drugs.** Students who return home and are found to be under the influence of alcohol or illicit drugs will be subject to disciplinary action up to and including suspension or expulsion.
 - 3. Prescription Drugs.** Each student shall be responsible for self-administering all prescription medication. Students who are found to be sharing, selling, or trading prescription medications, or abusing or misusing their own prescription medications will be subject to sanctions ranging from Disciplinary Probation to suspension or expulsion.
 - 4. Drug Paraphernalia.** Drug paraphernalia, regardless of intended use, is not allowed.



NEW STUDENT APPLICATION FOR ADMISSION

DRESS CODE

1. Only collared shirts are allowed.
2. There must be sleeves. Shirts that are extra tight are not allowed.
3. Shirts must cover entire upper body when arms are raised above shoulders.
4. Shirts that display pictures, slogans or any other form of sign that advertise messages that contradict Christian values and school spirit are prohibited.
5. Only pants are allowed. **NO JEANS OR SWEAT PANTS, NO ATHLETIC PANTS OR SHORTS**, Pants that are baggy, saggy, or otherwise drag the ground are not permitted. Pants must be worn at waist height so as not to expose undergarments.
6. Skinny pants are not permitted nor are any pants that are ripped and reveal any skin or any portion of the body.
7. Shoes must cover all parts of the feet from toe to heel. No sandals or flip flops.
8. Hair should be clean and well kempt. No hair coloring with dyes. Hair must not cover face.

UNREGISTERED ELECTRONIC DEVICES

Usage of unregistered electronic devices such as electronic dictionaries, cell phones, earphones, ear buds, headphones, and personal laptops are **STRICTLY** prohibited during school hours. (This includes lunch periods as well). Such items will be confiscated upon sight and the owner sent back to dormitory immediately. All resulting absences will be considered unexcused. Other appropriate consequences may follow to discourage future violations of this rule.

CHROMEBOOKS

The mission of the 1-to-1 program of GVCS PA is to provide to all students an access to the use of technology and to provide an advanced learning environment where students can exercise a certain freedom in how they learn in to promote self-control and self-driven study habits. Students will be expected to grow from simple receipt of information to understanding, organizing, and analyzing of the knowledge – to the ultimate goal of maturing into the utilization of data through creative production. The program will also enhance teaching capabilities of teachers by providing an open accessibility to the technology which will broaden the scope of lesson planning. All faculty are highly encouraged to take advantage of the program to improve the quality of their teaching.

Purpose

- Academic purposes only
- In-class activities



GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

- Homework
- Personal academic improvement
- Not intended for gaming, social networking, or high-end computing

How it's acquired

- Receive at the beginning of the school year from the office
- Serial numbers of the chargers and Chromebooks will be recorded at the acquisition

How and when it's returned

- All Chromebooks must be returned by the last day of school year
- Serial numbers of the chargers and Chromebooks will be compared to ensure correct items are being returned

Repairs

- Chromebooks with internal malfunctions of natural cause will be repaired under warranty.
- Any repairs caused by damages to the device due to accidents, regardless of the intention, will be charged to the person responsible for the device according to the rental log

Beneficiary's Technology Fee:

- \$250.00 / year (Payable on the first day of class to Global Vision Christian School)
- o \$125.00 for new or transfer students of the second semester
- All payments are final and not subject to refund.

How to care

- Students may not apply items or draw on the Chromebooks directly
- o Removable skins may be applied on Chromebooks to allow for decorations

Sound

- Students may not use personal sound equipment such as headset, headphone, or earphones during school hours

File saving system

- Students are highly encouraged to utilize the Google Drive and personal USB
- Google Drive usage will be monitored

Daily General Usage

- o Chromebooks will be distributed to students in the morning
- o Students may not use Chromebooks during the classes unless under specific instructions of the teachers
- o Students may use Chromebooks in the school building after classes under the supervision of an instructor.
- Students must remain in the designated area while using Chromebooks



GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

Students may use Chromebooks for various purposes related to academic purposes and personal improvement

All Chromebook usage must be directly related to the regular curricula (including homeroom and clubs) and assigned by the teacher

No personal improvement or non-assigned academic activities are permitted

- Global Vision Christian School holds all rights to the online accessibility of all the equipment distributed by the school

- Students are required to follow all maintenance and management activities, which may occur randomly at any time throughout the year.

