



Please list your children's name(s): _____

Father*:

I , (please print your name) _____, verify that I have reviewed all of my electronic signatures submitted with my child's application to Faith West Academy. By signing below, I confirm that these signatures are valid and legally binding. These signatures will remain valid during the duration of my child's attendance at Faith West Academy.

Signed: _____ Date: _____

Mother*:

I , (please print your name) _____, verify that I have reviewed all of my electronic signatures submitted with my child's application to Faith West Academy. By signing below, I confirm that these signatures are valid and legally binding. These signatures will remain valid during the duration of my child's attendance at Faith West Academy.

Signed: _____ Date: _____

* If, due to death, divorce or otherwise, there is only one legal parent enrolling this child, official paperwork must be submitted to the Admission's Office. This includes; but is not limited to divorce decrees, adoption papers, etc.



HOST FAMILY & GUARDIANSHIP INFORMATION

I-20 students **MUST** be living with their legal guardian while living in the United States.

Once guardianship papers have been completed, please return them to the Registrar's Office with this form.

Student's full legal name _____

Student's nickname _____

Home Address _____

City/County/State _____ Zip _____

Home Telephone _____

Student Name _____ Grade _____

Host Father _____ Employer _____
Business Phone _____
Cell Phone _____

Host Mother _____ Employer _____
Business Phone _____
Cell Phone _____

Email Address _____

Church Now Attending _____



INTERNATIONAL CONTACT REQUIREMENTS & INFORMATION

STUDENT NAME: _____

Because it is sometimes necessary to communicate with a student's family while they are attending FWA, it is extremely important that FWA has a contact available who can speak fluent English. Please check one of the boxes below stating your preference for an international contact.

I am the student's parent and I speak fluent English.

Parent name _____

My primary phone number is _____

My primary email is _____

This student's parents cannot speak English. Because of this, the parents choose to have an international contact that the school can speak to at anytime regarding all student issues.

This contact **MUST** meet the following criteria:

1. The contact speaks fluent English.
2. The contact has an active cell phone that accepts calls and voicemails.
3. The contact is willing to act as the liaison between the school and the parents, as necessary.

Contact name _____

Contact's primary phone number is _____

Contact's primary email is _____

Father's Signature

Mother's Signature

BELOW ARE THE INSTRUCTIONS FOR COMPLETING THE FAITH WEST ACADEMY DURABLE POWER OF ATTORNEY FORM. PLEASE READ THE INSTRUCTIONS CAREFULLY. PLEASE BE AWARE THAT FAILURE TO COMPLETE THE FAITH WEST ACADEMY DURABLE POWER OF ATTORNEY FORM ACCURATELY WILL RESULT IN YOUR CHILD NOT BEING ABLE TO ATTEND CLASS UNTIL THE COMPLETED FORM IS SUBMITTED TO THE ADMISSION'S OFFICE.

Find the number on the page that correlates with the numbers below:

1. Enter your child's full legal name on this line.
2. Enter the full legal name(s) of your child's host/boarding parent(s) on this line.
3. Enter the address your child will be living at on this line.
4. Enter July 1 of the year of your child's anticipated graduation on this line. (EXAMPLE: July 1, 2022)
5. Complete all items in this box in the presence of a legal witness. This form must be signed by a notary and sealed with an official seal. Depending on the country you live in this may be at your notary office or lawyer's office.
6. DO NOT write anything in this box. This box is to be signed by your child's host/boarding parent in the United States.

Faith West Academy
Durable Power of Attorney

The undersigned Grantor(s) is the natural parent(s) or legal guardian(s) of **(1)** _____ a minor child (Student). Grantor(s) hereby designates **(2)** _____ as the Caretender(s) of the Student, and grants to said Caretender(s) a full and complete authority to take any appropriate action in the best interests of the Student, including authorization for education or medical services. Such actions shall have the same force of effect, and shall bind the undersigned Grantor(s), their heirs and assigns, to the same degree as would have been the case had action been taken by the Grantor(s).

