



HOW TO APPLY

GENESIS PREPARATORY SCHOOL

Thank you for your interest in Genesis Preparatory School.

In order to complete the application process, you will need the required documents and items for application:

- Official transcripts with translation
- A completed application form with \$150.00 fee which includes shipping of acceptance package.
- A copy of passport including family page with translation
- A copy of mother's passport including family page with translation (if available)
- \$800 tuition deposit
- \$600 accommodation deposit
- A copy of the bank statement showing that you have sufficient funds for studying in the USA
- A signed Statement of Financial Support
- A copy of student's birth certificate with translation
- A proof of vaccination for measles
- A medical liability waiver signed by your parents/guardians
- Proof of medical insurance
- Proof of recent medical examination
- Indication of level of English proficiency; three years of student report cards

After we have received your complete application package (as listed above), our Admissions Committee will review your application as detailed in the Admissions section of this application. Upon acceptance, we will issue your I-20 and send it, along with your Letter of Acceptance, for you to take to your local Embassy where you will apply for your Student Visa. Please carefully review your entire application package before submitting it; any missing or incomplete information will delay the Admissions Committee in reviewing your application.

For payment by credit card, you may contact our Bursar, Andrea Thompson, via email at athompson@genesisprep.com or by phone at 727.846.8407.

Please contact Ms. Thompson directly for our bank information for money transfer.

Unless you are planning to live with an adult relative, a home stay will be arranged for you through Genesis Preparatory School.

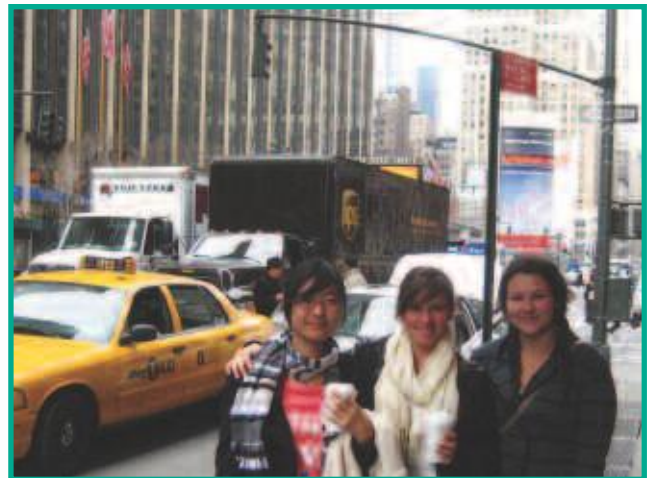
Fees may be paid per semester. In the unlikely event that you are denied an F1 Student Visa, your deposit, will be refunded. We require a proof of denial of the visa in order to affect the refund.

Upon the receipt of the deposit and documents listed above, we will mail your I-20 document via Express Mail, which takes three to five business days.

You may fax the documents we require and mail the originals separately if you wish. This will help speed up the process of applying for a Student Visa.

Do not hesitate to contact us if you have any further questions.

admissions@genesisprep.com
Tel. (727) 846-8407
Fax. (727) 844-3601
Genesis Preparatory School
7710 Osteen Road
New Port Richey, FL 34653 USA





1. Student Name:

Family name

First name

Middle name

2. Permanent mailing address:

City

State or Country

Postal code

3. Telephone:

Primary E-mail:

4. Sex: M F

Date of birth: Month

Day

Year

Place of birth:

5. Country of citizenship:

6. Passport number:

Date and place of issue of passport:

7. Have you ever applied to Genesis Preparatory School before? Yes No If yes - when?

8. Applicant for admission to the _____ (grade) beginning August 20 _____ (year) January 20 _____ (year)

9. How did you learn about Genesis Preparatory School?

10. Are you planning to graduate from Genesis Preparatory School? Yes No Undecided

11. Are you planning to enter an American college or university after high school graduation?

Yes No Undecided

12. For how many years have you studied English?

13. What is your mother tongue?

14. Have you ever been suspended or expelled from a secondary school? Yes No

If yes, please give details.

15. Do you have health issues that would affect your studies? Yes No

If yes, please give details.

