

DAYTON CHRISTIAN SCHOOL SYSTEM

9391 Washington Church Road
Miamisburg, Ohio 45342
(937) 291-7205 FAX: (937) 291-7202

INTERNATIONAL STUDENT APPLICATION

Student Name: _____
(Last Name) (First Name)

Parent(s) Name: _____

Nationality: _____

STUDENT APPLICATION FORM INSTRUCTIONS

Together with your parents, complete the entire application and send it to Dayton Christian School System, 9391 Washington Church Road, Miamisburg, Ohio 45342 or email it to mshaeffer@daytonchristian.com as soon as possible. Be sure all information is complete and typed or printed legibly in black ink in order to be considered for acceptance.

PAGE 1 & 2: STUDENT APPLICATION/INTERESTS AND HOBBIES

All questions in this section must be answered. Please print or type neatly.

PAGE 3: PERSONAL DATA

These pages will help Dayton Christian Representatives become familiar with your interests and habits. It will also help to introduce you to potential host families. Answer all questions honestly and completely.

PAGE 4: SHORT ESSAYS

This section will provide your host family with a better understanding of who you are and why you want to come to the United States as an International student. Fill in all spaces with thoughtful and complete sentences.

PAGE 5: STUDENT'S LETTER

Spend time seriously thinking about what you want to write in this important letter to our host family. Practice writing the letter on another piece of paper first, before typing it on the form.

PAGE 6: PARENTS' LETTER

Have your parents write a letter about you and your relationship with your family and friends. Have your parents write in English if possible.

PAGE 7 & 8: FAMILY ALBUM

Select at least four pictures and write captions about each picture, capturing the true spirit of your daily life. The album will give your host family an understanding of your family, home and lifestyle.

INSTRUCTIONS (Continued)

All information must be complete and typed or printed legibly in blue or black ink in order to be considered for acceptance.

PAGE 9 & 10: ENGLISH TEACHER'S RECOMMENDATION

This important document will help you to gain entrance into an American high school. Your present English teacher should provide a thorough and honest assessment of your English capabilities. Any available scores on a recognized test of English language skills (such as SLEP) should be attached. An official school stamp must be placed on page 10.

PAGE 11 & 12: SCHOOL TRANSCRIPT OF GRADES/SCHOOL RECOMMENDATION

Your Dayton Christian School System representative will complete the School Transcript of Grades form. However, you must submit copies of your last three years' official transcripts of school grades in your Student Application. Include Junior high schools transcripts if necessary. When you come to the United States, bring a copy of your most recent official transcripts with you so that you can enroll quickly in school. Your home room teacher or school, official must complete the School Recommendation.

PAGE 13 & 14: STATEMENT OF HEALTH/PHYSICIAN'S STATEMENT OF HEALTH

Be sure that your parents sign the Medical Release Authorization at the bottom of page 13. Your physician must sign and stamp the bottom of page 14.

International Student medical insurance can be obtained through the DCSS insurance broker. Please contact Human Services.

PAGE 15: IMMUNIZATION RECORD

You cannot be admitted to an American high school without this information being complete. If you have not received the immunizations listed on the form, you will need to be vaccinated before entering the United States. If serums are not available in your own country, your parents should provide you with enough extra money to cover the costs of the vaccinations once you arrive in the United States. Schools require that students be immunized before registering and Dayton Christian School System's insurance does not cover immunization costs.

PAGE 16: INTERNATIONAL STUDENT RULES

This page is to be completed by the student. Please read every section carefully before signing the form. .

PAGE 17: STANDARDS OF CONDUCT

Student is to read and sign this form.

STUDENT APPLICATION

All sections of this application must be fully completed before final acceptance into the Dayton Christian School System International Student Program will be made; missing information will delay your acceptance. Please type or print using black or blue ink. Do not use pencil. All pages requiring a signature must be signed. It is important that you **decide before you apply** if you are going to attend Dayton Christian for Academic credit or for just the Cultural experience and not receive any Academic credit. If you decide to attend for the Cultural experience we can not maintain any Academic grading information for the courses. We do not change the status of students from Cultural to Academic during a school year and can not back date a Cultural year to an Academic year at a later date. Please check the appropriate box below.