Signature

Student: _____

Date: _____

Father: _____

Date: _____

Mother: _____

Date: _____



GLOBAL VISION CHRISTIAN SCHOOL
PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

Chapter 4 Tuition, fees. Collection and return of entrance fees and expenses

Article 10

Tuition fees and student administration fees are to be paid before beginning of each semester.

Article 11

Entrance fees already paid will not be refunded, but tuition fees will be refunded after deducting the amount due until the date of the grounds for the refund. Scotland Campus Sports holds space open for students. When a student, either by their own initiative or a failure to comply with some essential portion of the agreement of any nature specified in the later portion of this document, refunds of tuition will not be made. The cost of reserving a space for a student limits the enrollment of another qualified student who could have taken their spot, thus harming the functioning of the school.

Article 13

Student management fee refers to dormitory facilities management and administration, student life guidance, and food expenses.

Fees are non-refundable.



GLOBAL VISION CHRISTIAN SCHOOL PENNSYLVANIA



NEW STUDENT APPLICATION FOR ADMISSION

Arbitration Rules

You can limit the issuance of various certificates (grades, graduation, enrollment, etc.) and the residence of dormitories when the payment is in default.

Communications with you and consent to contact you

By providing a wired and /or wireless telephone number you agree, in order for us to service our account or to collect any amounts you may owe, we, our agents, assignees, third party(s) servicing agents or its third party debt collectors may contact you by phone at any phone number associated with your account and/or number provided by you, including but not limited to wired or wireless phone numbers, which could result in charges to you. You also agree to allow us, our agents, assignees, third party(s), servicing agents or its third party debt collectors to communicate with you to include text messaging, e-mail, facsimile, and any other electronic communications you. You also agree that methods of contact may include the use of pre-recorded or artificial voice messages and/or use of an automated telephone dialing device. You agree that we, our agents and third party debt collectors may, for training purposes or to evaluate the quality of service, may listen to and record phone conversations you have with us and/or our agents, assignees, third party(s) or servicing agent(s) or third-party debt collectors.

Seal (Extended Statute Seal)

By placing the word "Seal" beside the signature line, the statute of limitations is extended. No paperwork is necessary for authorization of use of Seal. Normal statute of limitations is 4 years. For services rendered it is extended to 20 years.

Adding Collection Fees

Unsigned contract or verbal authorization: 25%, Signed authorization: 50% (creditor's discretion)
If my account becomes assigned to a collection agency, I agree to pay a 25% collection fee, interest in the amount of 18%, court costs, and attorney fees, as allowed by law.

I have read and understood the above financial statements and pledge that I will comply with all financial regulations revised in the future by official procedures.

Year: 20_____Month:_____Day: _____

Student Name: _____

Contact: _____

Responsible Party (Father/Guardian Signature)(SEAL) _____

Responsible Party (Mother/Guardian Signature)(SEAL) _____

CHILD GUARDIAN CONSENT FORM

_____ (Father's Name) of

_____ (Address)

_____ (Mothers Name) of

_____ (Address)

Current legal parents of _____ (Student's Name)

Born on ____/____/____ (Students Birth date: MM / DD / YYYY),

Hereby appoint a Represented Staff of Scotland Campus Sports in case of urgent
Medical Attention: _____ (Represented Staff Name)

As legal guardian for my child for the period of time beginning on _____ and ending on _____.

The guardian shall have the right to:

- 1) Determine and authorize necessary medical attention.
- 2) Provide necessary food, and shelter.
- 3) Act in loco parentis for the student.

My signature below shows my consent to the conditions of this agreement and guardianship of my child by Scotland Campus Sports.

Parent Signatures

Father Name (Please Print)

Signature

Date

Mother Name (Please Print)

Signature

Date

TEACHER'S RECOMMENDATION

Please return this form to the applicant in a sealed envelope. The applicant is responsible for submitting this form to Scotland Campus Sports. Thank you for taking the time to serve as a reference for this applicant.