APPLICATION

GENESIS PREPARATORY SCHOOL



16. Please give the name and complete address of the last school you attended.

School	Street and Number	
City	State or Country	Postal code

17. Please complete the information below by indicating all secondary schools you have attended.

School	City	State or Country	From	To
School	City	State or Country	From	To
School	City	State or Country	From	To

18. Please send bills for tuition and other expenses to.

Name	Street and Number	
City	State or Country	Postal code

19. Father's name:

Family name	First name	Middle name
Street and Number	State or Country	Postal code
Occupation		

20. Mother's name:

Family name	First name	Maiden name
Street and Number	State or Country	Postal code
Occupation		

I hereby apply for admission to Genesis Preparatory School. I agree to abide by its regulations. I certify that the foregoing information is true and complete to the best of my knowledge and fully realize that omission or falsification of information may be considered sufficient reason for rejection of this application or for dismissal. (If the applicant is under 18 years of age, this statement must also be signed by a parent or legal guardian.)

Date: _____ Signature of applicant: _____

Date: _____ Signature of parent or guardian: _____

The completed application, the \$150.00 non-refundable application fee, a passport-type photo, and school transcripts with translations if applicable should be airmailed to the Office of Admissions. The application fee may be paid by credit card.

Credit card payment form

I hereby authorize a charge to be made to my credit card.

Visa Mastercard / Eurocard American Express Amount _____

Account number _____ Expiration date _____

Authorization code _____

Name (print) _____

Signature _____ Date _____

Please send the fully completed application form to the following address.

Genesis Preparatory School, Attn: International Admissions Office, 7710 Osteen Road, New Port Richey, Florida, 34653 USA

STUDENT PORTION OF APPLICATION

Directions: Please respond to the following questions in complete sentences.

I ACADEMICS

A. What is/are your favorite subject(s)?

B. What books have you read recently?

C. What are your future goals?

D. Why do you want to attend Genesis Preparatory School?

II EXTRACURRICULAR AND COMMUNITY INTERESTS AND ACTIVITIES

A. Do you play any sports? If yes, which ones?

B. What are your hobbies?

C. Have you volunteered?



WAIVER OF LIABILITY GENESIS PREPARATORY SCHOOL

It is mandatory for the parents/guardians of applicants under 18 years to sign this form.

Last Name

First Name

I understand and acknowledge that there is a risk of injury to my child by his/her participation in on-campus activities and in off-campus trips and activities. I further understand that it is voluntary for my child to participate and that the school does not require her/his participation. I hereby release the above named school and state, its employees, officers, agents, and trustees, and waive for myself, my heirs, executors, administrators and assigns any and all rights and claims for damages from any and all injuries that my child may suffer as a result of his/her voluntary participation in trips and/or activities.

I further agree to hold harmless and indemnify the above named college, its employees, officers, agents and trustees for any action, claim, or proceeding initiated as a result of any injury suffered by my child or any third party through his/her participation in any trips and/or activities.

By signing this Waiver of Liability for Off-Campus Trips and Activities form, I acknowledge that I have read its contents and warning, that I understand its contents and warning, and that I agree to its terms.

Signature of Parent/Guardian

Date

Witness

Date

Consent to Medical Care and Treatment of Minor Children

Hospitals and Physicians may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency and parents/guardians are not really available to consent to treatment.

Copies of this form will be made available to International Education Division, International Student Services, Housing, and the Student Programs offices of the above aforementioned school.

I, _____ the natural parent/guardian of _____ (student), authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or available in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance.

Under the circumstances set forth above, I elect not to be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including non-treatment.

Signature of Parent/Guardian

Date

Witness

Date



MEDICAL AND PERSONAL INFORMATION

This questionnaire is completely confidential. Do not show your answers to anyone.

