

# INTENSIVE ENGLISH CAMP (IEC) APPLICATION

\* Required

**Email Address of the Person completing this application: \*** \_\_\_\_\_

*This is where a copy of this New Student Application will be sent.*

## STUDENT INFORMATION

**Last Name: \*** \_\_\_\_\_ **First Name: \*** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

*Please enter a nickname, English name, or another name by which this student is called (if different from the first name).*

**Date of Birth: \*** \_\_\_\_\_ **Male or Female: \*** \_\_\_\_\_  
mm/dd/yyyy

**Age at time of application: \*** \_\_\_\_\_

**Country of child's passport: \*** \_\_\_\_\_

**Name as it appears in passport: \*** \_\_\_\_\_

**Home Address: \*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Why would you like your child to attend IEC: \***

# MEDICAL INFORMATION

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

Age: \_\_\_\_\_

Give a brief medical history:

Diseases \_\_\_\_\_

\_\_\_\_\_

Injuries \_\_\_\_\_

\_\_\_\_\_

Surgeries \_\_\_\_\_

\_\_\_\_\_

What allergies does your child have? (food, medicine, etc.)


Please list any prescribed or over the counter medication and dosage your child is bringing to the boarding home:


Are there any physical restrictions that boarding home parents should be aware of?


**Are there medical conditions which will limit your child's physical activities?**


**We give permission for our child's boarding home parents or other authorized Faith Academy staff to seek appropriate medical attention for our child.**

**Signature:**

\_\_\_\_\_

**Father**

\_\_\_\_\_

**Mother**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_