



# Application for Admission

## Dear Student and Parents,

We thank you for your interest in Black Forest Academy. BFA has a distinctly Christian philosophy of education, which strives to develop students intellectually, spiritually and socially. The program emphasizes a Christian worldview in which values, beliefs and attitudes are rooted in biblical teaching. We believe our educational program develops a biblical perspective on life so students can fulfill God's purpose for their lives personally and vocationally.

This document contains the information for applying for admission to Black Forest Academy.

For more information or if you have any questions please contact us at: admissions@bfacademy.de or +49 (0)7626 9161 0.

## Application Sections and Documents

- A1** General Information
- A2** Parent Questionnaire
- A3** Medical History & Medical Physical form
- A4** Immunization Status
- A5** Declarations and Signatures
- A6** Boarding form (if applicable)
  
- B1** Student Questionnaire
- B2** Boarding form (if applicable)
  
- C1** Student Reference Form (3 references needed)  
*Three references are required for all students. Please distribute the reference forms to individuals who know you well and would be willing to write a reference on your behalf (pastor, teacher, adult friend, etc.). At least one of these references should be an educator. The Forms will be sent separately to BFA by the writers.*
  
- D1** Student Record Request Form  
*If applicable, complete and give to the appropriate official at your current school. The academic records from the previous two year and a current report card must be sent with the application. Also, an official transcript for high school students must be received for the application to be processed.*

## General Information

- Opening date for applications: September 1 of year prior to enrollment.
- We recommend applying by January 15 of year prior to enrollment.
- Generally, the Admissions Committee issues decisions in February.
- Please complete the forms as accurately as possible, but no more than one year in advance of anticipated enrollment.
- When attaching a recent photo, please use a "passport format" (2x2 inches/50x50 mm, 35x45 mm).
- Please note that the application fee and all relevant documents must be received in order for the application to be considered complete. **The Admissions Committee will not evaluate any incomplete applications.**

## Visa/Passport Requirement

For **boarding students** who are citizens of the USA, Canada, Australia, Korea, European Union and Switzerland, BFA will apply for their visas. All other nationalities of **boarding students** must apply for a German student visa at the nearest German consulate in their country. BFA will issue a "Confirmation of School Acceptance" letter to help such students. For **day students**, BFA will issue a "Confirmation of School Acceptance" letter to help parents navigate this process.

**All students** who arrive at BFA without the proper visa will be required to return to their country of residence, and cannot return until they have the necessary visa.

## Application Fee

**This application is not complete until the application fee is received at BFA:**

Fee using bank transfer: **EUR 100.-**

Fee using check: **EUR 117.50** (€100 + €17.50 check cashing fee)

### Bank Transfer:

Volksbank Dreiländereck  
Filiale Kandern  
Hauptstr. 23  
79400 Kandern  
Germany

Account Name	Janz Team e.V. / Abt. Black Forest Academy
IBAN	DE82 6839 0000 000 1089 862
BIC/SWIFT Code	VOLO DE66
Bankleitzahl/Bank Number	6839 0000

### Check:

Please send a check equal to EUR 117.50 (€100 + €17.50 check cashing fee).

If sending in a different currency, you will need to calculate the appropriate conversion to EUR.

Mail check to BFA address (below).

## Statement of Non-Discrimination

Black Forest Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, and athletic and other school administered programs.

## Submitting your Application

The forms and questionnaires of the Section A and B should be returned in one package by one of the following means.

Mail:	Black Forest Academy Admissions Postfach 1109 79396 Kandern Germany
Fax:	+49 (0)7626 8821
E-mail:	admissions@bfacademy.de

# A1.1 General Information



Enrollment at BFA		
Anticipated enrollment date		Day Student Boarding Student <i>Please complete the boarding forms (green) at the end.</i>
Anticipated grade level		

Student Information			
Family Name		Legal Name	
Other Name		Gender	Male    Female
Birth Date <small>(dd,mm,yyyy)</small>		Birth Place	City / State
			Country

Nationality		Other Nationality	
Passport Number		Passport Number	
Expiry Date <small>(dd,mm,yyyy)</small>		Expiry Date <small>(dd,mm,yyyy)</small>	
Issuing City / State		Issuing City / State	
Issue Date <small>(dd,mm,yyyy)</small>		Issue Date <small>(dd,mm,yyyy)</small>	

Health Insurer		Policy No.	
Address		City / State	

Language Abilities					
Language	Spoken	Read	Written	Need some help	Most spoken at home
<i>English</i>					

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# A1.2

**Education History**

Academic records from the previous 2 years and a current report card must be submitted with application.

