



# DOMINION

## ACADEMY OF DAYTON

### Instructions:

- Together with your parents, complete the entire application in English.
- Be sure all information is complete and typed or printed legibly in black ink in order to be considered for acceptance.
- All pages requiring a signature must be signed and all transcripts, medical forms and parent permission to matriculate forms must be notarized or have official stamps.
- Include with this application a non-refundable \$200 application fee. \$140 will be applied to the first year fees if the student attends Dominion Academy of Dayton. If the student does not attend Dominion Academy of Dayton, the fee will be refunded.

### **Student Data**

Full Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Given Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Zone/Code: \_\_\_\_\_

Country: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Country of Legal Residence: \_\_\_\_\_ List All Citizenship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age upon arrival: \_\_\_\_\_  
Year      Month      Day

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

### **Father's Data**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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

### **Mother's Data**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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

### **Family Data**

Student lives with: \_\_\_ Both Parents \_\_\_ Mother only \_\_\_ Father Only \_\_\_ Other: \_\_\_

Parents are: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Other: \_\_\_\_\_

**Other Family Members** (List others on the back if there are more than 3)

Name	Sex	Age	Relationship	Grade Level
1. _____				
2. _____				
3. _____				

**Interests and Hobbies** – To be completed by student

Check all of the activities that you enjoy. Please circle the three activities that occupy most of your time.

**SPORTS**

- Baseball
- Badminton
- Basketball
- American Football
- Camping
- Fishing
- Gymnastics
- Hiking
- Horseback Riding
- Bicycling
- Ice Skating
- Ice Hockey
- Rugby
- Snow Skiing
- Snow Boarding
- Swimming
- Table Tennis
- Tennis
- Aerobics
- Track (Running)
- Volleyball
- Water Skiing
- Wind Surfing
- Handball/Squash
- Martial Arts:
- Soccer

**ARTS AND ENTERTAINMENT OTHER ACTIVITIES**

- Dancing \_\_\_\_\_
- Reading \_\_\_\_\_
- Drama/Theater
- Drawing
- Painting
- Photography
- Board Games
- Classical Music
- Museums
- Ballet
- Symphony
- Opera
- Movies
- Singing
- Listening to Music
- Musical Instruments (specify) \_\_\_\_\_

- Chess
- Computers
- Cooking
- Gardening
- Handicrafts
- Knitting
- Sewing
- Stamp Collecting
- Traveling
- Boy Scouts
- Girl Scouts

**OTHERS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any clubs or social activities in which you are involved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Future Plans - To be completed by student**

1. Do you intend to continue your education upon completion of secondary school?  
\_\_\_ Yes \_\_\_ No If yes, where: \_\_\_\_\_
2. What do you intend to study? \_\_\_\_\_
3. What are your future job or career plans? \_\_\_\_\_

**Personal Data – To be completed by the student**

1. Do you know of anyone in the U.S. that we can contact in case of emergency?  
\_\_\_ Yes \_\_\_ No  
If yes, where? \_\_\_\_\_
2. Have you ever lived or traveled outside your country? \_\_\_ Yes \_\_\_ No  
If yes, where? \_\_\_\_\_
3. What are your household responsibilities? \_\_\_\_\_
4. Do you have a curfew at home? \_\_\_ Yes \_\_\_ No  
If yes, what time are you expected to be home during the week? \_\_\_\_\_ on weekends? \_\_\_\_\_
5. How much time do you spend studying at home? \_\_\_\_\_
6. Have you ever lived away from your parents? \_\_\_ Yes \_\_\_ No  
If yes, please explain \_\_\_\_\_
7. Do you work or have you ever held a job? \_\_\_ Yes \_\_\_ No  
If yes, please explain \_\_\_\_\_
8. What is your religious affiliation: \_\_\_\_\_  
Religious participation: \_\_\_ Regular \_\_\_ Occasional \_\_\_ Never
9. Do you drink alcoholic beverages with your family?  
\_\_\_ Never \_\_\_ Occasionally \_\_\_ Only on Holidays
10. Do you drink alcohol with friends? \_\_\_ Never \_\_\_ Occasionally \_\_\_ Only on Holidays
11. Do you smoke? \_\_\_ Yes \_\_\_ No  
If yes, I agree not to smoke at Dominion Academy \_\_\_ Yes \_\_\_ No
12. Many U.S. host families have pets and you will be expected to adjust to living with them

(i.e. cats and dogs). Are there any medical concerns we should be aware of regarding pets?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

13. Do you have any allergies? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

14. Do you follow a special diet? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

15. Have you previously been on a student International program? \_\_\_ Yes \_\_\_ No  
If yes, please give details including in which country you studied. \_\_\_\_\_  
\_\_\_\_\_

16. Indicate other foreign language(s) you speak and the number of years you studied the  
language(s): \_\_\_\_\_  
\_\_\_\_\_

**Short Essays** – To be completed by the student

Please answer all of the following questions with complete sentences in the spaces below. Your Host Family and Dominion Academy Staff will read your answers to these questions.