Academic Credit Cultural Experience

Program Type: Academic Year Semester

Entry Date: August January Year: _____

Student Data: Full Last Name: _____ Gender: F M

Given Name: _____ Nickname: _____

Address: _____

City: _____ Province: _____ Postal Zone/Code: _____

Country: _____ Home Telephone No: _____

Country of Legal Residence: _____ Citizenship: _____

Birth Date: _____/_____/_____ Age upon arrival: _____
Day Month Year

City of Birth: _____ Country of Birth: _____

Father's Data: Surname: _____ Given Name: _____

Occupation: _____ Business Telephone: _____

Mother's Data: Surname: _____ Given Name: _____

Occupation: _____ Business Telephone: _____

Family Data: Student lives with: ___ Both Parents ___ Mother only ___ Father Only ___ Other: ___

Parents are: ___ Married ___ Separated ___ Divorced ___ Other: _____

Other Family Members:

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	ARTS AND ENTERTAINMENT	OTHER ACTIVITIES
<input type="checkbox"/> Baseball	<input type="checkbox"/> Dancing _____	<input type="checkbox"/> Chess
<input type="checkbox"/> Badminton	<input type="checkbox"/> Reading	<input type="checkbox"/> Computers
<input type="checkbox"/> Basketball	<input type="checkbox"/> Drama/Theater	<input type="checkbox"/> Cooking
<input type="checkbox"/> American Football	<input type="checkbox"/> Drawing	<input type="checkbox"/> Gardening
<input type="checkbox"/> Camping	<input type="checkbox"/> Painting	<input type="checkbox"/> Handicrafts
<input type="checkbox"/> Fishing	<input type="checkbox"/> Photography	<input type="checkbox"/> Knitting
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Board Games	<input type="checkbox"/> Sewing
<input type="checkbox"/> Hiking	<input type="checkbox"/> Classical Music	<input type="checkbox"/> Stamp Collecting
<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Museums	<input type="checkbox"/> Traveling
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Ballet	<input type="checkbox"/> Boy Scouts
<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Symphony	<input type="checkbox"/> Girl Scouts
<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Opera	
<input type="checkbox"/> Rugby	<input type="checkbox"/> Movies	OTHERS:
<input type="checkbox"/> Snow Skiing	<input type="checkbox"/> Singing	_____
<input type="checkbox"/> Snow Boarding	<input type="checkbox"/> Listening to Music	_____
<input type="checkbox"/> Swimming	<input type="checkbox"/> Musical Instruments (specify)	_____
<input type="checkbox"/> Table Tennis		_____
<input type="checkbox"/> Tennis	_____	_____
<input type="checkbox"/> Aerobics	_____	_____
<input type="checkbox"/> Track (Running)	_____	_____
<input type="checkbox"/> Volleyball		_____
<input type="checkbox"/> Water Skiing	List any clubs or social activities in which you are involved:	
<input type="checkbox"/> Wind Surfing	_____	
<input type="checkbox"/> Handball/Squash	_____	
<input type="checkbox"/> Martial Arts: _____	_____	
<input type="checkbox"/> Soccer	_____	

FUTURE PLANS - To Be Completed by Student

- Do you intend to continue your education upon completion of secondary school? Yes No

If yes, where: _____

What do you intend to study? _____

- What is your future job or career plans? _____

Dayton Christian School System expects each student to adjust to the family selected for you. It is important to understand that there is no "perfect" host family or school. As a Dayton Christian School System International student, you should be prepared to accept the host family Dayton Christian School System selects, make every effort to become a member of the host family and participate successfully in the academic program at Dayton Christian School System.

I, the student, and my natural parents understand and agree to accept the family found for me.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PERSONAL DATA - To Be Completed by Student

- Do you know of anyone in the U.S. that we can contact in case of emergency? Yes No
If yes, where? _____
- Have you ever lived or traveled outside your country? Yes No
If yes, where? _____
- What are your household responsibilities? _____

- Do you have a curfew at home? Yes No
If yes, what time are you expected to be home during the week? _____ on weekends? _____
- How much time do you spend studying at home? _____
- Have you ever lived away from your parents? Yes No If yes, please explain _____

- Do you work or have you ever held a job? Yes No If yes, please explain _____

- Religious affiliation: _____
Religious participation: Regular Occasional Never
- Do you drink alcoholic beverages with your family?
 Never Occasionally Only on Holidays
- Do you drink alcohol with friends?
 Never Occasionally Only on Holidays
- Do you smoke? Yes No If yes, I agree not to smoke at DCSS Yes No
- 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.