Grantor(s) agrees to assume full responsibility for payment of any fees or other charges relating to the Student's education at Faith West Academy.

The Durable Power of Attorney shall remain in effect as long as the student is enrolled in Faith West Academy.

a. The following date **(4)** _____
OR
b. This Durable Power of Attorney is revoked or rendered inoperative by the Grantor(s), the Caretender(s), or a court of law.

(THE POWER OF ATTORNEY DOES NOT SURVIVE LEGAL GUARDIANSHIP)

(5) GRANTOR(S) – PARENT:

FATHER'S SIGNATURE _____ MOTHER'S SIGNATURE _____

On this _____ day _____, 20____ personally appeared before _____, Notary Public, _____, who is personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that (s)he signed it voluntarily for its stated purpose.

NOTARY PUBLIC _____
MY COMMISSION EXPIRES _____

(6) HOST/BOARDING PARENT:

The undersigned, whose relationship to the Student is _____, accepts the designation as Caretender(s) of Student _____ and agrees to take all action necessary for the health and welfare of the Student, including authorization for education or medical services and full cooperation with Faith West Academy where the Student is enrolled. The undersigned also agrees to assume responsibility for any fees or other charges relating to the Student's education.

HOST/BOARDING PARENT SIGNATURE _____ HOST/BOARDING PARENT SIGNATURE _____

On this _____ day _____, 20____ personally appeared before _____, Notary Public, _____, who is personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that (s)he signed it voluntarily for its stated purpose.

NOTARY PUBLIC _____
MY COMMISSION EXPIRES _____

Faith West Academy

Durable Power of Attorney

The undersigned Grantor(s) is the custodial **parent(s) or legal guardian(s)** of _____, a minor child ("student"). Grantor(s) **hereby designates** _____, **living at** _____ as the Custodian(s) of the Student, and grants to said Custodian(s) a legal guardian with full authority to take any appropriate action in the interest of the Student, including authorization for education or medical services. Such action shall have the same force of effect, and shall bind the undersigned Grantor(s), their heirs and assigns, to the same degree as would have been the case had action been taken by the Grantor(s).

Grantor(S) agrees to assume full responsibility for payment of any fees or other charges relating to the Student's education at Faith West Academy.

The Durable Power of Attorney shall remain in effect as long as the student is enrolled in Faith West Academy:

a. The following date: _____

Or

b. This Durable Power of Attorney is revoked or rendered inoperative by the Grantor(s), the Custodian(s), or a court of law.

THIS POWER OF ATTORNEY DOES NOT CONFER LEGAL GUARDIANSHIP

GRANTOR(S) – PARENT:

SIGNATURE (parent)

SIGNATURE (parent)

On this _____ day _____, 20____, personally appeared before

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that (s)he signed it voluntary for its stated purpose.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

CUSTODIAN – HOST FAMILY:

The undersigned, whose relationship to the Student is _____, accepts the designation as Custodian(s) of student: _____ and agrees to take all action necessary for the health and welfare of the student, including authorization for education or medical services and full cooperation with Faith West Academy where the Student is enrolled. The undersigned also agrees to assume responsibility for any fees or other charges relating to the Student's education.

SIGNATURE (parent)

SIGNATURE (parent)

On this _____ day _____, 20____, personally appeared before

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that (s)he signed it voluntary for its stated purpose.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____



I-20 STUDENT INSURANCE INFORMATION

I-20 students **MUST** purchase student insurance while in the United States. Please be aware that student insurance must be active for the entire time the student is in the USA. It must be paid in full, in advance, of each school year in order for the student to attend school.

You are welcome to explore different insurance companies on your own or use one of the companies our students have used in the past:

<http://www.internationalstudentinsurance.com/>

<http://studentinsurance.com/>

<http://www.hccmis.com/student-secure-insurance/>

Once you've chosen your insurance, please submit a copy of your insurance card to FWA via use of the documents tab in the online application or by fax/email into the admissions office.