

SUBIACO ACADEMY

Physical Examination Form

NOTE: This form must be filled out and signed by a medical doctor.

Date of Examination: ___ / ___ / ___ Student Name: _____

Date of birth: ___ / ___ / ___ Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

| | Normal | Abnormal Findings/Comments |
|-----------------|--------|----------------------------|
| HEENT | | |
| Chest | | |
| Cardiovascular | | |
| Abdomen | | |
| Genitourinary | | |
| Musculoskeletal | | |
| Skin | | |
| Neurological | | |
| General Health | | |

| | | |
|--|--|-----------|
| Immunizations current? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |
| Restrictions on physical activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Can participate in P.E. or varsity sports? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Recommendations/Comments:

Examiner Information:

Name: _____ Title: _____

Address: _____ Phone: (____) _____

Signature: _____ Date: ___ / ___ / ___

SUBIACO ACADEMY

405 N. Subiaco Ave., Subiaco Arkansas, 72865 U.S.A.
Tel: 479-934-1034 Fax: 479-934-1033 www.subi.org

Statement of Financial Support

Section 1: Applicant Completes

Family Name _____ First Name _____ Middle Name _____ Birth Date: ____/____/____
(MM/DD/YY)

Country of Birth: _____ Country of Citizenship: _____

Itemize in U.S. Dollars the financial resources you will have available for your study at Subiaco Academy for the academic year 2009 – 2010.

- From student savings: _____
- From family funds: _____
- From scholarships: _____
- From all other sources: _____

Will your government allow sufficient exchange release in United States Dollars to meet your educational and living expenses? Yes ____ No ____

Applicant's Signature: _____

Section 2: Parent/Sponsor Completes

Sponsor's Name: _____ Relationship to Applicant: _____
(please print)

Sponsor's Statement

I hereby certify that I have read the information describing current costs of attendance, that I have carefully reviewed the information which has been recorded on this form, and that I am (or my organization is) prepared to provide funds to pay the applicant's expenses while attending Subiaco Academy to the extent indicated within this document.

Sponsor's Signature: _____

Sponsor's Address: _____
Street/Building _____ Apartment Number _____
Street _____
City _____ State _____ Zip _____ Country _____

Section 3: If fund are to be provided by the sponsor's employer, please complete the following

Sponsor's Employer: _____

Sponsor's Position: _____

Employer's Address: _____
Street _____

City _____ State _____ Zip _____ Country _____

▪ **Please return this form along with a copy of a bank statement that proves sufficient funds are available to defray the cost of one year at Subiaco Academy. The financial documents must have an English translation.**

- **Residential and tuition expenses for attending Subiaco Academy during the 2009 – 2010 academic year (August through May) are estimated at \$26,000.00 U.S. Dollars. This estimate includes textbooks and supplies but does not include personal expenses or transportation costs.**