Dear Educator,

_____ (Name of Applicant) has applied for enrollment to Scotland Campus Sports. To assist us in making an appropriate selection that is consistent with our mission and purpose, we are seeking information from you concerning the above candidate. Please respond to the following categories as related to the applicant. When evaluating, please compare the student to other students his/her same age. If a category does not apply to your interactions with the student, please mark N/A or leave it blank. Thank you!

Academic Achievement	1 (Poor)	2 (Regressing)	3 (Average)	4 (Very Good)	5 (Excellent)
Academic Potential					
Creativity					
Leadership Ability					
Personal Integrity					
Study Habits					
Initiative					
Writing Ability					
Oral Expression					
Spiritual Maturity					
Emotional Maturity					
Conduct					
Concern for Others					
Relationship with Peers					
Relationship with Adults					

Have you ever known the applicant to use narcotics, tobacco, or alcoholic beverages or abuse any other substance? What are the applicant's strengths? _____

In what areas is improvement needed? _____

Would you recommend this student for admission to Scotland Campus Sports? _____

Name of Evaluator (Please Print)

Signature

Date

School Name & Address

School Phone Number

Medical History

The following health history is confidential and does not affect your admission status. This information is requested to determine if you have any medical conditions that may require special assistance from the school. This information will be used to help us provide continuity of care for you. This information will not be released without your written permission except in an emergency situation, by court order or by parental consent if under age 18. Please attach additional sheets for any items that require additional explanation.

SECTION 1: REPORT OF MEDICAL HISTORY (Please print in black ink)

LAST NAME FIRST NAME MIDDLE NAME STUDENT ID NUMBER SOC. SECURITY NUMBER

PERMANENT ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

DATE OF BIRTH (mo/day/yr) PLACE OF BIRTH GENDER M F

EMAIL	CLASS YOU ARE ENTERING (circle) FR. SO. JR. SR. GRAD. PROF.	SEMESTER ENTERING (circle): FALL SPRING SUMMER 1 SUMMER 2 YEAR
-------	--	---

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY RELATIONSHIP

ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND ADDRESS OF HEALTH INSURANCE CO. AREA CODE/PHONE

NAME OF POLICY HOLDER POLICY/CERTIFICATE # GROUP #

SECTION 2: FAMILY MEDICAL HISTORY (Please print in black ink)

HAS ANY PERSON, RELATED BY BLOOD, HAD ANY OF THE FOLLOWING CONDITIONS:

	Person 1			Person 2			Person 3			Person 4		
	Yes	No	Relationship	Yes	No	Relationship	Yes	No	Relationship	Yes	No	Relationship
High blood pressure												
Stroke												
Heart attack before age 55												
Blood or clotting disorder												

SECTION 3: PERSONAL MEDICAL HISTORY (Please print in black ink)

DO YOU HAVE A HISTORY OF ANY OF THE FOLLOWING: PLEASE ANSWER EACH QUESTION AND INDICATE YEAR FOR YES ANSWERS

	Question 1			Question 2			Question 3			Question 4					
	Yes	No	Year	Yes	No	Year	Yes	No	Year	Yes	No	Year			
Anemia or Sickle cell anemia				Chest Pain or pressure				Headaches (Frequent/severe)				Protein or blood in urine			
Anorexia/Bulimia				Chronic cough				Head injury (severe)				Chronic pain (severe/recurrent)			
Allergies/Hay fever				Concussion				Hepatitis or Jaundice				Pneumonia			
Asthma				Cancer or Tumor				Hearing loss				Rectal disease			
Arthritis								Hernia (specify)				Rheumatic or Scarlet fever			
				Diabetes				Intestinal problems				Serious skin disease			
Breathing problems/				Dizziness or fainting				Kidney stone				Seizures			
Back or neck injury				Depression or Excessive worry				Learning disorder (specify)							
Bone, joint or other deformity				Eye problem (not glasses)				Malaria				Thyroid trouble			
Broken bone(specify)				Easy fatigability								Tuberculosis			
Bladder or kidney Infection				High blood pressure				Menstrual cramps (severe)							
Blood transfusion				Heart condition				Physical disability				Other (specify)			

Please complete reverse side.

SECTION 3: PERSONAL MEDICAL HISTORY – CONTINUED (Please print in black ink)

Describe any conditions or disabilities that would exclude participation in physical education (e.g., swimming). _____

Do you exercise three or more times per week? YES NO Do you use a seatbelt on a regular basis? YES NO

Please list any drugs, medicines, birth control pills, vitamins, minerals (prescription and nonprescription or herbal medicines) you use and indicate how often you use them?

