

CULTURAL IMMERSION PROGRAM APPLICATION – Page 2 of 3

Academic Background:

High School (colegio) _____ Date of Graduation____/____/____
day / month / year

School type: Public High School Private High School
I am currently a freshman sophomore junior senior

Please list any other colleges, universities or language schools you have attended:

1. _____
Name City and Country Dates Attended Degree

2. _____
Name City and Country Dates Attended Degree

Have you previously studied English? Yes _____ No _____ If yes, for how many years? _____

Have you taken the Test of English as a Foreign Language (TOEFL)? Yes _____ No _____ If yes, score _____

Housing:

All students are expected to live in housing provided by the College unless they are married or living with parents or close relatives in the local area. All students automatically receive meal plans. Where do you plan to live?

On Campus Off Campus; with whom _____

Parental Approval

Permission is granted for my son, daughter, ward _____
to participate, if selected, in a Concordia College summer program. I understand the necessity for his/her conformance to the conditions, rules and regulations of Concordia College.

Signature _____ Date _____
Name (printed) _____
Address (if different from that of student) _____
E-mail address _____ Home phone _____
Work phone: _____ Fax _____

Please note: If student is under age 18, parental approval of participation must be given.

Agreement of Applicant

I understand that if I am accepted to and agree to attend a Concordia College Summer Program, I will be required to abide by and be subject to that program's academic and social code.

Applicant's signature _____ Date _____

When completed, please return to: Concordia College, Cultural Immersion Program
171 White Plains Road, Bronxville, NY 10708 U.S.A.

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CONCORDIA COLLEGE

NEW YORK

HEALTH FORM – Page 3 of 3

Student Name _____

Age _____ Family Name _____ Given Name _____ Middle _____
 Date of Birth ____/____/____ Gender: Male Female
day / month / year

Parents/Guardian Name(s) _____ Mother's Name _____ Father's Name _____

Street _____ City _____

State/Province _____ Postal Code _____ Country _____

Home Telephone _____ Work Telephone _____

My child has been examined. The physician's recommendation and any restrictions appear below. My child's immunization history appears below. There is no apparent physical or emotional condition that would limit participation in academic or recreational activities.

Comments or restrictions such as allergies, special needs, injuries, etc. _____

Medications _____ Physician's name _____

Physician's Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Telephone _____ E-mail _____

Immunization Record – List Dates

	#1	#2	#3	Booster	Disease
Polio	_____	_____	_____	_____	_____
DPT-DT	_____	_____	_____	_____	_____
Measles	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
Rubella	_____	_____	_____	_____	_____
TB test	_____	_____	_____	_____	_____
Tetanus Toxoid*	_____	_____	_____	_____	_____
Meningitis*	_____	_____	_____	_____	_____

*Not required, but strongly recommended

RELEASE FORM

In the event of emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by Concordia College to attend to my child. I understand that all students are required to have their own comprehensive health and hospitalization insurance.

Parent/Guardian Signature _____ Date _____

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