



# KEYSTONE

INTERNATIONAL PREPARATORY ACADEMY

Admission Application		
<b>Applicant Information</b>		
First Name	Middle Name	Last Name
Home Address		City
State/Province	Country	Zip/Postal Code
Male	Age	Date of Birth
Female		
Country of Birth		Citizenship
Email Address		Skype Name
Home Telephone (include country, city, area codes)		We Chat Name
<b>Family Information</b>		
<b>Parent / Guardian 1</b>		
First Name	Middle Name	Last Name
Home Address		City



# KEYSTONE

INTERNATIONAL PREPARATORY ACADEMY

State/Province		Country	Zip/Postal Code
Relationship to Student		Marital Status	
Email Address		Skype Name	
Home Telephone (include country, city, area codes)		We Chat Name	
Occupation		Company Name and City	
<b>Parent / Guardian 2</b>			
First Name	Middle Name	Last Name	
Home Address		City	
State/Province		Country	Zip/Postal Code
Relationship to Student		Marital Status	
Email Address		Skype Name	



# KEYSTONE

INTERNATIONAL PREPARATORY ACADEMY

Home Telephone (include country, city, area codes)		We Chat Name	
Occupation		Company Name and City	
<b>Sibling Information</b>			
Name		Male / Female	Date of Birth
Name		Male / Female	Date of Birth
Name		Male / Female	Date of Birth
<b>Education Information</b>			
Present School's Name			Current Grade
Address		City	
State/Province		Country	Zip/Postal Code
Telephone (include country, city, area codes)		Dates Attended	



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INTERNATIONAL PREPARATORY ACADEMY

<b>Other Schools Attended</b>		
School's Name		
Address		City
State/Province	Country	Zip/Postal Code
Telephone (include country, city, area codes)		Dates Attended
School's Name		
Address		City
State/Province	Country	Zip/Postal Code
Telephone (include country, city, area codes)		Dates Attended
Month / Year of Proposed Entrance		Applying for Grade
<b>Recent English Language Test (TOEFL, TOEFL Junior, iTEPS SLATE, ELTiS)</b>		
Test/s	Date/s Taken	Score/s



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INTERNATIONAL PREPARATORY ACADEMY

Have you ever been suspended, expelled or denied admission?

(circle one)    NO    YES

If yes, please explain:

## Special Interests

Do you play any sports at school? If so, which?

Hobbies:

Do you play a musical instrument? If so do you wish to continue your lessons?

Foods you like:

Foods you dislike:

Foods you are allergic to:

## Medical Information

Do you smoke?    YES    NO

Do you drink alcohol?    YES    NO

Have you had an extended absence from school for 1 month or longer?

(circle one)    NO    YES

If yes, please explain:

## Medical Questionnaire and Health History

Note: Any changes or updates to information must be reported to Keystone International Preparatory Academy immediately.

### Student's Identification Information:

First Name	Middle Name	Last Name
Home Address		City
State/Province	Country	Zip/Postal Code
Gender	Age	Date of Birth

### Contact Information:

#### Mother

First Name	Middle Name	Last Name
Home Address		City
State/Province	Country	Zip/Postal Code
Home Telephone (include country, city, and area codes)		



# KEYSTONE

INTERNATIONAL PREPARATORY ACADEMY

Mobile Telephone (include country, city, and area codes)		
Email Address		
<b>Father</b>		
First Name	Middle Name	Last Name
Home Address		City
State/Province	Country	Zip/Postal Code
Home Telephone (include country, city, and area codes)		
Mobile Telephone (include country, city, and area codes)		
Email Address		
<b>Emergency Contact Information (other than parents)</b>		
In case of emergency please contact:		
Name	Relationship to Student	
Home Telephone (include country, city, and area codes)		



Mobile Telephone (include country, city, and area codes)	
If the primary emergency contact is not available, please contact:	
Name	Relationship to Student
Home Telephone (include country, city, and area codes)	
Mobile Telephone (include country, city, and area codes)	
<b>Allergies to:</b>	
Medicine:	
Food:	
Other:	
<b>Insurance Information</b>	
Is the student insured?	
Who is the primary insured person?	
Insurance Company Name	Insurance Company Address
Policy Number:	
Group Number:	
<b>Medical History</b>	
Does the student have any medical conditions we should be aware of? If yes, please explain	





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INTERNATIONAL PREPARATORY ACADEMY

**Medication**

Please list all medications the Student is currently taking.

Please list any over-the-counter medications the child cannot receive. (for example; Aspirin, Benadryl, Tylenol, etc.)