Name of drug	Reason for taking drug?	How much are you taking and how often?
1.		
2.		
3.		
4.		

Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash, hives, etc.) to any of the following? If yes, please explain the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once.

	Yes	No	Explanation
Penicillin			
Sulfa			
Other antibiotics (name)			
Aspirin			
Codeine or other pain relievers			
Other drugs, medicines, chemicals (specify)			
Insect bites			
Food allergies (name)			

	Yes	No	Explanation (specify when, where and why)
Have you ever been a patient in any type of hospital?			
Has your academic career been interrupted due to physical or emotional problems?			
Have you ever had any serious illness or injuries other than those already noted?			

IMPORTANT INFORMATION.....PLEASE READ AND COMPLETE

STATEMENT BY STUDENT:

(A) I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, except in an emergency or by Court Order. However, if I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission for the Student Health Center to release information from my record to a physician, hospital or other medical agency involved in providing me with emergency treatment and/ or medical care.

(B) I hereby authorize any medical treatment for myself that may be advised or recommended by the providers of the Student Health Center.

(C) Mental Health: I also hereby authorize transportation to Howard University Hospital when recommended by the psychologist/psychiatrist of the University Counseling Center.

Signature of Student

Date

PARENTAL/GUARDIAN PERMIT – MUST BE COMPLETED IF STUDENT IS UNDER 18 YEARS OF AGE

The LAW requires that parental permission be obtained for medical treatment of minors. A parent or guardian should sign the following consent form so that medical treatment may be given to the student who is a minor. However, no major operation will be performed except in extreme emergency, without parent/guardian being contacted and fully informed.

I give permission for such diagnostic and therapeutic procedures as may be deemed necessary for my daughter/son/ward.

(Signed) _____ (Relationship) _____ (Date) _____



Scotland Campus Knights
IRON SHARPENS IRON – Proverbs
 27:17

SCOTLAND CAMPUS SPORTS

BASEBALL

STUDENT-ATHLETE PROGRAM TUITION
ACADEMIC YEAR 2021-2022

Fall Semester, August 16, 2020 through December 19, 2021 | Spring Semester, January 9, 2022 through May 30, 2022

ACADEMIC YEAR TUITION

The Student-Athlete Tuition Package is the Cornerstone of the SCS experience, focusing on academic, athletic & personal development, and represents the greatest value. The boarding package private school tuition, sport tuition as well as standard housing & meal plan.

STUDENT-ATHLETE TUITION PACKAGE*

POST-GRAD	BOARDING
HIGH SCHOOL (9 TH -12 TH & POST GRAD H.S)	\$41,500
STUDENT-ATHLETE TUITION PACKAGE*	COMMUTER
POST GRAD AND HS	\$26,500

A Non-Refundable Program Deposit of \$2500 is required. This will be applied toward tuition. Due when Letter of Intent is signed. Purpose of this deposit is to secure your spot in our program along with your dorm room.

NEED-BASED SERVICES

Working with individual student-athletes, we recognize that each one's needs are unique. We have designed our admissions process to help identify and accommodate the needs of the individual. Some services may be required, or enrollment based on admissions evaluations. These services include (but are not limited to) the following:

English as a Second Language (ESL) Program-Students enrolling at SCS with less than acceptable TOEFL score will be placed in supplemental English language classes until their English proficiency reaches an acceptable level. Typically, students take two classes per semester (program cost \$675/class).

STUDENT-ATHLETE MEALS, HOUSING & UPGRADES

Standard shared rooms and meals (breakfast, lunch and dinner) are included in boarding tuition.

SPECIALTY PROGRAMS

Please inquire with Student Services for information and pricing for our specialty programs: SEMI-INTENSIVE ENGLISH, SPORT ONLY, SCHOOL ONLY*, SUMMER SCHOOL and SUMMER CAMP.

**SCHOOL ONLY programs are limited to siblings of student-athletes & elementary school students*

PAYMENT OPTIONS

OPTION 1 -Pay in Full: Complete balance of tuition, deposits & fees are due by August 15th, 2021 for the Academic Year. Past due payment fees apply.