Years	Grades	School Name	City and Country	Language of instruction

**Family Information**

Father's Family Name		Mother's Family Name	
Father's First Name		Mother's First Name	
Citizenship		Citizenship	
Occupation		Occupation	

**Current Address and Contact**

Address		Home Phone	
		Work Phone	
City / State		Fax	
Postal Code		Cell Phone	
Country		E-mail 1	
Sensitivity    Yes    No		E-mail 2	
Is there a specific method of communication BFA should use when corresponding with you while in your country of service?			
Have you ever lived in Germany?    Yes    No		City	

**Employer Information**

Primary income source is derived from:    Mission Organization    Business Organization			
Employer		Address	
Supervisor			
Will this employer be paying for your child's educational cost?		City / State	
Yes    No		Postal Code	
		Country	

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# A1.3

**Other Family Information**

<b>Does the applicant have a sibling already attending BFA?</b>	Yes	No	Graduate
<b>If yes, name of the oldest sibling attending BFA:</b>			
<b>Other Siblings:</b> Name, birth year			
_____			
_____			
_____			
_____			
_____			
_____			

**Church Information**

Name of Church and Location	
Denomination	
Pastor's Name	

**Your first awareness of BFA was through**

- Parent of BFA Student
- Mission Home Office
- BFA Student
- BFA Staff Member
- BFA web site
- Corporate Personnel Office

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## A2.1 Parent Questionnaire

To be completed by parents

### Student Information

Family Name		Legal Name	
Other Name		Birth Date (dd,mm,yyyy)	

### Describe the relationship between you and your child.

Father

Mother

### Why would you like your child to attend BFA?

### What are the circumstances surrounding your decision to send your child to BFA?

### What are your major expectations regarding your child attending BFA?

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## A2.2

**What are your major concerns regarding your child attending BFA?**

**What chores do you expect your child to do around the house?**

**What special gifts or abilities have you been seeking to develop in your child?**

**Are there extracurricular activities in which you would like your child to participate?**

**Are there activities in which you would NOT like your child to participate?**

**In what ways can your child be an asset to the overall program of BFA, including the boarding program?**

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## A2.3

Rate your child from 1 to 5 in the following areas (1 is low, 5 is high)	1	2	3	4	5
Self-discipline in academics					
Respect for authority					
Decision making					
Academic potential					
Respect accorded by peers					
Patience					
Self-image					
Spiritual maturity					
Self-discipline in leisure time					
Organizational skills					
Leadership					
Ease in relationships					
Concern for others					
Flexibility					
World awareness					

### Handicaps or difficulties

Check box and explain below if your child has any physical handicaps that would affect participation in athletic activities.

Check box and explain below if your child has any physical, emotional, or educational difficulties that may affect his/her performance in the school or residence.

Check box and explain below, giving date, if your child has ever been suspended or expelled from school.

### Additional Comments

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## A2.4

Should your child be enrolled at BFA, as instructors and caregivers, we need to be aware of any unusual difficulties your child may have. Failure to disclose information could hinder your child's ability to receive needed intervention(s) and could, therefore, have implications regarding his/her success and continued enrollment at BFA. Please consider the following list of potential issues. Check any or all that apply to your child and where appropriate please comment.

**Has your child experienced any of these life events?**

- Parental separation or divorce
- Parental remarriage
- Care in a foster home
- Adoption
- A death in the family
- Raised by a single parent
- Extended time living away from parent(s), including previous boarding school
- Other: \_\_\_\_\_
- None of the above

**Has your child been administered any formal assessments?\***

- Educational
- Cognitive (i.e. IQ test)
- Emotional
- Behavioral
- Speech and language
- Other: \_\_\_\_\_
- None of the above

\* BFA requires copies of any formal assessment, and any subsequent diagnosis and/or treatment plans.

**Has your child experienced professional counseling of any kind?\***

- Spiritual
- Behavioral
- Academic
- Emotional
- Other: \_\_\_\_\_
- None of the above

\* BFA requires copies of any formal assessment, and any subsequent diagnosis and/or treatment plans.

**Has your child struggled with any of the following issues?**

- Eating disorders
- Cutting or self-disfigurement
- Anxiety disorders
- Mood disorders (depression, bipolar disorder, etc)
- Abuse: physical, emotional or sexual
- Substance abuse
- Other: \_\_\_\_\_
- None of the above

**Has your child had any of the following traumatic experiences?**

- A dangerous evacuation
- Close proximity to terrorist activity
- Life in a war-torn area or a country in unrest
- Other: \_\_\_\_\_
- None of the above

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# A3.1 Medical History

Student Information			
Family Name		Legal Name	
Other Name		Birth Date (dd,mm,yyyy)	

**Past/current personal medical history. Has your child ever had any of the following?**

**Heart/Lungs**

- Asthma
- Heart Disease (valve, vessel, rheumatic, etc.)
- Heart Murmur
- High Blood Pressure
- High Cholesterol
- Pneumonia

**Endocrine**

- Adrenal Disorder
- Diabetes
- Polycystic Ovary Syndrome (PCOS)
- Thyroid Disorder

**Kidney**

- Chronic Kidney or Bladder Disease
- Kidney Stones

**Ears / Eyes / Nose / Throat**

- Chronic Sinus Infections
- Eye Disorders (other than glasses or contacts)
- Hearing Loss
- Nasal Allergies / Hayfever

**Stomach/Bowel**

- Celiac Disease
- Irritable Bowel Syndrome
- Stomach/Duodenal Ulcers
- Ulcerative Colitis/Crohn's
- Other Liver, Stomach, or Bowel Disease

**Neurological**

- Concussions
- Convulsions/Seizures
- Migraines/Severe Headaches
- Multiple Sclerosis
- Muscular Dystrophy
- Stroke /TIA

**Mental Health**

- ADHD
- Alcohol Abuse
- Anorexia (Eating Disorder)
- Anxiety Disorder
- Bulimia (Eating Disorder)
- Depression
- Drug Dependency

**Hematology/Oncology**

- Anemia
- Bleeding Disorder
- Blood Clots / Clotting Disorders
- Cancer
- Radiation Therapy

**Orthopedics**

- Arthritis
- Fractures/Broken Bones

**Infections Diseases**

- Chickenpox/Varicella
- Hepatitis Type:
- HIV Infection
- Infections Mononucleosis
- Malaria
- Mumps
- Tuberculosis
- Typhoid Fever

**Skin**

- Eczema
- Psoriasis
- Hives

**Surgical History**

- Appendectomy
- Adenoidectomy
- Ear Tubes
- Gallbladder Removal
- Knee ACL Repair  
L \_\_\_\_\_ R \_\_\_\_\_
- Knee Arthroscopy  
L \_\_\_\_\_ R \_\_\_\_\_
- Organ Transplant
- Ovarian Cyst Removal
- Splenectomy
- Tonsillectomy
- Weight Loss Surgery
- Other Surgery (List below)

**Other History**

- Previous Hospitalization

Other Health Problems

**No significant Health Problems**

# A3.2

**Allergies**

Have you ever had an allergic reaction?

No

Yes **If yes, please include appropriate documentation from your family doctor.**

Medication Allergies:

Food Allergies:

Other Allergies (latex, bee stings etc.):

**Medication(s)** (current + prescriptions and over the counter)

Name

Use

Dosage and Frequency taken

**Family Medical History**

Does your immediate family have any of the following?

Adopted (Family history unknown)

	Mother	Father	Siblings	Grandparents
Blod Clots / Clotting Disorder				
Breast Cancer				
Colon Cancer				
Melanoma				
Other Cancers (List type)				
Diabetes				
Heart Disease				
High Blood Pressure				
High Cholesterol				
Mental Illness				
Stroke				
Sudden Cardiac Death (under age 50)				
Other (Please explain below)				
Parent Deceased				

**Comment**

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# A4.1 Immunization Status

A copy of your child’s original immunization records must accompany this form

Student Information			
Family Name		Legal Name	
Other Name		Birth Date (dd,mm,yyyy)	

### ◆ Required

Immunization	Type of Vaccine	Dose	Day Given (dd.mm.yyyy)
◆ HEP B (HBV Hepatitis B)		1	
		2	
		3	
◆ DTaP / DTP / DT Diphtheria, Tetanus, Pertussis		1	
		2	
		3	
		4	
		5	
	Booster	6	
◆ POLIO OPV (by mouth) IPV (by injection)  (Immunization must be no older than 10 years)		1	
		2	
		3	
		4	
		5	
◆ MMR	MMR	1	
	MMR	2	
◆ Varicella (Chickenpox)	Vaccine	1	
		2	
	Disease	Yes	No
	Aproximate date of age at time of disease		
◆ Meningococcal (A, C, W, Y)		1	
		2	

### ● Recommended

Immunization	Type of Vaccine	Dose	Day Given (dd.mm.yyyy)
● Hepatitis A (Required for school trips)		1	
		2	
● Tick Borne Encephalitis (FSME, TBE)		1	
		2	
		3	
● Twinrix Hepatitis A and Hepatitis B		1	
		2	
		3	
● Typhoid	Injection		
	Oral		
● Yellow Fever		1	
● BCG		1	
● PPD (Tuberculosis skin test)	Negative		
	Positive		
		Followup Chest Xray done (Date dd.mm.yyyy)	
● HIB (Haemophilus Influenza type B)		1	
		2	
		3	
		4	
● Human Papillomavirus (HPV)		1	
		2	
		3	
Influenza (flu)			

## A5.1 Declarations Signatures

Student Information			
Family Name		Legal Name	
Other Name		Birth Date (dd,mm,yyyy)	

### Declaration by the parents:

- I/We have carefully read the **BFA Student Handbook** and have discussed it with our child.
- I/We agree to support teachers and staff in the training and education of our child.
- I/We declare that the information supplied in this application is correct and complete, and acknowledge that incomplete or falsified information may result in the withdrawal of my/our student.
- I/We agree to the following financial terms and conditions:
  - BFA reserves the right to increase fees annually;
  - Tuition and Boarding fees may be paid annually or quarterly;
  - Other fees are due at or before the commencement of the program or activity;
  - Late fees will be charged on past-due accounts;
  - If the first payment is not received by July 30, the student may lose his/her place at BFA. Subsequent payments more than 30 days past due may result in the same;
  - BFA does not release transcripts or issue diplomas to students whose fees are not paid in full.
- I/We agree that BFA may use our child's image for educational or promotional purposes, including, but not limited to, the school yearbook, recruitment materials, website, and informational/promotional videos. If I am/we are for any reason unable to consent to this either now or in the future, I/we will contact the school's Communications Department at [communications@bfacademy.de](mailto:communications@bfacademy.de).
- I/We agree to have the recommended vaccinations for our child completed before the first day of school. In addition, we agree to provide additional documentation about medical conditions to the Nurses' Office, as needed.

Date \_\_\_\_\_

▶ Signature of Father/Guardian \_\_\_\_\_

▶ Signature of Mother/Guardian \_\_\_\_\_

# A6.1 Boarding Parent Questionnaire

Leave blank if you have checked "Day Student" on page 4

Student Information			
Family Name		First Name	
Other Name		Birth Date (dd,mm,yyyy)	

**How does your child respond to your discipline? Give an example of what works best.**

Father

Mother

**Declaration by Parents**

- I /we have read **The Residence Philosophy of Black Forest Academy**. I /we am/are in agreement with it and am/are willing to work with the residence staff in rearing my/our child/children.
- I /we authorize the appropriate personnel (school administration, school nurses, designated residence staff, or designated chaperon during school outings) to arrange for emergency care and treatment of my/our child, including transport to an appropriate medical center if necessary.

We hereby agree that in our absence the Dorm Parents and School Administrators of Black Forest Academy are authorized to act as the legal guardians of our son/daughter, while he/she is enrolled as boarding students, and to act on our behalf in regard to his/her conduct and welfare. In major matters or in emergencies, when communication with us is not possible, we give our son's/daughter's Dorm Parents or School Administrators the right to exercise their discretion as Guardians.

Date

▶ Signature of Father/Guardian

▶ Signature of Mother/Guardian

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