

# HOW TO APPLY

## GENESIS PREPARATORY SCHOOL

A MEMBER OF SCHILLER INTERNATIONAL SCHOOLS



Thank you for your interest in Genesis Preparatory School/Schiller International Schools.

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 \$60 fee
- A copy of passport including family page with translation
- A copy of mother's passport including family page with translation (if available)
- \$300 tuition deposit
- \$300 accommodation deposit (if accommodation required)
- \$70 Express Mail fee for your I-20
- 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

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](mailto:athompson@genesisprep.com) or by phone at (727) 846- 8407 ext. 233.

**Please contact Ms. Thompson or Mr. Chapman 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, minus the Express Mail fee, 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 me if you have any further questions.

Sincerely,  
David H. Chapman  
Director of International Studies  
E-mail: [dchapman@genesisprep.com](mailto:dchapman@genesisprep.com)  
Tel. (727) 846-8407 ext.229  
Fax. (727) 844-3601  
Genesis Preparatory School  
7710 Osteen Road  
New Port Richey, FL 34653 USA





## ADMISSIONS FOR INTERNATIONAL STUDENTS

All inquiries to Genesis Preparatory School from international students are referred initially to the Director of International Studies. When contact is made through a phone call or email, the applicant is referred to the school's website for more detailed information about the school. Under the link for International Student under the Admissions file on the website, a complete list is shown of materials and documents which must be submitted to the school in order to begin the application process. Each applicant must provide the following: official transcripts with translation, completed application form with fee, copy of passport, tuition deposit, accommodation deposit, DHL fee, copy of a bank statement showing sufficient funds for study in the USA, signed Statement of Financial Support, proof of vaccination for measles, medical liability waiver signed by parent/guardian, proof of medical insurance, and proof of recent medical examination. The applicant must also submit a written statement that the student and his or her parents/guardians understand the school's mission and expectations for academic study. Only students who are committed to attending college or university following graduation are admitted to the school.

Once the application and all other materials and documents have been submitted to GPS, the Director of International Studies then presents these materials to the Admissions Committee of the school. The Admissions Committee is comprised of five members: the Head of School, the Campus Director, the Director of International Studies, the College Counselor, and the Upper School

Principal. This committee carefully reviews each application by evaluating the student's original transcripts which describe coursework completed and grades awarded in each class. These transcripts must be translated so that the committee may determine the content of each course and the student's level of proficiency. In addition, standardized test scores, teacher remarks, and recommendations are used to evaluate the student's past academic performance.

If the Admissions Committee determines that the applicant meets the academic requirements for admission, and after all necessary documentation has been submitted to the school, the student takes a comprehensive placement test in English proficiency and mathematics during the first week of classes. Using the test results and in conjunction with the student's past academic coursework, the Admissions Committee and classroom teachers determine the course of study which will best meet the student's needs. Students with English proficiency are placed in the college preparatory classes. Those with limited English proficiency are placed in ESOL classes. All ESOL classes are designed to accelerate the achievement of English skills, and all provide comprehensive content instruction in mathematics, science, social studies, and English. When the student has achieved the necessary English proficiency to be successful in the college preparatory classes, he or she is moved to those classes. This evaluation process is ongoing.

In the admissions process, consideration of applicants is given equally, regardless of race, gender, creed, and national or ethnic origin. Students from all over the world are welcomed and are fully integrated into the Genesis family.

**The Genesis Preparatory School gymnasium building**



# APPLICATION

**GENESIS PREPARATORY SCHOOL**  
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1. Name:

Family name

First name

Middle name

2. Permanent mailing address:

Street and Number

City

State or Country

Postal code

3. Telephone:

Fax:

E-mail:

National/Local

National/Local

4. Sex: M F

Date of birth:

Place of birth:

Circle M or F

Month/ Day/ Year

City

State or Country

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. Proposed period of enrollment at Genesis Preparatory School:

From: month - year

To: month - year

9. Proposed entry grade level:

6th

7th

8th

9th

10th

11th

12th

10. How many years of education have you completed since your first full year?

11. Are you planning to graduate from Genesis Preparatory School?

Yes

No

Undecided

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

Yes

No

Maybe

13. For how many years have you studied English?

14. What languages do you use other than English?

15. What is your mother tongue?

16. If you have ever been suspended or expelled from a secondary school, please give details separately.

17. If you have any particular learning needs, please give details on separate paper.

18. If you have health issues that would affect your studies, please give details on separate paper.

19. How did you learn about Genesis Preparatory School?

20. On separate paper, please state your educational goals and why you wish to enroll at Genesis Preparatory School.

# APPLICATION

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

School	Street and Number	
City	State or Country	Postal code

22. 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

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

Name	Street and Number	
City	State or Country	Postal code

24. Father's name:

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

25. 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 \$60.00 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

# WAIVER OF LIABILITY

**GENESIS PREPARATORY SCHOOL**  
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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.

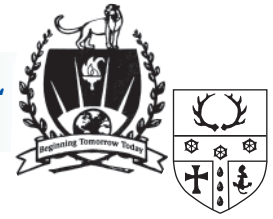
Do you have a prescription for any regularly used drug?  yes  no

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 statute 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.

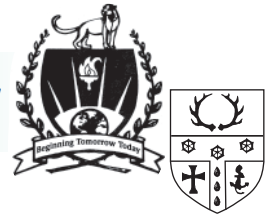
Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

# DRUG TEST PERMISSION

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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: \_\_\_\_\_

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### To Be Completed By Sponsor/Family Member

This is to certify that I will assume full financial responsibility for a minimum of U.S. \$24,000.00 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: \_\_\_\_\_

(\$70.00 will be charged if it is necessary to deliver I-20 via Express Mail.)