OPTION 2 -Pay in ½'s: 1st half due by Aug 15th, 2nd half due by Dec.15th

OPTION 3- Pay in ¼'s: 1st quarter due Aug 15th, 2nd payment due October 15th 3rd payment due December 15th and 4th payment due February 15th.

OPTION 4-Pay Monthly: Payments are due the 15th of each month beginning Aug. 15th

NON-REFUNDABLE FEES

Medical Fee	\$610
US Student Fee	\$800
*Returning Student Fee	\$800
Technology Fee	\$250 (Paid directly to GVCS upon receiving Chromebook)

***All fees are non-refundable*

FOR ADDITIONAL INFORMATION, PLEASE CALL (717) 753-4341 *Please note that prices are subject to change without notice.



Scotland Campus Knights
IRON SHARPENS IRON – Proverbs
 27:17

**SCOTLAND CAMPUS
 SPORTS
 BASKETBALL**

STUDENT-ATHLETE PROGRAM TUITION
 ACADEMIC YEAR 2021-2022

Fall Semester, August 16, 2021 through December 19, 2021 | Spring Semester, January 9, 2022 through May 30, 2022

ACADEMIC YEAR TUITION

The Student-Athlete Tuition Package is the Cornerstone of the SCS experience, focusing on academic, athletic & personal development, and represents the greatest value. The boarding package private school tuition, sport tuition as well as standard housing & meal plan.

STUDENT-ATHLETE TUITION PACKAGE*

POST-GRAD
 HIGH SCHOOL (9TH-12TH & POST GRAD H.S)

BOARDING

\$41,500
 \$41,500

STUDENT-ATHLETE TUITION PACKAGE*

POST GRAD AND HS

COMMUTER

\$26,500

A Non-Refundable Program Deposit of \$2500 is required. This will be applied toward tuition. Due when Letter of Intent is signed. Purpose of this deposit is to secure your spot in our program along with your dorm room.

NEED-BASED SERVICES

Working with individual student-athletes, we recognize that each one's needs are unique. We have designed our admissions process to help identify and accommodate the needs of the individual. Some services may be required, or enrollment based on admissions evaluations. These services include (but are not limited to) the following:

English as a Second Language (ESL) Program-Students enrolling at SCS with less than acceptable TOEFL score will be placed in supplemental English language classes until their English proficiency reaches an acceptable level. Typically, students take two classes per semester (program cost \$675/class).

STUDENT-ATHLETE MEALS, HOUSING & UPGRADES

Standard shared rooms and meals (breakfast, lunch and dinner) are included in boarding tuition.

SPECIALTY PROGRAMS

Please inquire with Student Services for information and pricing for our specialty programs: SEMI-INTENSIVE ENGLISH, SPORT ONLY, SCHOOL ONLY*, SUMMER SCHOOL and SUMMER CAMP.

**SCHOOL ONLY programs are limited to siblings of student-athletes & elementary school students*

PAYMENT OPTIONS

OPTION 1 -Pay in Full: Complete balance of tuition, deposits & fees are due by August 15th, 2021 for the Academic Year. Past due payment fees apply.

OPTION 2 -Pay in 1/2's: 1st half due by Aug 15th, 2nd half due by Dec.15th

OPTION 3- Pay in 1/4's: 1st quarter due Aug 15th, 2nd payment due October 15th 3rd payment due December 15th and 4th payment due February 15th.

OPTION 4-Pay Monthly: Payments are due the 15th of each month beginning Aug. 15th

NON-REFUNDABLE FEES

Medical Fee	\$610
US Student Fee	\$800
*Returning Student Fee	\$800
Technology Fee	\$250 (Paid directly to GVCS upon receiving Chromebook)

***All fees are non-refundable*

FOR ADDITIONAL INFORMATION, PLEASE CALL (717) 753-4341 **Please not that prices are subject to change without notice.*



Scotland Campus Knights
IRON SHARPENS IRON – Proverbs
 27:17

**SCOTLAND CAMPUS
 SPORTS
 SOCCER**

STUDENT-ATHLETE PROGRAM TUITION
 ACADEMIC YEAR 2021-2022

Fall Semester, August 16, 2021 through December 19, 2021 | Spring Semester, January 9, 2022 through May 30, 2022

ACADEMIC YEAR TUITION

The Student-Athlete Tuition Package is the Cornerstone of the SCS experience, focusing on academic, athletic & personal development, and represents the greatest value. The boarding package private school tuition, sport tuition as well as standard housing & meal plan.