## **Parental Authorization and Assumption of Risk and Release Agreement**

### **General Terms and Definitions**

I desire that (student name) \_\_\_\_\_ (hereinafter "the child") participate in the home-stay program (hereinafter the "the Program") administered by Peggy Phillips/Keystone International Preparatory Academy (hereinafter "KIPA"). I understand that Peggy Phillips and KIPA will not allow the Child to participate in the Program unless I enter into this Authorization and Assumption of Risk and Release Agreement (hereinafter "the Agreement") on my behalf and on behalf of the Child. Therefore, in exchange for permission for the Child to participate in the Program, and in consideration of promises, representations, warranties, covenants and actions herein provided, the parties hereto, each intending to be legally bound hereby, agree as follows:

The definition of the term "I" herein shall apply equally to the singular and plural form of the term and references to the singular term "I" includes, unless the context otherwise requires, references to the plural and vice versa.

I am authorized to execute this document on behalf of the Child named herein, and Peggy Phillips/KIPA should rely on this representation without any duty or obligation to make further inquiry or investigate whether the undersigned is so authorized. The Child is of sound mind, in good health and no physical or mental conditions will hinder the Child from participating in the Program

I acknowledge and agree that it is my responsibility to notify Peggy Phillips/KIPA of any changes in medical condition, guardianship, address or telephone in writing to the address listed at the beginning of this form.

### **Assumption of Risk and Release of Liability (Indemnification)**

I am aware of the hazards and risks to the person and/or property of the Child associated with travel and participating in activities associated with the Program. I choose to allow the Child to participate in the Program with full awareness of the risks and, with respect to Peggy Phillips/KIPA and its Student Representatives, officers, directors, volunteers, and employees, I voluntarily assume all risks of illness, injury or



death to the Child associated with such risks and any damage to his or her property.

By allowing the child to participate in the Program, I voluntarily expose the Child to the risks and dangers associated with participating in the Program, whether expected or unexpected. Risks or dangers may include, but are not limited to; illness, infection, injury or death and I am aware of these risks and dangers and I am aware that I may obtain appropriate insurance coverage at my own expense. I further understand that Peggy Phillips/KIPA may not have any insurance coverage that would apply in the event of the Child's illness, injury or death or damage to the Child's property that may occur during the Child's participation in the Program including traveling to and from the Program.

Insofar as the law permits, I hereby release, forever discharge and agree to indemnify, defend and hold harmless Peggy Phillips/KIPA from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the Child that occur while said Child is traveling to and from or participating in the Program. I, individually, and on behalf of the Child, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in the Program and all activities involved therewith.

### **Power of Attorney**

This document will serve as authorization assigning Power of Attorney for the child to Peggy Phillips/KIPA, and shall be effective as of today's date and shall remain in full effect until terminated by the signing parents in writing. Any third party designated by Peggy Phillips/KIPA who receives a copy of this document may act under it, including but not limited to representatives, officers, directors, volunteers, and employees, including the Child's host family or families.

### **Photo/Video Release**

I give permission and hereby authorize Peggy Phillips/KIPA and its representatives, officers, directors, volunteers and employees, including the Child's host family or families, to consent to grant permission to use photographs and any other materials, in which the Child may appear, for promotional or publicity of future programs.



### **General Release**

I give permission and hereby authorize Peggy Phillips/KIPA and its representatives, officers, directors, volunteers and employees, including the Child's host family or families, to be responsible for the Child in all aspects of school life, including, but not limited to: day-to-day school decisions and activities, signing of all pertinent forms, being contacted by school officials with any questions or concerns, release of any school reports or access to school web-based information and providing all transportation to and from school in a timely manner.

### **Medical Release**

I give permission and hereby authorize Peggy Phillips/KIPA and its representatives, officers, directors, volunteers and employees, including the Child's host family or families to:

- provide routine health care, dispense any medications prescribed to the Child,
- dispense to the Child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary
- transport the Child to a medical facility for medical treatment
- authorize any physician, dentist, hospital or medical treatment center to treat the Child in case of an emergency. I hereby do consent to the use of blood and/or blood products under the care of a licensed physician in case of any emergency.
- consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the Child under the general or special supervision and on the advice of any physician or dentist representing to licensed on the medical staff of a hospital or medical care facility whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.

The undersigned adult(s) shall jointly and severally liable and agree(s) to pay any and all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Child pursuant to this authorization within thirty (30) days of the date of billing such costs and expenses.



Should it be necessary for the Child to return home due to medical reasons of otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.

**I do hereby authorize Peggy Phillips/KIPA and its representatives, officers, directors, volunteers and employees including the Child's host family or families to provide this release form as proof of authorization for consent to provide medical care for the Child as determined is necessary.**

### **Travel Release and Authorization**

I authorize my child to travel with the out-of-town guidelines established by Peggy Phillips/KIPA program. I accept full responsibility for and assume all the risk associated with the Child's participation in any approved Peggy Phillips/KIPA travel and/or activities. I agree to release, indemnify and hold blameless Peggy Phillips/KIPA and its American partners and independent contractors from any and all claims, liabilities, ages, losses, settlement payments, deficiencies, and reasonable costs and expenses suffered, sustained, incurred or required to be paid to any party because of, or that result from, relate to or arise out of, the Child's participation in any approved Peggy Phillips/KIPA travel and/or activity. It is acknowledged by me that this Travel Release and Authorization eliminates the need to receive approved signatures for any Peggy Phillips/KIPA approved travel and/or activity for the duration of the Child's participation in the Peggy Phillips/KIPA program.