1. Why do you want to be a Dominion Academy International student? \_\_\_\_\_

---

---

---

2. Describe your family, home, school, and pets. \_\_\_\_\_

---

---

---

3. Describe your relationship with members of your family and friends. \_\_\_\_\_

---

---

---

4. How do your parents feel about your desire to study for an extended period of time in the United States? \_\_\_\_\_

---

---

---

5. Describe your best friend and why their friendship is special to you. \_\_\_\_\_

---

---

---

6. Describe three of your character strengths. \_\_\_\_\_

---

---

---

7. What do you hope to accomplish during your time in the U.S.? \_\_\_\_\_

---

---

---

**Host Family Information** – To be completed by the student

Accepted students will be placed with a Christian host family. If student has a pre-arranged host family, that family must meet Dominion Academy minimum family requirements which can be found in the Dominion Academy Student Handbook.

Students may not break host family regulations regarding curfew, smoking, drinking, dating, or household chores for which they are responsible. They may not have guests in the host family's home without their permission. Students are expected to go to church and/or church activities with their host family.

**Student Letter** - To be completed by the student

Please prepare a typewritten letter to your future host family and include it in this application. Tell why you want to attend high school and live in the United States with an American family. Write about your skills, interests, expectations, family, and friends.

**Parents' Letter** - To be completed by parents

Please prepare a typewritten letter to the host parents who will share their home with your son or daughter for an extended period and include the letter with this application. Describe your teenager's personality and character and answer these questions:

- What do you want the host family to know about your son or daughter?
- What helpful advice can you offer to help the host family better understand your child?

My son/daughter has my permission to apply for, and to participate in, an international study experience at Dominion Academy of Dayton.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please place the Notary's Seal or Official Stamp below:

**Family Album** – To be completed by the student/parents

On this and the following pages place photos showing you and your family and friends in the places you live or frequently visit, doing the things you usually do or like to do. This is an album for your American host family so they can better understand the way you live.

Place photo #1 below and describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place photo #2 below and describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place photo # 3 below and describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place photo #4 below and describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## English Teacher's Recommendation

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

How long have you known the student? \_\_\_\_\_ years \_\_\_\_\_ months

How long have you had the student as an English language student? \_\_\_\_\_ years \_\_\_\_\_ months

Regardless of the student's English language proficiency, there will be periods of difficulty and frustration as the student begins to speak English on a daily basis. Please keep this in mind as you evaluate this student's English language ability. Your evaluation will be used to determine the student's eligibility for an extended academic program of study in the United States.

Reading Comprehension: Given an American newspaper or magazine article of at least five paragraphs, the student is able to:

- |               |   |
|---------------|---|
| ___ Excellent | Understand and explain its meaning clearly and completely. Understand at least 9 out of every 10 words.                             |
| ___ Good      | Understand most of its meaning. Understands 7-8 out of every 10 words.  |
| ___ Fair      | Understand the basic vocabulary and explain the basic idea of the article. Understands 5-6 words out of every 10.                   |
| ___ Poor      | Understand only the simplest words and can explain little, or none of the article's meaning. Understands 1-4 out of every 10 words. |

Please write your comments: \_\_\_\_\_

\_\_\_\_\_

Writing: When asked to write a short essay stating an opinion about his or her school, town, political view, sports interests, he or she:

- |               |  |
|---------------|--|
| ___ Excellent | Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary. Uses English grammar rather than composing the grammar of the native language into English. |
| ___ Good      | Uses good vocabulary. Writes lengthy and sensible sentences. Sometimes uses irregular grammar, but meaning is clear.   |
| ___ Fair      | Can make only simple sentences using limited, or basic vocabulary. Uses extremely irregular grammar, but meaning is clear.   |
| ___ Poor      | Writes incomplete, short or basic sentences, using only limited vocabulary. At times it is difficult to understand what the student means.   |