STUDENT-ATHLETE TUITION PACKAGE*

POST-GRAD
 HIGH SCHOOL (9TH-12TH & POST GRAD H.S)

BOARDING

\$41,500
 \$41,500

STUDENT-ATHLETE TUITION PACKAGE*

POST GRAD AND HS

COMMUTER

\$26,500

A Non-Refundable Program Deposit of \$2500 is required. This will be applied toward tuition. Due when Letter of Intent is signed. Purpose of this deposit is to secure your spot in our program along with your dorm room.

NEED-BASED SERVICES

Working with individual student-athletes, we recognize that each one's needs are unique. We have designed our admissions process to help identify and accommodate the needs of the individual. Some services may be required, or enrollment based on admissions evaluations. These services include (but are not limited to) the following:

English as a Second Language (ESL) Program-Students enrolling at SCS with less than acceptable TOEFL score will be placed in supplemental English language classes until their English proficiency reaches an acceptable level. Typically, students take two classes per semester (program cost \$675/class).

STUDENT-ATHLETE MEALS, HOUSING & UPGRADES

Standard shared rooms and meals (breakfast, lunch and dinner) are included in boarding tuition.

SPECIALTY PROGRAMS

Please inquire with Student Services for information and pricing for our specialty programs: SEMI-INTENSIVE ENGLISH, SPORT ONLY, SCHOOL ONLY*, SUMMER SCHOOL and SUMMER CAMP.

**SCHOOL ONLY programs are limited to siblings of student-athletes & elementary school students*

PAYMENT OPTIONS

OPTION 1 -Pay in Full: Complete balance of tuition, deposits & fees are due by August 15th, 2021 for the Academic Year. Past due payment fees apply.

OPTION 2 -Pay in 1/2's: 1st half due by Aug 15th, 2nd half due by Dec.15th

OPTION 3- Pay in 1/4's: 1st quarter due Aug 15th, 2nd payment due October 15th 3rd payment due December 15th and 4th payment due February 15th.

OPTION 4-Pay Monthly: Payments are due the 15th of each month beginning Aug. 15th

NON-REFUNDABLE FEES

Medical Fee	\$610
US Student Fee	\$800
*Returning Student Fee	\$800
Technology Fee	\$250 (Paid directly to GVCS upon receiving Chromebook)

***All fees are non-refundable*

FOR ADDITIONAL INFORMATION, PLEASE CALL (717) 753-4341 *Please not that prices are subject to change without no

Scotland Campus Sports
Contract for the 2021-22 Academic Year

By signing this agreement you accept the place Scotland Campus Sports has reserved for - _____, (the "Student") who will be enrolled in the _____ grade for the 2021-22 academic year. This contract clarifies the terms and conditions of your child's enrollment at Scotland Campus Sports.

Tuition and Fees

Pending anticipated Board approval, tuition and fees for the 2021-22 academic year have been set at:

- Boarding Tuition \$41,500 (includes standard housing and meal plan)
- *Commuter Tuition \$26,500 (includes 1 meal per academic day)
- Medical Fee \$610
- US Student Fee \$800
- Returning Student Fee \$800
- Technology Fee \$250 (Paid directly to GVCS upon receiving Chromebook)

Tuition Payment Options

Scotland Campus Sports offers 4 payment options. By checking one, you agree to pay the school's tuition and fees according to the selected plan.

Please select one plan:

___ **Option 1-Pay in Full:** Complete balance of tuition, deposits & fees are due by August 15, 2021 for the Academic year. Past due payment fees apply.

___ **Option 2-Pay in ½'s:** 1st half due August 15, 2nd half due December 15.

___ **Option 3-Pay in ¼'s:** 1st quarter payment due Aug.15, 2nd quarter due Oct.15, 3rd quarter due Dec. 15 and 4th quarter due Feb. 15.

