

POLICIES

1. All international students applying for an I-20 Visa must complete this application in addition to providing all required documentation.
2. An I-20 Visa processing fee of \$340 will be assessed per student and is required at time of enrollment; this fee is not refundable or transferable.
3. A nonrefundable Tuition Deposit of \$300.00 per student will be assessed at time of enrollment; this deposit will be applied towards your Program Tuition.
4. Proof of Financial Resources must be on file before a SEVIS I-20 will be issued.
5. F-1 students must purchase and maintain medical insurance while in the USA.
6. Copy of current passport identification page(s) *Must show picture, name, birth date, and passport expiration date.
7. If using a sponsor, a letter of support (I-134) from the sponsor and the sponsor's current bank statement.
8. Copy of school transcripts are required for all students entering the 7th grade, or higher AND applying for a 1 year, or longer program.
9. All students applying for a 1 year, or longer program are required to provide ROA/CBG a copy of his/her Immunization Records.
10. In case of Visa denial, parent/guardian or student must report to ROA/CBG at least 2 weeks prior to the starting date of their Program. If ROA/CBG is not notified 2 weeks prior to start of program parent/guardian, or student is responsible for total Program Fees and Tuition.
11. All students will be expected to pay tuition and fees by the scheduled due date and are responsible for his or her living expenses.
12. Federal financial aid is not available for international students.
13. Please note that you will need to present the U.S. Embassy or Consular's Office with the original financial documentation when applying for your student visa, original passport, and receipt of payment of I-901 fee. (I-20 form is needed before you can fill out the I-901 form.)
14. ROS/CBG is not responsible for any additional fees assessed by US government, or the student's country of origin.

On October, 2008, the US Department of Homeland Security started charging a nonrefundable \$200 SEVIS fee for those seeking an F-1 visa from an embassy or consulate abroad for initial attendance at a school approved by the Department of Homeland Security (DHS). Fee payment is not required for F-2 dependents. This fee may be paid by submitting form I-901 either in paper form or online. You will need a credit card to complete the online form. Extra time is required if fee payment is paid by mail. The I-20 form is needed before you can fill out the I-901 form. A receipt showing fee payment must be presented to the US Embassy or Consulate before the F-1 visa will be issued.

I certify that I understand the questions above and that all the information I have provided is complete, accurate, and true. I authorize River Oaks Academy/CBG to release appropriate information to the U.S. Citizenship and Immigration Service at their request.

Full Legal Signature: _____ Date _____ / _____ / _____

Health Informaiton & Medical Release and Waiver of Liability

Does student have any physical disabilities or limitations? _____ If yes, explain. _____

Is student taking any medications? _____ If yes, list them and what they are for: _____

Does student have any learning disabilities? _____ If yes, explain. _____

Does student have any allergies? _____

1. I know of no mental or physical problems, which might affect the ability of the individual named herein to safely participate in this program. I am responsible for notifying River Oaks Academy/CBG of any changes in the participant's health or physical/mental condition, which might affect his or her ability to safely participate in any programs in which he or she is enrolled.
2. I hereby authorize the directors of River Oaks Academy/CBG to act on their best judgment in any apparent emergency requiring medical attention for myself or the participant named above.
3. I hereby waive, release, and indemnify River Oaks Academy/CBG staff and facility location of all legal responsibility in the event of any injury to myself or the participant named herein. I waive and release River Oaks Academy/CBG from and against any and all claims, actions, causes of action, damages, costs, liabilities, and expense of judgments (including attorney's fees and court costs) arising out of participation in this program.
4. I hereby execute this Waiver & Release form to induce River Oaks Academy/CBG to permit me to participate in this program.

Signature _____ Date ____/____/____

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____ Group #: _____ Policy #: _____

Policy holder's name: _____

Policy holder's social security number: _____ Policy holder's DOB: _____

PAYMENT INFORMATION

I WANT TO PAY BY: CREDIT/DEBIT CARD CASH CHECK WIRE PAYPAL
Installment payments must be made by automatic credit/debit card payments. Please, fill in the following information if paying by Card or Check:

Credit Card # _____ Expiration Date ____/____/____

Mark one: VISA MC AMEX Card Verification Code _____ Recurring Payment Yes No

Check # _____ Name as it appears on check/card _____

Billing Address _____
Street City/State/County 5 Digit Postal Code

I hereby authorize River Oaks Academy/CBG to electronically debit my bank account for the amount of any Non-Sufficient-Funds transaction plus a \$35 NSF fee for each item returned unpaid by a financial institution. Further, there will be a \$50.00 fee for each chargeback awarded to River Oaks Academy/CBG by the financial institution after the investigation. River Oaks Academy reserves the right to apply a \$15 late fee per month to any account more than ten (10) business days past due.

Signature _____ Today's date ____/____/____