Please write your comments: \_\_\_\_\_

\_\_\_\_\_

(continued on next page)

Speaking and Understanding Conversation: After engaging the student in at least 15 minutes of active English conversation, using both abstract and idiomatic phrases, rate the student's ability to speak and understand English conversation:

- \_\_\_ 10 Absolute proficiency in English. Student is able to both understand and converse, using sophisticated vocabulary and clear correct sentence structure. Has no trouble with abstract subjects, or most idioms. Thinks in English.
- \_\_\_ 9 Student is nearly fluent. Uses near-perfect sentence structures. Can understand and respond to difficult questions. English language knowledge includes abstract terms. Will have no problems communicating, when he or she arrives in the U.S.
- \_\_\_ 8 English responses, although not perfect, come naturally. Has a very good vocabulary and understands almost everything. Can respond intelligently, however, needs practice.
- \_\_\_ 7 Student can understand most conversation. Speaking ability is good, but need practice. Student can go beyond basic responses and elaborate thoughts. Knows many words, but needs to think before responding.
- \_\_\_ 6 Student understand basic English. Vocabulary includes most common terms. Thinks quickly; however, it is evident that he or she is translating. Gets lost when conversation involves abstract terms. Makes mistakes, but is understandable. Can carry on a basic conversation.
- \_\_\_ 5 Student can understand much more than he or she can communicate; however, tries. Can respond in sentence form even if grammar and structure are not perfect. Student is understandable.
- \_\_\_ 4 Student is evidently understanding the basic English sentences and is able to respond, even if only in words or phrases. Grammar and sentence construction is poor, but understandable. (A few weeks of total immersion in English will improve his or her abilities rapidly.)
- \_\_\_ 3 Student understands words or phrases, but not complete sentences. Speaking ability is limited to a few words or phrases.
- \_\_\_ 2 Student understands a few words, but has little or no ability to communicate beyond a few words. Student may even refuse to use English.
- \_\_\_ 1 Student is unable to understand conversation and knows little or no English.

Please comment on the student's motivation and study habits. \_\_\_\_\_

\_\_\_\_\_

Teacher's Name (Please Print) \_\_\_\_\_

Title: \_\_\_\_\_

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

Please attach test results for any standard English language test such as the SLEP (Secondary Language English Proficiency).

**School Transcript of Grades - To be completed by overseas Representative**

Please attach copies of the student's last three years' official transcripts.

Student's Full Name: \_\_\_\_\_

Date, Month & Year of Birth: \_\_\_\_\_ Current Year in School: \_\_\_\_\_

Name, Address & Type of School:

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

Class grade recommendation while in the U.S.:

\_\_\_\_\_ 9th \_\_\_\_\_ 10th \_\_\_\_\_ 11th \_\_\_\_\_ 12<sup>th</sup>

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Date

School seal or Official stamp:

**School Recommendation** - To be completed (in English) by Home Room Teacher/School Official

1. Has the student missed or repeated a year?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Does the student have a history of continuous or frequent absences from school?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Please comment on the character, motivation, and study habits of this student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does the student have any special needs, i.e. as a result of dyslexia, word blindness:  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Has the student had any adjustment or disciplinary problems at school or in the community?  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. By August of this year, how many years of schooling will this student have completed: \_\_\_\_\_ years \_\_\_\_\_ months

7. Number of instructional days per school year: \_\_\_\_\_ Hours per day: \_\_\_\_\_.

Name of person completing this page: \_\_\_\_\_

Title of person completing this page: \_\_\_\_\_

School Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School seal or Official stamp:

**Statement of Health - To be completed by parent**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month    Day    Year

1. Has the student ever had any of the following: If Yes, give dates of illness and detailed information regarding any impairment in the space below.

