

APPLICATION FORM



Last name		First name		Middle	
Address					
City		State/ Province	Country		Zip/Postal Code
Telephone		Fax	E-mail		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Widow
Date of Birth (mm/dd/yy)			Citizenship		
Academic Degree					
During which semester would you like to start?					
<input type="checkbox"/> February - June	<input type="checkbox"/> August - November	<input type="checkbox"/> One semester only		Beginning year <input type="text"/>	
What is your present occupation or schooling?					
Have you applied to any other school for this period of study? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, specify.					
How did you become aware of Portantorchas?					
<input type="checkbox"/> Former student	<input type="checkbox"/> Staff member	<input type="checkbox"/> Friend	<input type="checkbox"/> Church	<input type="checkbox"/> Relative	<input type="checkbox"/> Web <input type="checkbox"/> Other

FOR OFFICE USE ONLY

Date received					
<input type="checkbox"/> Application fee	<input type="checkbox"/> Transcript	<input type="checkbox"/> Deposit		<input type="checkbox"/> References	
Date accepted			Date Notified of Acceptance		
Date deposit received					
Comments					



GENERAL INFORMATION



The following must be received in order for your application to be considered:

1. The application form
2. A current passport/ wallet size photograph
3. The reference forms (2)
4. A copy of your high school transcript or school most recently attended
5. A U.S. \$30 one time processing fee (make check payable to: Portantorchas)

Note: If you have not yet graduated from high school , your application will be considered and the notification of your acceptance will be sent under the assumption that you will graduate. Upon graduation send a copy of your high school diploma.

CONDITIONS OF ENROLLMENT

- Students are expected to devote themselves unreservedly to their studies in lectures and study period, which are mandatory.
- Students must conform to the daily schedule given to them by PORTANTORCHAS. Punctuality and cooperation are essential for the wellbeing of the School and for personal discipline.
- Students are expected to complete the term for which they applied, but the Director reserves the right to terminate the studies of any student who proves unsatisfactory.
- Students are expected to help with the daily domestic duties of the School. There will also be a day or partial day during the week dedicated solely to work on the campus.
- Students are expected to maintain a clean and tidy appearance, using moderation and modesty at all times. No shorts, short skirts, or lycras are permitted in the classroom.
- The use of alcoholic beverages, tobacco, and drugs is strictly prohibited while attending PORTANTORCHAS.
- All students must be covered by their own medical insurance or purchase medical insurance while enrolled at PORTANTORCHAS. Students must cover their own medical expenses.
- Students are responsible for supplying their own finances. The Bible School must be paid in FULL upon their arrival.
- International students must realize they are moving into a different culture and must be willing to make some necessary adjustments.
- Students are expected to comply with the rules and regulations specific to PORTANTORCHAS.

ENROLLMENT AGREEMENT

The information that I have given is correct to the best of my knowledge. I fully understand and agree to the Conditions of Enrollment. I will accept the decisions of the Director in all matters pertaining to the course of studies and will submit to the disciplines of Portantorchas Bible School.

Signature of Applicant

Date

HEALTH AND INSURANCE REGISTRATION FORM

(please write clearly)



PERSONAL INFORMATION:

Full Name:
ID or Social Security #
Mailing Address:
Home Phone:
Fax or 2nd Phone:
Birth date:
Age at time of arrival in Costa Rica:
Birthplace:
Nationality:
Passport Number:
Height: Weight: Hair: Eyes:
Gender:

Person to be notified in case of Emergency:

Name:
Home Phone:
Relationship:
Physician's Name:
Physician's Phone:

INSURANCE INFORMATION:

Portantorchas does not have a medical policy for students. When international medical bills are claimed, most insurance companies will work in two ways, reimbursement or direct dealings with the hospital. If your company works through reimbursement make sure you have enough credit to pay until they reimburse you.

Do you have Health Insurance?
Company:
Policy or certificate #:
Group ID#:
Claims & services contact phone:
Address of insurer:

COMPLETE MEDICAL SHEET

Please complete the following medical History. Please include all the details. Use an additional piece of paper if needed.