- Do you have any allergies? If yes, please explain. _____

- Do you follow a special diet? If yes, please explain. _____
- Have you previously been on a student International program? Yes No
If yes, please give details including in which country you studied.

- Indicate the foreign languages you speak and the number of years you studied the language(s):

SHORT ESSAYS - To Be Completed by Student

Please answer all of the following questions with complete sentences in the spaces below. Your Host Family and Dayton Christian School System officials will read your answers to these questions.

- Why do you want to be a Dayton Christian School System International student? _____

- Describe your family, home, school, and pets. _____

- Describe your relationship with members of your family and friends. _____

- How do your parents feel about your decision to spend six to ten months in the United States? _____

- Describe your best friend and why their friendship is special to you. _____

- Describe three of your character strengths. _____

- What do you hope to accomplish during your time in the U.S.? _____

STUDENT LETTER - To Be Completed by Student

Student Name: _____

Please prepare a typewritten letter to your future host family in the space provided below. 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

Son or Daughter's Name: _____

Please prepare a typewritten letter to the host parents who will share their home with your son or daughter during the coming year. 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 Dayton Christian School System.

Signature of Parent or Guardian: _____ Date: _____

FAMILY ALBUM - To Be Completed by 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.

Describe photo #1 below: _____

Describe photo # 2 above: _____

Describe photo # 3 below: _____

Describe photo # 4 above: _____

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 the academic year or semester program.

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 type 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 type comments: _____

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: _____

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

- Has the student missed or repeated a year? ____Yes ____No
If Yes, please explain:

-
- Does the student have a history of continuous or frequent absences from school? ____Yes ____No
If Yes, please explain:

-
- Please comment on the character, motivation, and study habits of this student:

-
- Does the student have any special needs, i.e. as a result of dyslexia, word blindness: ____Yes ____No
If Yes, please explain:

-
- Has the student had any adjustment or disciplinary problems at school or in the community? ____Yes ____No
If Yes, please explain.

-
- By August of this year, how many years of schooling will this student have completed: ____years ____months
 - 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 _____

STATEMENT OF HEALTH --- *To be Completed by Parents (front) and Physician (back)*

Student Name: _____ Birth Date: _____/_____/_____
 (please print) Month Day Year

- Has the student ever had any of the following: If Yes, give dates of illness an 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	_____	_____	_____				

- Does the student have any allergies? Yes No If Yes, please explain _____

- Is student currently using any prescription drugs and/or medication? Yes No If Yes, please explain _____

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

	Yes	No	Date		Yes	No	Date
Abnormal Organs	_____	_____	_____	Genito-Urinary System	_____	_____	_____
Bones, Joints	_____	_____	_____	Heart or Blood Vessels	_____	_____	_____
Blood, Endocrine System	_____	_____	_____	Lungs, Respiratory 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 Dayton Christian School System, and the host parents to seek medical attention for me in the event if 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.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PHYSICIAN'S STATEMENT OF HEALTH --- To be Completed by Physician

- 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. _____

- 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. _____

- Please provide the following information:

Height: _____ ft. _____ in. Weight: _____ lbs. Pupillary and knee reflexes normal? Yes No

Height: _____ cm. Weight: _____ kilos

ONLY 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 (Please Print) _____

 Address
 Physician's Signature: _____ Date: _____

IMMUNIZATION RECORD - To Be Completed by Physician

Immunization Requirements

Student Name: _____

Birthdate: _____

Sex: _____

Nationality: _____

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

Immunizations needed for 9-12th graders

Diphtheria, Tetanus, Pertussis

3-4 doses of **DTaP, DTP, DT or Td** or any combination

Polio

4 doses if a combination of OPV and IPV was administered. 4 doses of all OPV or all IPV is required if the third dose of either vaccine was administered prior to the 4th birthday.

Measles, Mumps, Rubella

MMR-2 doses. Dose 1 must be administered on or after the 1st birthday. 2nd dose must be at least 28 days after the first dose.

Hepatitis B-3 doses-2nd dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose.

A negative TB test _____ or a Chest X ray _____

Additional Immunizations needed for 7 -9th graders.