___ **Option 4-Pay monthly:** Payments are due by the 15th of each month.

Deposits

A \$1200 International Fee is due at the time of submitting your admission forms. When you are granted your F-1 Student-Visa, your first monthly payment or remainder of program deposit (whichever is greater) is due. ***Failure to submit first month's payment or remainder of the \$2500 program deposit will result in cancellation of your SEVIS record and termination from the program.**

Account Status

You understand and agree that:

- Your account will be kept current.
- Your financial obligations to the school must be met before the Student will be permitted to advance to the next semester or, if a senior, graduate from SCS/GVCS
- SCS will not release report cards or grades and transcripts will not be sent to other schools or colleges until your account is brought up to date.
- The student will not be allowed to participate in a school sponsored trip unless your account is current.

- SCS reserves the right to withhold grades and transcripts for nonpayment of fines.
- SCS reserves the right to apply any monies received for trips or deposits first to outstanding tuition balances.

Withdrawal and Refunds

Notice of a student’s withdrawal must be given in **writing** to SCS’s Registrar. If the Student’s enrollment is withdrawn in writing on or before June 30, 2021, you shall be released from the obligation to pay tuition and fees however your initial deposit will not be refunded. Please understand that the school’s financial obligations do not change if a student withdraws from the school after June 1, 2021. As a result, your obligation to pay tuition and fees is unconditional. If you withdraw from the school:

- Between June 1, 2021 and December 15, 2021, you are responsible for payment of **one half** of the full year’s tuition and fees.
- After December 15, 2021 you are responsible for payment of the **entire** year’s tuition and fees.

Refund requests should be submitted in writing to the Business Office.

In the event any action is brought to recover fees payable under this agreement, you agree to pay SCS all costs and attorneys’ fees incurred by SCS.

Term of the Contract

This contract is valid for one year only: June 1, 2021 to May 31, 2022. Both parties must agree to its renewal for the following year. **Either party** may, for any reason, decline to renew, and no reason need be given for so declining. Nothing in this agreement shall prohibit the School from expelling a student during the period of the contract for valid academic and/or disciplinary reasons.

Student Handbook

Enrollment at SCS is dependent upon acceptance of the rules and regulations of the school as outlined in the 2021-22 Complete Campus Agreement/ Community Life Covenant/ Honor Code. By signing below, you acknowledge that you and the Student have read the 2021-22 Enrollment packet and agree to abide by its terms. Please call Student Services at 717-753-4341 to obtain a copy of the Enrollment Packet.

Acceptance

By signing this document, I acknowledge that I accept the terms and agreement as stated in this contract and accept full responsibility for tuition payment.

Signature of Parent/Legal Guardian

Date

Please Print Carefully

Parent/Legal /Guardian Name _____

Address _____

Home# () _____ Work# () _____ Cell# () _____

Email Address: _____

___ Please check if your address, phone or email information is new

Tuition Non-Payment Policy

5th school day past due on each payment on payment plan

- Student-athlete may not participate in practice, workouts, games or team functions
- Student-athlete can continue to attend class, live in dorms, and continue receiving meals at Highland Grille

6th school day past due

- Student-athlete may no longer participate in any team related function
- Student-athlete may no longer attend class
- Student-athlete may no longer receive meals at Highland Grille

10th school day past due

- Student-athlete is removed from the Scotland Campus and no longer is connected to any sports program
- Student-athlete must find own transportation from campus to airport or home
- Student-athlete is still responsible for remaining tuition and fees balance

***If student-athlete pays balance owed by 12th school day, they can re-enter Scotland Campus Sports programs.**

***Student-athlete is only able to re-enter Scotland Campus Sports program and school one**

Penalties

- Any account balance that is more than 15 days overdue will be charged a late fee of 3% per month (or any part thereof) on the overdue balance.
- A \$30.00 fee will be charged for returned checks. In the
- If your account is overdue on:
 - August 15th**—the student will not be allowed to begin classes in the new academic year.
 - January 2nd**---the student will not be allowed to begin second semester classes.
 - May 15th**---the student will be withdrawn from SCS effective the last day of final exams. Seniors will not be allowed to graduate or participate in the graduation ceremony until the account is paid in full.

On behalf of Scotland Campus Sports,

**Dr David B Newell
President/CEO**