Any Child desiring to participate in travel and/or activities not approved by the Peggy Phillips/KIPA program must follow the Peggy Phillips/KIPA travel guidelines.

### **School and Host Family Policy**

I understand and agree that I will not directly contact the school where the Child attends, to work directly with the school. I agree I will not contact the Peggy Phillips/KIPA host family directly to host the Child outside the Peggy Phillips/ KIPA program. We agree to remove our child from



## **Legal**

I, individually, and on behalf of the Child, expressly waive any defense to the enforcement of any provision of this Agreement arising from a claim of lack of consideration and warrant that the commitment set forth in this document constitutes a legal, valid and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that the authorization, assumption of risk, release and the other agreements and representations set forth herein are intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THE FOREGOING PROVISIONS INCLUDING, BUT NOT LIMITED TO, THE ASSUMPTION OF RISK AND RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

This Agreement and its validity, interpretation, performance and enforcement shall be governed by the laws of the Commonwealth of Pennsylvania regardless of any conflict of law provisions. The parties submit to the jurisdiction of the Court of Common Pleas for the County of Beaver, Pennsylvania, and the United States District Court for the Western District of Pennsylvania. The parties further stipulate, acknowledge and agree that venue is proper in the Court of Common Pleas for the County of Beaver, Pennsylvania, and the United States District Court for the Western District of Pennsylvania. The parties waive any objection to venue and any objection based on a more convenient forum in any action instituted under this Agreement and further waive their right to a trial by jury.

If any provision of this Agreement is determined to illegal or unenforceable for any reason, in whole or in part, the remaining provisions shall not be affected thereby.

This agreement shall not be amended, modified or altered in any way without the express, written permission of Peggy Phillips/KIPA.

The terms and conditions of this Agreement shall be binding upon all of the parties as well as their heirs, representatives, successors, transferees and assigns (whether by merger, reorganization, recapitalization or similar event).

This Agreement sets forth the entire understanding of the parties with respect to the subject matter herein and supersedes all prior understandings and agreements which, upon execution of this Agreement, shall no longer be effective.



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INTERNATIONAL PREPARATORY ACADEMY

IN WITNESS WHEREOF, this Authorization and Assumption of Risk and Release agreement has been executed

as of \_\_\_\_\_, 20\_\_\_\_\_  
(MM DD) (YY)

Witness:

\_\_\_\_\_  
(PRINT NAME)      \_\_\_\_\_(SEAL)  
Father's signature

\_\_\_\_\_  
(PRINT NAME)      \_\_\_\_\_(SEAL)  
Mother's signature

\_\_\_\_\_  
(PRINT NAME)      \_\_\_\_\_(SEAL)  
or Legal Guardians

(provide documents establishing guardianship if not legal parent)



## **Guardian/Custodian Appointment Letter**

### **STUDENT**

NAME IN FULL:  
DATE OF BIRTH:  
NAME OF SCHOOL/PROGRAM IN USA:  
ADDRESS WHERE STUDENT WILL RESIDE IN USA:

### **FATHER**

NAME IN FULL:  
PRESENT ADDRESS:  
MOBILE NUMBER:

### **MOTHER**

NAME IN FULL:  
PRESENT ADDRESS:  
MOBILE NUMBER:

### **Present GUARDIAN/CUSTODIAN (if other than Father/Mother)**

NAME IN FULL:  
PRESENT ADDRESS:  
MOBILE NUMBER:

### **Intended GUARDIAN/CUSTODIAN (Peggy Phillips/KIPA Representative)**

NAME IN FULL:  
PRESENT ADDRESS:  
MOBILE NUMBER:





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INTERNATIONAL PREPARATORY ACADEMY

I/we \_\_\_\_\_ father/mother of said

student \_\_\_\_\_, hereby grant full  
(name of student)

guardianship to \_\_\_\_\_ during his/her  
(name of guardian/custodian)

stay in the USA while under the age of 18 years. I have made the necessary arrangements for the care and support of the said student such that the guardian should act in the place of me, the parent. I affirm that I am satisfied the above appointed guardian resides within a reasonable distance of my child's intended residence and will be able to provide assistance to my child in the event of an emergency.

\_\_\_\_\_  
MM/DD/YYYY

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

\_\_\_\_\_  
Signature of Mother/Guardian