

2011 BFS SUMMER SCHOOL PROGRAMS

BFS will be offering two summer school sessions during the summer of 2011:

Session I: July 4th ~ July 22nd, 2011

Session II: August 1st ~ August 19th, 2011

The lists of courses offered are as follows:

Session 1: July 4 – July 22, 2011 (9 am – 3 pm)

Teacher	Session Name	Grade Level
Mr. Pierog	Algebra 2 A (1/2 credit)** Pre-calculus A (1/2 credit)** (**Bus service or lunch will not be provided during this summer session and therefore will not be charged to the family for the school.)	Grades 9 – 12

Cost

BFS Student	KW 1,200,000
Non BFS Student	KW 1,400,000

Session 2: August 1 – August 19, 2011(9 am – 3:30pm)

Teacher	Session Name	Grade Level
Ms. Racek	Early Childhood	Nursery – PreK
Mrs. So	Basic English	Grades K – 2
Ms. Safradin & Ms. Sauerwein	Elementary	Grades 3 – 5
Mr. Quagliozi	Basic English	Grades 3 – 5
Mr. Engle	High School Writing & Reading Comprehension B (1/2 credit)	Grades 9 – 12
Mr. Crewe	Scientific Research (1/2 credit)	Grades 9 – 12
Mrs. Engle & Ms. Butcher	Middle School Reading & Writing	Grades 6 – 8
Mr. Pierog	Algebra 2 B (1/2 credit) Pre-calculus B (1/2 credit)	Grades 9 – 12

Cost

BFS Student	KW 1,200,000
Non BFS Student	KW 1,400,000

* Bus – KW 100,000

Lunch – KW 100,000

*Fees applicable for Busan area ONLY.

GENERAL RULES FOR SUMMER SCHOOL

1. All registrations are due by June 10th, 2011.
2. Fees must be paid by June 10th, 2011.
3. Busan Foreign School cannot guarantee what bus services will be available to which locations until after June 17th, 2011. Parents who have deposited fees predicated on the availability of bus service will be refunded in full if bus service is determined to be unavailable or parents can choose alternate transportation arrangements.
4. If Busan Foreign School cancels the class prior to its beginning, full refunds will be given.
5. No refunds can be given once the course has started.

Bank Information	
Bank Name	KookMin Bank
Account Number	126-01-0016-502
Beneficiary	Busan Foreign School

2011 BFS SUMMER SCHOOL PROGRAMS REGISTRATION FORM

Student's Name: _____

Grade: _____

Contact Number: _____

Address: _____

* Please check the course that you are interested in.

SESSION ONE (Grade 9 - 12 only)

Algebra 2 A 1/2 credit (Grades 9 – 12)

Pre-Calculus A 1/2 credit (Grades 9 – 12)

SESSION TWO

Early Childhood (Nursery / PK)

Basic English (Grades K – 2)

Elementary (Grades 3 – 5)

Basic English (Grades 3 – 5)

High School Writing & Reading Comprehension B 1/2 credit (Grades 9 – 12)

Scientific Research 1/2 credit (Grades 9 – 12)

Middle School Reading & Writing (Grades 6 – 8)

Algebra 2 B 1/2 credit (Grades 9 – 12)

Pre-Calculus B 1/2 credit (Grades 9 – 12)

School bus

Lunch

Date of Registration: _____

Parent's Signature: _____

STUDENT INFORMATION FORM

Student's Name: _____
(Last/Family) (First) (Middle)

Nationality: _____ Sex : (Check One _____ Male _____ Female)

Age: _____ Date Of Birth: _____ / _____ / _____ Grade In School: _____
(Year) (Month) (Day)

Place Of Birth: _____
(City) (State / Country)

Student's Passport Country & Number: _____
(Country) (Number)

Father's Name: _____ Mother's Name: _____

Name and Ages Of Brothers and Sister:

Address In Korea:

_____ (Street Address)

_____ (City Address)

_____ (Zip Code)

Mailing Address (if different from above):

Telephone Number:

_____ / _____ / _____
(Home) (Office) (Mobile)

Fax Number (if available): _____ Email Address: _____

Father's Place Of Employment: _____ / _____ / _____
(Company or Organization) (Position or Title) Telephone

Mother's Place Of Employment: _____ / _____ / _____
(Company or Organization) (Position or Title) Telephone

SPECIAL POWER OF ATTORNEY/WAIVER

1366-3, Jwa-Dong, Haeundae-Gu
Busan Korea 612-030
Tel (051) 747-7199
Fax (051) 747-9196

KNOW ALL MEN THESE PRESENTS

That I, _____, have made, constitute and appoint Busan Foreign School, together with its agents, officer's, employees, contractors and assigns, as my true and lawful attorney, giving and granting unto my said hand attorney power to act as follows:

- Giving and granting unto my said attorney full power to act in my name and on behalf, in the event of my absence or unavailability, for the purposes of taking any action necessary to safeguard the health and welfare of my child: _____ due to medical and/or evacuation reasons.
- Such action shall include, but shall not be limited to, granting consent for any medical treatment required under the circumstances, and signing any and all documents that are required by the authorities for procurement of necessary medical, dental, surgical or hospitalization care in any available hospital, or my attorney in fact shall be limited only on his or her discretion and knowledge of what action I would take in similar circumstances.
- Further, I do authorize my aforesaid attorney in fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present.
- Further, subsequent disability or incapacitation of the principal shall not effect this power of attorney.
- And I hereby declare that any act or thing lawfully done thereunder for me shall be transacted in my name, followed by that of my said attorneys and the designation "Attorney In Fact"
- Further, this power of attorney shall remain in effect until the revocation thereof by the undersigned or until _____, 2011 ____, whichever comes first.
- Further, I hereby waive any and all claims I may now or in the future have against Busan Foreign School for any accident, injury or death which may occur during the time my said child is at, under the care and /or supervision of, or being transported to or from, Busan Foreign School. IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____ 2011 ____.

Signature _____

Date _____