Do you have, have you had, has a close member of your family had the following symptoms or conditions:

- | | | | | | |
|---|-----|----|---|-----|----|
| 1. Dizziness, loss of consciousness, recurrent headaches, fainting | YES | NO | 16. Continued use of alcohol, drugs or medications | YES | NO |
| 2. Eye, ear, nose or sinus symptoms | YES | NO | 17. Do you smoke? If so <input type="checkbox"/> packs per week | YES | NO |
| 3. Impairment of sight, hearing or speech | YES | NO | 18. Do you drink alcohol? If so how much? | YES | NO |
| 4. Chronic cough, coughing up of blood, tuberculosis | YES | NO | 19. Do you have special diet restrictions (explain) | YES | NO |
| 5. Chest pain, shortness of breath, palpitation, swelling of the ankles, heart murmur | YES | NO | 20. Have you had any surgeries | YES | NO |
| 6. Low or high blood pressure | YES | NO | 21. Have you ever had asthma | YES | NO |
| 7. Troublesome skin conditions (eczema, rashes, allergies) | YES | NO | 22. Convulsions or epilepsy | YES | NO |
| 8. Loss of teeth (indicate number of false teeth) use of dentures, bridge braces | YES | NO | 23. Hepatitis | YES | NO |
| 9. Muscles pain, arthritis, sprains | YES | NO | 24. Ulcers | YES | NO |
| 10. Broken bones (list when) | YES | NO | 25. Jaundice | YES | NO |
| 11. Benign or malignant growth or tumor | YES | NO | 26. Malaria | YES | NO |
| 12. Frequent abdominal cramps, menstrual cramps | YES | NO | 27. Pneumonia | YES | NO |
| 13. Motion sickness | YES | NO | 28. AIDS | YES | NO |
| 14. History of diabetes, thyroid problems, bleeding disorders | YES | NO | 29. Any other disease, complaint, or problem | YES | NO |
| 15. Allergies to stings, foods, medications or other | YES | NO | 30. Have you suffered from anorexia, bulimia, or other eating disorders | YES | NO |
| | | | 31. Have you been to therapy with a psychologist, psychiatrist | YES | NO |
| | | | 32. Have you ever been hospitalized, if so explain? | YES | NO |

Please fill the following. If you don't know the answers consult your doctor. If you haven't had any of these recently is not necessary to get them done, it is only for our records.

Blood type
Date of last Chest X Ray (result)
Date of last Tetanus immunization or booster

Date of last physical examination (results)
Name of Physician

RELEASE OF LIABILITY



Acknowledgement of risk

I recognize that there is some element of risk in any international travel and sport activities associated with the outdoors. Knowing the inherent risks, I certify that I am mentally and physically capable of participating in these activities and I will refrain when unable.

Assumption of risk

I am fully aware of the risks and I hereby elect to participate voluntarily. Furthermore I assume full responsibility for any bodily injury, death, loss of personal property and cost because of my negligence.

Release of liability

I hereby agree that I, my assignees, heirs, guardians, and/or legal representatives will not make a claim against Portantorchas, their employees or board of directors, for injury or damage resulting from negligence. I hereby release Portantorchas, their employees and board of directors, from all responsibility for injury or damage resulting from my travels, and participation in the Portantorchas Bible School program and related sponsored activities.

Medical consent

Furthermore, I consent to any x-ray, examination, lab tests, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under general or special supervision of any physician and surgeon licensed under provisions of the Costa Rican and International Medicine Practice Acts. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given as consent to any and all such diagnosis treatment or hospital care which aforementioned physician in the exercise of his/her judgment may deem advisable.

I have carefully read, fully understood and accepted the terms and conditions stated hereon and acknowledge that this agreement shall be effective and binding upon me during the entire length of my travels and participation in the Portantorchas Bible School program and related activities, unless revoked in writing and delivered to the director of the school. This agreement will expire once the school term is finished. From then on, Portantorchas, their employees, and board of directors will not have any legal responsibility for me, even if I remain in Costa Rica.

Student Signature

Date

Signature of parent/guardian

If under 18 at the time of signature,
provide guardian's signature also.

