



## International Student Immunization Information

### **Immunization Program Nebraska Schools**

In Nebraska, children can't attend classes in public or private school until the school has written proof of their immunization status (Neb. Rev. Stat. §§ 79-217 through 79-253).

To attend school, children in Nebraska are required to be immunized against the following diseases:

- Diphtheria, tetanus, and pertussis
- Polio
- Measles, mumps, and rubella
- Hepatitis B
- Varicella (chicken pox)

Each school in Nebraska is required to keep the immunization history of the students enrolled on file. In addition, schools are required to report information on student's immunization status annually to the Nebraska Immunization Program. School reporting is conducted on-line via survey, and the deadline is November 15 of each year.

Thank you for understanding that we have to abide by the law of our state.

*If Lincoln Christian does not have the International Students Childhood Immunization/health records in addition to the above list of immunizations as required by the State of Nebraska, the international student will have their I-20 Visa cancelled and sent home.*

**We do not want to send any international student back home, please make sure that you send your student's immunization records with your student to the USA in ENGLISH. Parent Signature required to state you understand this document.**

\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ (Date)



LINCOLN CHRISTIAN SCHOOL

# Medical Release Authorization

International Student's Full Name: \_\_\_\_\_

<i>Student DOB</i>		<i>Today's Date</i>	
<i>Parent Name</i>			
<i>Parent Signature</i>			
<i>Parent Name</i>			
<i>Parent Signature</i>			

We as parents/guardians of the named international student do hereby authorize the sponsoring host parents and or school to consent to any of the following which is deemed advisable by, and is rendered at the office of said physician/surgeon in the exercise of his/her best judgment.

X—Ray Examination Anesthetic Medical Diagnosis or treatment Surgical Diagnosis or treatment Hospital Care Other Medical Procedures \_\_\_\_\_

Parent/Guardian Name Parent/Guardian Signature Date \_\_\_\_\_

We, the undersigned, hereby waive and release all claims against the hosting family of \_\_\_\_\_ for any injury, loss, damage, accident, delay or expense occurring during our child's time spent in the USA living with a host family. We also release the hosting family and agree to indemnify them, with regard to any financial obligations or liabilities that our child may personally incur or any damage or injury to the person or property of others that our child may cause while living with their host family. We understand that our child is responsible for exercising caution and common sense at all times to avoid injuries, and that the host family cannot provide supervision or support during periods of independent travel. In the event that the host family advances or loans any money to our child or incurs additional expenses on his/her behalf, we agree to make immediate repayment to whichever party provided the loan. This agreement is governed by laws of the state of Nebraska. By signing this agreement, we understand that we are giving up the right to have any claim against the hosting family, decided in court before a judge or jury case of an emergency, I give permission for my child to receive medical treatment.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# LINCOLN CHRISTIAN

Lincoln Christian High School International Student  
Payment Plan 2019- 2020

**This form must be completed BEFORE arriving in the United States.**

**Please PRINT clearly the following information:**

Students Complete Name \_\_\_\_\_

Students Date of Birth \_\_\_\_\_

Student's International Home Phone Number# \_\_\_\_\_

International Home Address \_\_\_\_\_

***Very Important:***

Students Father's Name: \_\_\_\_\_

Students Mother's Name: \_\_\_\_\_

## **Tuition and Housing**

### **Tuition is \$19,450 and covers:**

Health Insurance (\$100 Deductible – includes only those fees covered by insurance)

Laptop Computer

Textbooks

\$500 of English Tutoring

ALP (Accelerated Language Program)

Cap and Gown for Graduation

Yearbook

All academic mandatory fees for field trips, books, lab/material costs including Art and Foods Class, but does not include elective extracurricular activity fees.

In addition to tuition, **Host Family Fees are \$750 per month** paid directly to the host family. Lincoln Christian interviews and selects a host family for every International Student.

**International Tuition Payments are received through**

**[www.peertransfer.com/school/lincolnchristian](http://www.peertransfer.com/school/lincolnchristian)**

**Please email Business Manager, Sue Chapin with questions regarding payments.**

**[sue.chapin@lincolnchristian.org](mailto:sue.chapin@lincolnchristian.org)**

**Tuition is non-refundable in the case that a student is dismissed for disciplinary reasons.**

## LCS International Student Medical Profile

Physical assessment by a medical doctor must be completed within 6 months of arrival to Lincoln Christian School.

**Immunizations must be completed before arriving.**

### Immunization Information Required

- 3 DTP (at least 1 > 4 years old) **Tdap** is required for all students  
(This is the tetanus/pertussis booster)
- 3 Polio (either oral or IPV)
- 2 MMR (the first after 12 months of age)
- 3 Hepatitis B (the first two separated by one month, then the last is 5 months after the 2<sup>nd</sup> in the series.)
- 2 Varicella (ALL students must have *either* documentation of the chicken pox disease *or* 2 varicella shots.

**THIS FORM DOES NOT REPLACE THE IMMUNIZATIONS FORM – BOTH MUST BE COMPLETED IN ENGLISH AND RETURNED. SEE IMMUNIZATION FORM.**

Students Complete Name \_\_\_\_\_

Students Date of Birth \_\_\_\_\_

Emergency Contact Name in United States \_\_\_\_\_

Phone Number# \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact Name in Home Country \_\_\_\_\_

Phone Number# \_\_\_\_\_ Address \_\_\_\_\_

Preferred Doctor \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Phone# \_\_\_\_\_

Allergies & Reactions: If any, Medication Name \_\_\_\_\_

If any, Food or Environmental allergy reactions: \_\_\_\_\_

Other Medications Student is taking \_\_\_\_\_

Existing Medical Condition(s) \_\_\_\_\_

Past Surgery(s) and Date \_\_\_\_\_

**NO BLANKS ARE PERMITTED, THIS FORM MUST BE COMPLETELY FILLED OUT.**

## Documentation of Varicella (Chickenpox) Disease

*(To be filled out by the parent, guardian, or medical provider of the child / student)*

This form is used **ONLY** if child **HAD** the Chickenpox DISEASE

This document is being submitted on behalf of: *(Name of child / student)*

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*First* *Middle* *Last*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*(Birthdate of child / student) mm/dd/yyyy*

I, \_\_\_\_\_, verify that the above listed  
*Parent/Guardian/Medical Provider*

Child / student **HAD** the **Varicella DISEASE** in \_\_\_\_\_ (year).

THIS FORM NOT NEEDED IF CHILD HAD SHOT

\_\_\_\_\_  
*(Signature of parent/guardian/medical provider)*

\_\_\_\_\_  
*(Date)*