	Yes	No	Date		Yes	No	Date
Chicken Pox	_____	_____	_____	Allergies	_____	_____	_____
Measles	_____	_____	_____	Asthma	_____	_____	_____
Mumps	_____	_____	_____	Appendicitis	_____	_____	_____
Poliomyelitis	_____	_____	_____	Cough (persistent)	_____	_____	_____
Pneumatic Fever	_____	_____	_____	Diabetes Mellitus	_____	_____	_____
Rubella	_____	_____	_____	Enuresis	_____	_____	_____
Scarlet Fever	_____	_____	_____	Goiter (Struma)	_____	_____	_____
Malaria	_____	_____	_____	Headache (persistent)	_____	_____	_____
Hepatitis	_____	_____	_____	Hernia	_____	_____	_____
Parasites	_____	_____	_____	Learning Disability	_____	_____	_____
Seizure Disorder	_____	_____	_____	Vertigo, Dizziness	_____	_____	_____
Sleepwalking	_____	_____	_____	Bulimia	_____	_____	_____
Anorexia	_____	_____	_____				

2. Does the student have any allergies? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please explain \_\_\_\_\_  
 \_\_\_\_\_

3. Is student currently using any prescription drugs and/or medication? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Has the student experienced disease, impairment or abnormality of any of the following:

	Yes	No	Date
Abnormal Organs	_____	_____	_____
Bones, Joints	_____	_____	_____
Heart or Blood Vessels	_____	_____	_____
Blood, Endocrine System	_____	_____	_____
Lungs, Respiratory System	_____	_____	_____
Genito-Urinary System	_____	_____	_____

Brain, Nervous System	_____	_____	_____
Skin (Acne, etc.)	_____	_____	_____
Ears or Hearing	_____	_____	_____
Tonsils	_____	_____	_____
Eyes or Vision	_____	_____	_____
Varicose Veins	_____	_____	_____

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Release Authorization:** (students must have proof of medical insurance)

I hereby authorize Dominion Academy of Dayton, and the host parents to seek medical attention for my child in the event of sickness, accident, or other emergency during the student International program. I also authorize any physician to release any information acquired in the course of examination or treatment. I certify that the above information is correct to the best of my knowledge. This authorization shall be valid for the entire duration of the program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please place the Notary's Seal or Official Stamp below:

Please include a current copy of the students' medical insurance.

**Physician's statement of Health - To be completed by Physician**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. Give your opinion of the general state of the student's health.

\_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

If student's health is only fair or poor, please explain. \_\_\_\_\_

2. Are there any restrictions on the student's participation in physical education and/or sports activities? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

Additional comments on student's health: \_\_\_\_\_

3. Please provide the following information:

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Pupillary and knee reflexes normal? \_\_\_\_\_ Yes \_\_\_\_\_ No

Height: \_\_\_\_\_ cm. Weight: \_\_\_\_\_ kilos

IF the student wears glasses or contact lenses, please complete the following ophthalmic information:

	Sphere	Cylinder	Axis	Prism	Base
--	--------	----------	------	-------	------

(OD) Ocular Dexter \_\_\_\_\_

(OS) Ocular Sinister \_\_\_\_\_

Add: \_\_\_\_\_ Base Curve: \_\_\_\_\_

Other: \_\_\_\_\_

I, the undersigned, have given a thorough physical examination, reviewed the medical history of the candidate, and certify that all important medical information has been included and that the above information is accurate.

Physician Name and address (please print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization Record - To be completed by Physician**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_

*Please mark the date of each immunization, TB test or X-ray.*

Immunizations needed for 9-12th graders: Diphtheria, Tetanus, Pertussis

1. Three to four doses of DTaP, DTP, DT or Td or any combination:

\_\_\_\_\_

2. Polio—Four doses if a combination of OPV and IPV was administered. Four doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the fourth birthday.

\_\_\_\_\_

3. Measles, Mumps, Rubella—MMR, two doses. Dose one must be administered on or after the first birthday. The second dose must be at least twenty-eight days after the first dose.

\_\_\_\_\_

4. Hepatitis B-3 doses—The second dose must be administered at least twenty-eight days after the first dose. The third dose must be given at least sixteen weeks after the first dose and at least eight weeks after the second dose.

\_\_\_\_\_

5. A negative TB test \_\_\_\_\_ or a Chest X-ray \_\_\_\_\_

Additional Immunizations needed for 7 -9th graders.

1. Tdap or Td vaccine—One dose within the last five years.

\_\_\_\_\_

I, undersigned, have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all important medical information has been included, and that the above information is complete and accurate.

Physician Name and address (please print): \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Proof of Funds – To be completed by financial institution/parents**

All students are required to show proof of funding for one year. This proof of funding must be submitted annually before the start of each school year.