Tdap or Td vaccine- 1 dose within the last 5 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's Signature: _____ Date: _____

Physician's Name and Address: _____

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.
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 Dayton Christian School System 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. Stiff 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 Dayton Christian School System. (Natural parents must check one box and sign at the bottom of this page.) 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. Any travel that a student undertakes should only occur during school vacation time after the Christmas holiday. If students plan to travel, they must be accompanied by a responsible adult (25 years or older) and have written permission from Dayton Christian School System. If they receive permission from Dayton Christian School System to travel after the program, they must have written permission from their natural parents and sign a Program Release Form. 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. As an International student in a Christian School, you need to be prepared to evaluate your own spiritual growth. Your host family will be born again Christians who will be very concerned about your spiritual growth. You will be expected to go to church with them faithfully. You will study the Word of God in school. All of this will require you to look at your relationship with God. Do not be surprised if you find yourself beginning to question your own religious background. It is the command of all Christians to go into all the world and preach the gospel. Your host family will be ready to do that with you. Allow the Holy Spirit to lead you. Always search for the truth.
9. Dayton Christian finds visits from natural parents and friends from the student's home country can be extremely detrimental to the student's adjustment process and therefore strongly 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. In the case of semester students, family and friends may not visit until the last month of the student's program. Any travel that a student undertakes with their natural parents may only occur after the Christmas holiday; preferably, this kind of travel should only occur at the end of the program.
10. Students are expected to return to their home countries within two weeks after the school ending date, but not later than June 30th. Dayton Christian School System, host family and the Dayton Christian School System Representative will not be responsible for students after the end of the program on June 30th.
11. International students are not permitted to compete in interscholastic sports for schools in the Dayton Christian School System. Athletes may be permitted to practice with a team, at the coach's discretion, if they meet all physical and academic requirements but in no circumstances will they be allowed to compete in an interscholastic game or meet.

Please note that infraction of any of the above rules may be grounds for dismissal from the Dayton Christian School System International student program. Dayton Christian School System reviews each student's situation on a case by case basis before a student is dismissed from the program. Responsibility for final decisions on student dismissal rests with Dayton Christian School System. Dayton Christian School System may dismiss a student at any time during the course of the program for unacceptable behavior. I also understand that if I break any of these rules, Dayton Christian School System may send me back to my home country at once at my own expense.

I hereby release Dayton Christian School System, Dayton Christian School System Representative, the host family, all Dayton Christian School System employees and contracted staff from all liability, injury, damages, or claims, which I may have incurred after the termination of the Dayton Christian School System International Student Program on June 30th. Further, I understand that I will not be covered by any insurance policy held by Dayton Christian School System after June 30th.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

STANDARDS OF CONDUCT

Dayton Christian School System recognizes that while Scriptures do not provide specific teaching regarding all social practices, they do advocate self-restraint in that which is harmful (I Cor. 6:19) or offensive to others (I Cor. 8:9). Practices detrimental to a Christian’s character and body are not permitted.

When a student submits to the authority of home, school and church, they learn to yield to Christ. Each student’s conduct should be brought into harmony with the principles of God’s Words as revealed in the Bible. **We realize that not everyone will agree entirely with all policies as presented, but we must teach ourselves to respect and respond properly to authority even when we don’t agree because this is God’s command to us.**

Christian conduct is expected of students at all times (both on and off campus). While a student is enrolled at Dayton Christian School System, it is understood that the school expects the student to refrain from any behavior that adversely affects the testimony of Jesus Christ, Dayton Christian School System and/ or the student and family - **24 hours a day, seven days a week.**

We expect the student to adhere to the following standards:

1. **TO OBSERVE BIBLICAL MORALITY IN ALL RELATIONSHIPS**
2. **TO PRESERVE PERSONAL PURITY**
3. **TO RERAIN FROM THE POSSESSION, USE, SALE, AND/OR DISTRIBUTION OF ANY ALCOHOLIC BEVERAGES, TOBACCO, TOBACCO PRODUCTS, DRUG SUBSTANCES, DRUB-LIKE SUBSTANCES, AND/OR DRUB PARAPHERNILIA**
4. **TO APPROACH THE SCHOOL AND ITS PROGRAM IN A POSITIVE CHRISTIAN ATTITUDE AND REFRAIN FROM NEGATIVISM EITHER IN ACTION, WORD, OR APPEARANCE.**



I have read the above Standards of Conduct and the International Student Rules. It is my personal desire and choice to attend this school, thus I will voluntarily observe the principles and guidelines set forth by Dayton Christian School System and will consciously seek to develop that pattern of life that will honor the Lord Jesus Christ in my personal, family, and social relationships.

Student Signature: _____ Date: _____