NAME: (Please print.) _____

BIRTH DATE: _____ BLOOD TYPE: _____

PERMANENT ADDRESS: (Please print.) _____

LOCAL ADDRESS: (Please print.) _____

CLOSEST FAMILY MEMBER TO CONTACT IN CASE OF EMERGENCY: _____

TELEPHONE NUMBER OR FAX NUMBER: _____

ANY ALLERGIES: Penicillin _____
Aspirin _____
Paracetamol _____
Other (please specify) _____

Do you have any of the following? Malaria Polio Epilepsy Deafness
Sickle-Cell Anaemia Blindness Diabetes
Other (Explain) _____

Do you have any learning disability (e.g. Autism, Dyslexia, Hyperactivity)? Please state clearly.

Do you see a doctor regularly? yes no

If yes, please state name and address.

Do you have a prescription for any regularly used drug? yes no

If yes to the above, please state drug name and dosage.

All information on the questionnaire is true and correct to the best of my knowledge.

Signature: _____ Date _____



DRUG-FREE SCHOOLS AND COMMUNITIES ACT AMENDMENTS OF 1989 NOTICE TO STUDENTS

(1) Genesis Preparatory School has a policy of maintaining a drug-free campus. All students are hereby notified that the unlawful manufacture, distribution, possession, or use of a controlled substance is prohibited on the Genesis Preparatory School campus. The campus for Schiller International University is defined in paragraph 2 below.

(2) In compliance with the Drug-free Schools and Communities Act Amendments of 1989, the Genesis Preparatory School consists of the following locations:

Genesis Preparatory School, consisting of all administrative offices, all onsite and off-site classrooms, common areas, the store room, stairwells, student and staff lounges, closets, hallways, dormitory rooms, offices, all restrooms, and the parking lot areas.

(3) Non-compliance with the terms in paragraph 1 above may result in the following action being taken by Genesis Preparatory School:

- Notify local law enforcement agency.
- Recommend drug rehabilitation.
- Loss of financial aid.
- Dismissal of student.

(4) All students must read, understand, and sign the following statement:

I understand that, as a condition of my enrolment at Genesis Preparatory School, I must abide by the terms of paragraph 1 above.

I must notify the administration of any criminal drug statue conviction for a violation occurring on the campus no later than five days after the conviction.

I understand that Genesis Preparatory School has established a drug-free awareness program to inform students about:

- a. The dangers of drug abuse.
- b. Genesis Preparatory School's policy of maintaining a drug free school.
- c. Any available drug counseling, rehabilitation, and student assistance programs; and
- d. The penalties that may be imposed upon students for drug abuse violations occurring on the campus. (See paragraph 3 above).

I have received this information and understand the conditions explained in paragraph 4 above, and I have received a copy of this statement.

Student's Signature _____

Date _____

DRUG TEST PERMISSION GENESIS PREPARATORY SCHOOL



I understand that Genesis Preparatory School is a drug-free environment and that my son/daughter is expected to remain drug-free on campus while a student at Genesis Preparatory School. Therefore, I hereby give permission for my son/daughter to be tested for drugs randomly if necessary by the administration of Genesis Preparatory School.

Date:

Student:

Parent's Printed Name:

Parent's Signature:



LETTER OF FINANCIAL SUPPORT

The U.S. Immigration and Naturalization Services require that students provide official proof of their ability to finance their studies and living expenses while in the United States. An I-20 will not be sent to any student until the School has received this letter of support with an official bank statement. Indicate the family (last name in CAPS as it appears on the passport).

Last Name: _____ First Name: _____

Permanent Address: _____

Date of Attendance: Check Semester Fall Spring Year: _____

Telephone: _____ Fax Number: _____

E-Mail: _____ Student's Date of Birth: Month Day Year

Country of Birth: _____ Country of Citizenship: _____

To Be Completed By Sponsor/Family Member

This is to certify that I will assume full financial responsibility for a minimum of U.S. \$28,270.00 per academic year (two semesters), for the support of the above named student for the entirety of his/her enrollment at the Florida campus of Genesis Preparatory School.

Sponsor's Full Name: _____

Sponsor's Relationship to Student: _____

Sponsor's Permanent Address: _____

Telephone: _____ Fax: _____

Important: Evidence of my financial resources in the form of an official bank statement accompanies my letter of support.

Sponsor's Signature: _____ Date: _____