Proof of funds is usually in the form of a bank letter. Proof of funding from a government entity, company or university should be in the form of an award letter that outlines the details of the award, including the duration of the award. All funding must be easily accessible and in the form of liquid assets. Proof of funding documents must be original and not older than three months. All banks statements and bank letters must be on bank letterhead and include the name of the account holder, account number, and specific amount of funds. All documents must be in US dollars, in English, and have official bank seals/stamps. Attach all bank and other documentation to this form.

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

**Annual Fees for F-1 Students Seeking a Standard High School Diploma from Dominion Academy of Dayton**

This is to certify that I will provide financial support (U.S. Dollars) for the student's first academic year of study at Dominion Academy of Dayton. I understand that I will need to provide at least the above mentioned total amount in addition to travel expenses to and from the United States. I also understand that I will need to provide this amount each year for the duration of the student's studies at Dominion Academy of Dayton. I further certify that the funds are available to the student and the financial documents (per the requirements below) are attached with this form.

Sponsor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Printed name of sponsor: \_\_\_\_\_

Sponsor's relationship to the student (i.e., parent, brother, aunt, friend): \_\_\_\_\_

Name of sponsor's business/employer: \_\_\_\_\_

Annual income (U.S. Dollars): \_\_\_\_\_

Sponsor's e-mail address: \_\_\_\_\_

Sponsor's phone number: \_\_\_\_\_

Acceptable evidence of financial support:

- Bank statements indicating the required currency amount
- Investment statements indicating liquid assets
- Scholarship letters
- Lines of credit
- Governmental funding

## International Student Rules - To be completed by student and parents

1. Students may not break host family regulations regarding curfew, smoking, drinking, dating, or household chores for which they are responsible. They may not have guests in the host family's home without their permission. Students are expected to go to church and/or church activities with their host family.
2. Students are responsible for attending school and achieving satisfactory grades. They must follow all attendance requirements at the high school. Students who are expelled from high school due to poor behavior or low grades will be dismissed from the program.
3. While in the United States, students are under the authority of the national, state, and local laws. They are also under the authority of Dominion Academy of Dayton regulations. It is important that they obey all laws.
4. The use of all non-prescription drugs is illegal for everyone in the United States. Therefore, students may use only drugs prescribed by their doctor (or over-the-counter items such as aspirin). Involvement with illegal drugs during the program is grounds for immediate dismissal.
5. Students may not drink or purchase alcoholic beverages (this includes beer or wine). The minimum drinking age in the United States is 21 years. Fines, arrest, and imprisonment can result for those found violating this law.
6. Students may not drive motor vehicles except within the context of a formal Driver's Training program. Driver's Training may be taken only with the permission of the natural parents, host parents, and Dominion Academy of Dayton. Students are not allowed to be passengers on motorcycles, motor bikes, or scooters. They are not allowed to purchase or own any motor vehicle.
7. Students may not travel independently or hitchhike. They may not travel while school is in session without the written permission of their school principal. If students plan to travel, they must be accompanied by a responsible adult (25 years or older) and have written permission from Dominion Academy of Dayton. They may not visit their own country more than once a year during their program, and it must be at their natural parents' expense.
8. If students plan to travel at all during the program, even after graduation, they must obtain written permission from Dominion Academy of Dayton.
9. Dominion Academy of Dayton finds visits from natural parents and friends from the student's home country can be detrimental to the student's adjustment process and therefore discourages this kind of contact. Family and friends from students' home countries may not visit the student in the United States for the first six months of the program.
10. Students are expected to return to their home countries within 60 days after the program ending date and must notify Dominion Academy of Dayton of the date of their departure from the United States.
11. If Dominion Academy of Dayton dismisses the student from the program, the State Department will be notified immediately and the student will be expected to return to his or her home country in a timely fashion.

Please note that infraction of any of the above rules may be grounds for dismissal from the Dominion Academy of Dayton. Responsibility for final decisions on student dismissal rests with Dominion Academy of Dayton and dismissal may occur at any time during the course of the program for unacceptable behavior.

I understand that if I break any of these rules, Dominion Academy of Dayton may send me back to my home country at once at my own expense. I hereby release Dominion Academy of Dayton, the host family, all Dominion Academy of Dayton employees and contracted staff from all liability, injury, damages, or claims, which I may have incurred after the termination of the Dominion Academy of Dayton International Student Program on June 30th. Further, I understand that I will not be covered by any insurance policy held by Dominion Academy of Dayton after June 30th.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please place the Notary's Seal or Official Stamp below: