

Enrolment form

Agent information

Partner name/Contact person	
Country	
E-mail	
Telephone	Fax
For all partner bookings, please confirm who will be responsible for the total payment of this booking by selecting an option below <input type="checkbox"/> Partner <input type="checkbox"/> Student <input type="checkbox"/> Partner and Student (please give details including amounts):	
Partner signature:	

College/Center and Course information

1) Choose College/Center	
<input type="checkbox"/> Seattle <input type="checkbox"/> Santa Barbara City College <input type="checkbox"/> Los Angeles Westwood <input type="checkbox"/> Irvine Valley College <input type="checkbox"/> Whittier College <input type="checkbox"/> Highline Community College <input type="checkbox"/> Berkeley <input type="checkbox"/> San Francisco <input type="checkbox"/> San Diego	
Course name <input type="checkbox"/> Intensive English <input type="checkbox"/> Others _____	
Number of weeks <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 32 <input type="checkbox"/> 42 <input type="checkbox"/> 52	Start date
2) College/Center name	
Course name	
Number of weeks	Start date

Student information

Family name	
First name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	
Country of birth	
Nationality	
Mother tongue	
Full address	
City	Postcode
Country	
E-mail	
Telephone	
Language level	
Type of visa	Passport number
Name and surname of legal guardian if student is under 18 years of age	
Home telephone number of legal guardian if student is under 18 years of age	
Permanent address of legal guardian if student is under 18 years of age	

Application fee detail

<p>Application fee: SBCC: \$230 + \$25 (bank fee) = \$255 SMC, IVC, HC, CSM, MCC, BCC, SCC, Palomar, BC: \$220 + \$25 (bank fee) = \$245 FHDA: \$355 + \$25 (bank fee) = \$380</p> <p>Payment Detail: Bank Name: HSBC Bank 1 Queens Road Central, HONG KONG (Bank address 银行地址) Account No: 002 - 0 - 649422 Swift Code: HSBCHKHHKH</p> <p>Account Name: Aspect Education (HK) Ltd. 14/F Greatmany Centre, No.111 Queen's Road East Wan Chai, Hong Kong (Account address 账户地址)</p> <p>Please always quote: DOB Student Name:</p> <p>HK is the Asia HQ for Kaplan Aspect. All student from China should transfer funds to the above address.</p>

Declaration

<input type="checkbox"/> I confirm that I have read, understood and agree to be bound by Kaplan's Terms and Conditions and Kaplan's privacy policy which can be found at www.kaplaninternational.com/privacy . <input type="checkbox"/> I authorise any licensed hospital or physician to initiate medical treatment for myself in case of medical emergency or for my child if he/she is under 18 years of age.	
Signature	Date
Signature of parent/guardian (required if student is under 18 years old)	Date

Please return the completed form to the Kaplan booking office or to your local representative.

报名手续及一般条款

条款与条件

1. 规章制度: Kaplan学生必须遵守就读学校所在国家的法律法规。

2. 抵达和离开: 除非另行规定, 所有住宿安排均在开课日期之前的周六/周日, 直至开课日期之后的周六早上为止。凡住宿不满一周的, 将按一周计费。如果在22:30-6:00之间抵达, 属于迟到/早到情况, 可能要求学生当晚入住宾馆。

3. 迟到、休假与缺勤: 学生在开课日期之后到达或课程期间缺勤, 不得要求退还缺课费用, 且不安排免费补课。假期时间已预先安排在国际学年和国际学期课程中, 学生不得擅自更改该日期。在学校规定日期之外休假, 将被视为缺勤。对于其他类型的课程, 如果在开课要求后要求休假, 将由各学校根据签证规定自行酌情处理, 学生可能要求缴纳变更费用或被记录为缺勤。

4. 缺餐与缺课: 学生因考试、短途旅行、实习、第一天入学报到或其他正常上课时间以外等各种事宜, 错过正常用餐或上课时间, 将不得要求退款或任何其他补偿。

5. 公共假期: 公共假期通常不上课, 且大部分学校的设施停止开放。所有开课日期均定于周一, 若周一逢公共假期, 则顺延至周二。因公假期取消的课程, 不再安排补课。

6. 校园设施: 如果学生就读的Kaplan学校, 位于大学校园内, 那么在大学放假期间, 学校设施可能关闭。更多详情, 请联系Kaplan报名办公室。

7. 变更费用: 如需做出任何更改, 必须至少提前4周向学校提出申请。如果在开课, 学生要求变更学校、课程时间、住宿或课程类型, 那么在提交变更申请时, 需要缴纳变更费100美元。Kaplan无义务履行所有变更申请。凡就读国际学年或国际学期课程的学生, 在整个学习期间, 不得转到Kaplan其他学校。经变更后, 如新校学费低于原校, 则差额不予退还; 如新校或新课的学费高于原校, 则需贴补差额。所有变更申请须根据Kaplan相关规定执行, 且经课程主管批准。学生应自行承担任何课程延长或住宿延期所产生的费用。如因更改课程而导致课程缩减, 将视为终止现有课程并重新报名, 并依照终止课程的条款与条件进行处理(详见“终止政策”)。

8. 课程长度: 除有另行规定, 所有英语课每节45分钟。周一至周五白天上课, 可能会有特殊安排。

9. 换班政策: 如果学生入学参加分班测试后, 发现其水平不适合入读已报课程, 学校保留将该生转到适合其水平的课程, 新课程可能课时减少且内容变更。如果学生未达到Kaplan任何课程的要求, Kaplan可能要求该生终止课程学习。学校保留因人数不足而临时取消课程的权利。

10. 课程变更: Kaplan有权更改开课日期、课程内容、授课老师、授课地点及课程。如在开课变更前上课时间, 但学生不接受该时间, 可要求全额退款。

11. 价格: Kaplan有权因税费增加、政府举措或其他非Kaplan可控因素而调整价格。

12. 教材与学习资料: 课程期间学校向学生提供所有教材及学习资料。开课, 学生需缴纳教材押金40美元。课程结束后, 如退回教材完整无缺, 将退还教材全部押金。部分专业课程可

能要求学生购买教材。

13. 住宿押金: 入住学生宿舍的学生, 需要在抵达时缴纳住宿押金500美元。退还宿舍时, 无任何损毁、遗失或额外清洁费用, 可收回全部押金。部分情况下, 可能因取消预定而导致押金不予退还。

14. 开除/停课: 任何学生如触犯法律、违反学生守则或学校政策、缺课过多(或因违反任何签证规定而缺课, 在美国连续无故缺课14天), 或未缴清应向Kaplan直接或间接缴纳的费用, 可能被开除学籍或被停课。所有费用将不予退还, 且学校将通知当地移民局。

学生行为守则: 入读Kaplan后, 你将同意遵守学生守则规定以及其他政策。Kaplan致力于帮助学生取得学业成功, 作为我们承诺的一部分, 我们努力营造最佳学习环境, 同时也期望学生为他人着想。不当行为包括但不限于: (1) 干扰学习环境(亵渎、骚扰他人, 课堂上使用手机等); (2) 故意破坏, 不当使用或窃取Kaplan财产或同学财产; (3) 对他人施以暴力或恐吓他人, 危及学生或Kaplan员工人身或财产安全; (4) 电子邮件或互联网使用不当; (5) 违反当地版权或刑事法关于盗用、复制、修改受版权保护的材料等规定。

15. 责任: 在任何情况下, 相关学生对于特定课程因疏忽(除该责任不能排除为法律事实外)、违反合同或其他事宜, 对Kaplan集团公司、总监、办公人员、雇员、附属机构、代理机构和合作伙伴造成损失, 应向Kaplan或Kaplan相关集团公司进行全额赔偿。该公司和个人对间接或相关损失或赔偿不承担责任。

16. 不可抗力: Kaplan因火灾、自然灾害、政府行为、供应商或分包商失误、劳资纠纷、其他非Kaplan可控因素, 导致无法履行合约所规定的任何服务, Kaplan不承担责任。

17/18不适用于美国

19. 美国学生签证: 学生签证持有者必须随时向Kaplan提供最新家庭住址和电话号码, 而且必须保持合适的学习进度, 保证课程出勤率至少达到80%; 在纽约就读的学生要求出勤率达到85%。如果学生未能按时注册入学或出勤率低于80%; 在纽约就读的学生低于85%; 学校将通知美国国土安全部(DHS)。Kaplan所获得的学生个人资料及有关学生课堂进度的资料, 有可能透露给美国国土安全部、国家和评审机构、指定机构、学生家长、Kaplan雇员及代表。该资料可能包括个人及其联络信息、课程注册详情及更改状况, 以及学生任何可能影响签证的情况。

退款政策

仅在拒签的情况下, 社区大学5000美元押金及学费可申请退款。

退款将由最初帮学生办理学费缴纳的Kaplan代表处负责办理学生退款, 或将费用退到学生最初支付学费所使用的银行账户。所有退款将在收到书面通知后45日内处理。如因Kaplan取消或终止课程, 将全额退还所有未使用的费用。

取消/延迟政策

“取消”是指在参加第一门课程开课日期之前取消课程。取消必须以书面形式提出, 如果学生未上课, 全部学费以及扣除任何实际住宿的住宿费将予以退还。在任何情况下, 快递费、住宿安排费(如果使用), 报名费和任何其他服务费(如机场接送费、医疗保险费, 校园费、课程补充费等)不予退还,

但最多不超过500美元。如果在开课日期前不足7日内提出取消和延迟课程, 包括“缺席课程”, 退款时将扣除一个星期的住宿费用以及学费USD200。在开课日期之前, 但收到Kaplan寄送的表I-20, 抵达美国之后提出取消的学生, 将扣除学费、以及任何相关的住宿费用, 相当于1-11周课程的前4周, 以及12周或更长课程的前6周费用。

终止政策

“终止”是指第一门课程开课之后, 停止或提出全部或部分课程或预定课程, 包括延长的课程。课程周数确定之后, 如果学生在安排课程的一周内至少入读一天, 不满一周的将视为一周。凡报读优惠课程及住宿套餐的学生, 计算退款时, 必须按照本手册所列的每周费用来计算已经发生的学费及住宿费用。在任何情况下, 所有额外服务费用(如机场接机费、快递费、报名费、医疗保险费、住宿安排费、管理费等)将不予退还。学生必须向学校校长或主任递交书面终止课程申请。终止课程的学生不能获得Kaplan证书。

学费

凡参加英语课程的学生, 包括假期英语、通用英语、英语强化、国际学年/国际学期通用课程/强化课程、商务英语、商务英语强化课程, 提出课程终止时, 将扣除前4周的费用, 根据如下比例计算退款:

-第一周到第四周: 前四周费用将会被扣除, 剩余未用学费全款退还

-第四周到课程一半: 剩余未使用的学费按比例退还

-已完成50%课程后: 不退款。对于所有的备考课程, 包括GRE、GMAT、CAE、FCE和TAE, 提出课程终止时, 按照以下方式计算退款:

•第1节培训课后, 第2节培训课前, 已付学费的75%(扣除快递费)

•第2节培训课后, 第3节培训课前, 已付学费的50%(扣除快递费)

•第3节培训课后, 不退款

*由于Kaplan培训课程广泛, 一节培训课可以定义为: 1) 一堂课(教学或监考下进行考试); 2) 使用中心培训库; 3) 使用网上培训资源(讲座、测验、在线诊断等); 4) 辅导或咨询课; 5) 使用自学材料。

在所有情况下, 学生终止学习, 学校将通知有关移民局。

住宿

学生必须提前4周(对于选择优惠住宿套餐的学生须提前8周)以书面的形式通知学校主任或校长。学校将扣除适用的通知期住宿费、变更费用后, 退还所有未发生的住宿费用。如果在预定住宿时期已经过去一半后提出退房, 将不退还住宿费用。

一般条款

本条款与条件可能由于学校所在地区管理部门或政府相关政策的变动而随时更改。如有修改, 报名时将告知学生。任何争议、索赔或产生的其他问题, 都将受到学校所在地现行法律的约束。本条款与条件所述Kaplan, 指Kaplan国际集团所有学校, 包括Kaplan国际学院、Kaplan国际中心和Kaplan PLI。

(中文版一般条款与细则为英文版翻译件, 如有疑问均以英文版为准。)

Student Information: *(Please print or type and complete all information.)*

Surname or Family Name: *(as it appears on passport)* _____

First or Given Name: _____ Middle Name: _____

U.S. or Present Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: _____ E-mail: _____

Date of Birth: (MM/DD/YY) _____ / _____ / _____ Age: _____ Gender: Male Female

Country of Birth: _____ Country of Citizenship: _____

Applicant's Permanent Address in Home Country **(REQUIRED – No P.O. Box):** _____

City: _____ Province/State: _____ Zip/Postal Code: _____

Country: _____ Telephone: *(include country and area codes)* _____

E-mail: _____ Fax: _____

Where would you like your acceptance materials sent?

- Home country (permanent) address U.S. or Present Address Agency's address (write it below) Other (write it below)

Pick up in person by: **Name:** _____ **Telephone Number:** _____

Agency's or Person's Name: _____ Telephone Number: _____

Street Address: _____ City: _____

Province/State: _____ Country & Postal Code: _____

Would you like us to send your acceptance materials to you via express mail (e.g., FedEx)? Yes No

If **yes**, please check the "Application and Express Mail fees for \$120" on page 3.

If **no**, we will use regular US postal mail service. It normally takes longer. Shipment cannot be tracked.

Note: For an overseas applicant, if BC receives your application in less than 6 weeks from the quarter beginning date, we strongly recommend you pay the express mail fee.

Which program would you like to study? *Please choose ONLY ONE option.*

Option 1: College Level Program (About 2 – 2.5 years)

- I plan to be a full-time F-1 student at BC to earn an associate degree or a certificate program.
- I plan to be a part-time (less than 12 credits) student at BC, because I am a concurrent student from another school in the US and do not need I-20 from BC.
- I plan to be a part-time (less than 12 credits) student at BC, because I am not on an F-1 visa and have no plans to change my visa to F-1.

Note: If you do not require an I-20 from BC, submit all requirements except a bank statement.

English Language Proficiency: Have you met the English language proficiency requirement of BC? No Yes (please check one and submit proof)

- A TOEFL score of 61 (iBT) or higher.
- An academic IELTS overall band score of 6.0 with all sub-scores 5.5 or above.
- Successful completion of the Bridge program at Bellevue College.
- An "A-" grade in Integrated Skills 5 and "B-" in all other classes in the Intensive English/University Preparation program that quarter.
- Cambridge IGCSE and O Level First Language English with a grade C or higher.
- Two years of non-ESL English courses in an American high school or an international school with a recommended GPA of at least 2.50, reviewed on case by case basis.
- Proof of English language proficiency requirements will be waived if an applicant has attended at least 3 years of secondary education in Australia, Canada, Great Britain, Ireland, New Zealand, or the United States.

If **no**, would you like us to process your application for the intensive English program first?

- Yes No, please hold my application as incomplete until I submit my TOEFL or IELTS score.

(Continued on page 2)

For Bellevue College Official Use Only

Date Application Received: _____ Student Number: _____

Intended Quarter: _____ Referral: _____

(Option 1: College Level Program continued.)

Underage Requirements (must be at least 16 years of age):

Will you be at least 18 years of age by the quarter beginning date? Yes, I will be _____ years old. No

If no, have you graduated from a high school? Yes (submit proof) No

If no, unfortunately BC cannot accept you to the College level (including Bridge) program until you turn at least 18 years old or successfully graduate from a high school.

Option 2: Bridge Program (About 3 months)

Have you met the English language proficiency requirements of BC? No Yes (please check one and submit proof)

- A TOEFL score of 58 (iBT).
An academic IELTS overall band score of 5.5 with all sub-scores 5.0 or above.
Successful completion of Level 5 Integrated Skills and all other classes with a grade of at least "C".
Successful completion of the highest level at another Intensive English school with a transcript or a recommendation letter written by the school official.
Successful completion of the ELS Language Centers' Intensive level 109 with a transcript or letter written by the school official.

Underage Requirements (must be at least 16 years of age):

Will you be at least 18 years of age by the quarter beginning date? Yes No, I will be _____ years old.

If no, have you graduated from a high school? Yes (submit proof) No

If no, unfortunately BC cannot accept you to the College level (including Bridge) program until you turn at least 18 years old or successfully graduate from a high school.

Option 3: Intensive English/University Preparation (UP) Program (About 3 to 24 months)

- I plan to study English only at BC. I will not move up to the college level at BC.
I plan to study English first and move up to the college level program at BC later.
I plan to be a part-time (less than 18 clock hours/week) student at BC, because I am not on an F-1 visa and have no plans to change my visa to F-1.

Notes: If you do not require I-20 from BC, submit all requirements except a bank statement.
An F-2 visa holder is unable to join this program. A B-1/B-2 visa holder, please contact ISP.

Option 4: International Business Professions (IBP) Program (About 12 months)

- IBP is a year-long program that starts only in Fall (September) and Spring (March/April) quarters.
A transfer applicant from other U.S. school, please contact ISP about transfer process.
Applicants in Japan must use International Cross-Cultural Committee (ICC) agency to apply to the IBP program. For more information, please go to www.bellevuecollege.edu/isp.
I plan to be a full-time F-1 student at BC for the IBP program.
I plan to be a part-time (less than 12 credits) student at BC, because I am not on an F-1 visa and have no plans to change my visa to F-1.

When would you like to start at Bellevue College? (Please choose one)

- Fall/September 2014 Winter/January 2015 Spring/April 2015 Summer/July 2015
Fall/September 2015 Winter/January 2016 Spring/April 2016 Summer/July 2016

Intended Major (see page 6 of application folder and write down number): _____

How do you plan to arrange your housing? On your own With relatives Homestay (Note: Please allow at least 30 days for a housing company to arrange housing)

Visa Information:

Are you in the U.S. now? No Yes, give visa type: _____

If you are attending a school in the U.S., please write the name of the school that issued an I-20 or a DS2019 form for you on the line below.

Name of School: _____

Will your dependents (spouse and/or children) come to the United States on an F-2 visa with you? Yes No

If yes, please submit copies of all your dependents' passport biographical (photo) page.

Referrals:

How did you hear about us? Friends Relatives BC Materials College Fair School Advisor Language School Agency

Website Alumni ISP Information Session Name of Referral/Agency: _____

Educational Background: *(Required – List names of last schools attended below)*

Last Schools Attended	SCHOOL NAME	City	State	Country	Dates Attended From (Yr) – To (Yr)	Graduated
High School:					–	<input type="radio"/> Yes <input type="radio"/> No
College/University:					–	<input type="radio"/> Yes <input type="radio"/> No
College/University:					–	<input type="radio"/> Yes <input type="radio"/> No
English Language School:					–	<input type="radio"/> Yes <input type="radio"/> No

Emergency Contacts: *(Required)*

Family member or friend **in the United States** to contact in case of emergency:

Last Name: _____ First Name: _____ Relationship to Student: _____

E-mail: _____ Address: _____

City, State, Zip/Postal Code: _____ Daytime Phone: _____ Evening Phone: _____

Family member or friend **outside the United States** to contact in case of emergency:

Last Name: _____ First Name: _____ Relationship to Student: _____

E-mail: _____ Address: _____

City, State, Zip/Postal Code: _____ Country: _____

Daytime Phone: _____ Evening Phone: _____

Payment:

Payment Amount: *(Please check appropriate box)*

- Non-Refundable Application Fee (\$50)
- Non-Refundable Application (\$50) & Express Mail (\$70) Fees, total of \$120
- Express Mail Shipping Fee (\$70) only

Payment Methods: *(Please choose one)*

- Visa or MasterCard:** Please complete the Credit Card Payment Authorization form and fax it to +1-425-641-0246.
- Money Order:** Payable to Bellevue College and send it to ISP via postal mail.
- Wire Transfer:** Please contact admissions at ISP for details. Sender is responsible for all banking fees.
- Personal check or Cash paid by my local contact person:** Please do not mail cash along with your application documents to ISP. Your local representative (e.g., relative or friend) can pay the fee for you in person.

Signature Statement:

Financial Responsibility Agreement:

Bellevue College requires certification and declaration of adequate financial support from applicants with student visas. The statement must be less than 6 months old, issued in English, and be on file before admission will be considered. It may be necessary for you to provide additional documentations to support your financial statement.

I, *(Student's Name)* _____, affirm that:

- I will have sufficient funds available to pay for all of my necessary expenses in the amount indicated in the Financial Responsibility Section and further will be able to pay for travel from and to my home country.
- I understand that I am required to pay all tuition and fees by the designated payment deadline date each quarter; otherwise, I will not be able to start my classes.
- I am responsible to pay an additional \$50 application fee if I request an enrollment deferment after first deferment.
- I further understand that I am not eligible to receive financial aid, such as grants or loans.
- The specific sources of my funds and the amount in U.S. dollars to be received from the sponsor listed on page 4 (provide the sponsor's name and relationship). I am responsible to notify the International Student Programs office immediately if my financial sponsorship changes.
- I give my consent to a representative of Bellevue College to access my electronic I-94 record.
- For a third party sponsorship student, I am **personally responsible** for any tuition and fees unpaid by my sponsor.
- As a condition of participating in the international student program, all F-1 visa holders on the BC's I-20 are required to join the BC-contracted medical insurance plan every quarter including approved vacation and Reduced Course Load (RCL) term. Please go to <http://fiig-insurance.com/> to learn about the eligibility and coverage information. The plan does not cover dental and vision. Some students are not eligible to enroll in this plan. They are: 1) U.S. citizen, 2) Permanent Resident (i.e., green card holder), 3) unauthorized distance education students taking all online and/or televised courses, 4) a third-time medical RCL students, 5) newly admitted students who have not actively attended classes for the first 31 days after the date for which coverage is purchased. Please contact the Firebird International Insurance Group at 206-909-8550 or admin@fiig-insurance.com for questions. Mandatory medical insurance is a requirement imposed by the BC Foundation in the International Shared Funding Agreement. F-1 students who become ineligible for the College's Accident and Sickness Insurance plan will need to secure other coverage and submit proof of coverage to the ISP office immediately.

(Continued on page 4)

Financial Responsibility Agreement: *(continued from page 3)*

Personal Funds Family Funds Sponsor: _____ Relationship: _____

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge and THAT FAILURE to disclose and submit complete and accurate information and all required documents may result in denial of admission or dismissal from the College. I have read and understood the Mandatory Enrollment of the College's Accident and Sickness Insurance plan on page 4 of the application folder. I do hereby also authorize BC to contact my relatives/friends as listed in the Emergency Contacts section in cases of an emergency.

By signing below, I certify that I understand and accept the conditions listed under the Signature Statement on page 4 of the Application Folder and agree to abide by them.

Print Name of Applicant: _____ **Date:** _____

Signature of Applicant (Required): _____

Survey:

Are you applying to other schools besides Bellevue College (BC)? No, BC only. Yes

If yes, is BC your first choice? Yes No

What are the top three factors that affected your decision in choosing a school?

Program/Major Location Cost Reputations Admission Requirements

Someone's Recommendations Services Facilities Safe Environment

Other: _____

Do you wish to transfer to a university in the US after you graduate from BC? No Yes

If yes, please write down 3 universities of your interest:

1st choice: _____ 2nd Choice: _____ 3rd Choice: _____

BC has a direct transfer agreement with Eastern Washington University (EWU), Arizona State University (ASU), and the University of Washington, Bothell (UWB).

Would you like a conditional acceptance from EWU, ASU or UW? EWU Yes No ASU Yes No UWB Yes No

Are you interested in pursuing one of the BC's bachelor's programs after you complete your associate's degree? No Yes

If yes, please tell us which program: _____

Do you have or know any family members who might be interested in studying at a college in US near future? No Yes

If yes, please give us their names, relationship, and current school grade or ages:

Name(s): _____

Relationship: _____ Grade or Age(s): _____

Did you find this application packet helpful (easy to understand)? Yes No

If no, please explain: _____

Please submit your application to:

For more information, contact us:

International Student Programs
Bellevue College
3000 Landerholm Circle SE
Bellevue, WA 98007-6484 U.S.A.

(425) 564-3185 Phone
(425) 641-0246 Fax
isp@bellevuecollege.edu
www.bellevuecollege.edu/isp

Attorney-In-Fact Contact Information and Acknowledgement

Name of Minor Student: _____

Your Full Legal Name: _____

Contact Information for Attorney-in-Fact (AIF):

Home Address (in the USA): _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ I have resided at this address since _____ (date)

If AIF is currently working in the USA:

Work Address (in the USA): _____

City: _____ State: _____ Zip/Postal Code: _____

Work Phone: _____

If AIF is currently attending a school in the USA:

School Address (in the USA): _____

City: _____ State: _____ Zip/Postal Code: _____

School Phone: _____ The date of expected graduation: _____

Relationship to the student:

- Family Member – Relationship: _____
- Family Friend
- Member of Host Family
- Other – Please Describe Relationship: _____

Signature Statement:

By affixing my signature below, I acknowledge that I have agreed to serve as _____

(insert student's name) (the student's) attorney-in-fact during the _____ (insert applicable dates)

or until such time as the student reaches the age 18. As the student's attorney-in-fact I acknowledge that I will be available to make medical decisions on behalf of the student throughout the specified time in the event the student's parent or guardian is not readily available.

Signature: _____ **Date:** _____

Limited Power of Attorney to Make Health Care Decisions for My Minor Child

Effective Only if No Parent or Legal Guardian is Readily Available

1. POWER OF ATTORNEY

I, _____ {name of parent or legal guardian} (hereinafter called "parent"), domiciled and residing in _____ {Country}, designate _____ {name(s) of Attorney-in-Fact} as my Attorney(s)-in-Fact to make health care decisions for my child _____ {name of Child}

(hereinafter called "Child") over whom I have legal custody and guardianship. This limited power of attorney is effective if my Child's parent or legal guardian is not readily available and authorized to give consent or until my Child reaches the age of 18, or ceases to have an active SEVIS record with Bellevue College. The appointment of the Attorney-in-Fact is made pursuant to RCW 11.94.010(4). In case my Child requires health care treatment, the Attorney-in-Fact shall have the power to do the following:

- (a) Arrange for suitable, transport, hospital or in-patient treatment;
- (b) Make emergency determinations regarding the appropriate health care for my Child, including but not limited to dealing with attending physicians and determining, in the judgment of the Attorney-in-Fact, which course of treatment is necessary or desirable, and approving follow-up care. Common examples of emergencies as defined in this document include injuries resulting from a serious car accident, unconsciousness, or other situation causing serious physical or mental trauma. Non-emergencies include visits to the doctor for elective medical procedures, routine doctor's visits, and any other situation or condition where urgency is not evident to the Attorney-In-Fact. In all cases, the Attorney-In-Fact will be the sole determiner as to whether or not a particular situation or condition rises to the level of an emergency;
- (c) Review and/or order the medical records of my Child.

2. POWERS NOT SPECIFICALLY ENUMERATED

The Attorney-in-Fact shall also have all powers which may be necessary or desirable to provide for the personal and health care decision making of my Child even if these powers are not specifically set forth in this document.

3. DURATION

This Durable Power of Attorney shall become effective upon signing, and shall remain in effect to the extent permitted by Washington State law and until revoked or terminated, or until my Child reaches the age of 18, or ceases to have an active SEVIS record with Bellevue College, whichever occurs first.

4. REVOCATION

This Durable Power of Attorney may be revoked, suspended or terminated in the following ways:

- (a) If the parent gives written notice to any acting Attorney-in-Fact. 2 Power of Attorney

5. TERMINATION OF THIS DOCUMENT

(a) The death of parent shall revoke this Power of Attorney, unless there is any question regarding whether the parent is alive. If there is any doubt as to whether the parent is alive, the provisions of Sections 1 and 2 above shall apply.

6. RELIANCE

All persons dealing with the Attorney-in-Fact because of this document shall be entitled to rely upon this Power of Attorney, so long as neither the Attorney-in-Fact, nor any person with whom the Attorney-in-Fact was dealing, had received actual knowledge or notice of any revocation, suspension, or termination of this document. Any action taken in good faith by all parties shall be binding on the heirs and Personal Representative(s) of the parent.

7. INDEMNITY

The Attorney-in-Fact, shall not have any personal liability for any acts done by virtue of this Power of Attorney, so long as the acts are done in good faith. The parent shall defend, hold harmless and indemnify the Attorneys-in-Fact from all liability for acts done in good faith by the Attorney-in-Fact.

8. APPLICABLE LAW

The laws of the state of Washington shall govern this Power of Attorney. It is the intention of the parent that this document be valid in all states and territories of the United States. If any provision in this document is held invalid or inconsistent with the laws of parent's residence, then the inconsistent or invalid part shall be deleted and disregarded, and the remaining parts shall not be affected.

9. EXECUTION AND DATE OF SIGNING

This Power of Attorney is signed in original the day and year indicated below and is to become effective immediately. I declare under penalty of perjury of the laws of the state of Washington that foregoing is correct.

Dated this _____ (day) of _____ (month), 20_____ (year)

at _____ (city), _____ (country)

by *[Signed]* _____