ARRIVAL PACKAGE FALL 2026

3W INTERNATIONAL

HIGH SCHOOLS PARTICULARES NOS EUA E CANADÁ
BOARDING E DAY SCHOOLS

GRADE:

STUDENT:

YOU'RE ALMOST HERE!

Before your arrival, we need a few final documents and details.
On the next pages, you'll find important information regarding your arrival, boarding life, school requirements, and next steps before traveling to the USA.
You'll also join our online Pre-Departure Orientation, where we'll review arrival procedures, host family life, transportation, school life, and answer any final questions.

We can't wait to welcome you!

FLIGHT INFORMATION

ARRIVAL

All flight information must be printed. Handwriting will not be accepted.

Student name:

Passport numer:

Student Cell Phone Number:
(for emergency contact)

Do you need airport pick-up? YES ☐ NO ☐

If no, when will you arrive at the school / with the host family (day and time)? MM DD YYYY HH MM

Is there anybody accompanying you/traveling with you? YES ☐ NO ☐

If YES, please describe relationship with the student and cell phone number.

Flight 1:
Airline Company: _____ Flight number: _____
Departure Airport: _____ Date: MM DD YYYY Time: HH MM
Arrival Airport: _____ Date: MM DD YYYY Time: HH MM

Flight 2:
Airline Company: _____ Flight number: _____
Departure Airport: _____ Date: MM DD YYYY Time: HH MM
Arrival Airport: _____ Date: MM DD YYYY Time: HH MM

Flight 3:
Airline Company: _____ Flight number: _____
Departure Airport: _____ Date: MM DD YYYY Time: HH MM
Arrival Airport: _____ Date: MM DD YYYY Time: HH MM

Please schedule your arrival between 6:00 a.m. and 6:00 p.m. and attach the original airline itinerary from the airline company to this document. Please note that any other person than the student is responsible for their own airport pick-up and accommodation.

I hereby confirm that all the information above is correct and true. I understand that any mistake on this form may lead to failure of airport pick-up and host family placement. I understand that if there is any change, I must inform the school and/or the host family THREE days before the change.

Name of person who filled out the form and relationship to student:

_____ MM DD YYYY
Signature

FLIGHT INFORMATION

DEPARTURE

All flight information must be printed. Handwriting will not be accepted.

Student name:

Passport numer:

Student Cell Phone Number:
(for emergency contact)

Do you need airport drop-off? YES ☐ NO ☐

If no, when will you arrive at the school / with the host family (day and time)? MM DD YYYY HH MM

Is there anybody accompanying you/traveling with you? YES ☐ NO ☐

If YES, please describe relationship with the student and cell phone number.

Flight 1:
Airline Company: _____ Flight number: _____
Departure Airport: _____ Date: MM DD YYYY Time: HH MM
Arrival Airport: _____ Date: MM DD YYYY Time: HH MM

Flight 2:
Airline Company: _____ Flight number: _____
Departure Airport: _____ Date: MM DD YYYY Time: HH MM
Arrival Airport: _____ Date: MM DD YYYY Time: HH MM

Flight 3:
Airline Company: _____ Flight number: _____
Departure Airport: _____ Date: MM DD YYYY Time: HH MM
Arrival Airport: _____ Date: MM DD YYYY Time: HH MM

Time of leaving the accommodation: MM DD YYYY HH MM

Please schedule your departure flight between 9:00 a.m. and 6:00 p.m. and attach the original airline itinerary from the airline company to this document.

I hereby confirm that all the information above is correct and true. I understand that any mistake on this form may lead to failure of airport drop-off. I understand that if there is any change, I must inform the school and/or the host family THREE days before the change.

Name of person who filled out the form and relationship to student:

_____ Signature

MM DD YYYY

DECLARAÇÃO MÉDICA

Declaração de Atualização de Condição Médica do Estudante

Eu, _____, passaporte número _____, data de nascimento _____, responsável pelo aluno(a) _____, passaporte número _____, data de nascimento _____, matriculado na escola **Greater Atlanta Christian School** declaro que não houve qualquer tipo de atualização na condição médica de meu filho desde a entrega do complete application da escola, e me comprometo a informar a Three W International imediatamente em caso de qualquer tipo de atualização nesta questão.

I, _____, passport number _____, date of birth _____, responsible for student _____, passport number _____, date of birth _____, enrolled at the school **Greater Atlanta Christian School,** declare that there has been no update of any kind in my child's medical condition since the submission of the school's complete application, and I undertake to inform Three W International immediately of any update in this matter.

MM DD YYYY

_____

Local e data / Location and date

_____

Assinatura responsável / Parent signature

_____

Assinatura estudante / Student signature

DECLARAÇÃO ESCOLAR

Declaração de Ciência das Regras e Condições da Escola

Eu, _____, passaporte número _____, data de nascimento _____, responsável pelo aluno(a) _____, passaporte número _____, data de nascimento _____, matriculado na escola **Greater Atlanta Christian School**, declaro estar ciente das regras e condições previstas nos documentos **Student Handbook e Academic Handboo**k da escola.

I, _____, passport number _____, date of birth _____, responsible for student _____, passport number _____, date of birth _____, enrolled at the school **Greater Atlanta Christian School**, declare that I am aware of the rules and conditions set out in the **School's Student Handbook and Academic Handbook** documents.

MM DD YYYY

Local e data / Location and date

Assinatura responsável / Parent signature

Assinatura estudante / Student signature

DOWNLOADABLE RESOURCES

SCAN THE QR CODE TO ACCESS:

- 2026–2027 Academic Calendar & Key Dates
- Academic Program Book
- New Families Resources
- Student Handbook
- Academic Handbook
- Athletics & Clubs Information
- Learning Excursions Information
- Academic Planning Resources
- College Counseling Information
- Official GAC Website
- Important School Updates for New Students

OFFICIAL RESOURCES PROVIDED DIRECTLY BY GREATER ATLANTA CHRISTIAN SCHOOL.

IMPORTANT INFO

UNIFORM INFORMATION

Students will receive guidance regarding:

- Uniform fitting
- Dress code expectations
- Approved uniform vendors
- School appearance policies

Please regularly check your email for additional information from GAC regarding uniforms and school requirements.

New students may also receive additional instructions during orientation and onboarding meetings.

IMPORTANT INFO

IMPORTANT ACADEMIC INFORMATION

Students may receive communication regarding:

- Course selection
- Academic planning
- Elective courses
- PSAT information
- Schedule adjustments
- Placement assessments

Please regularly monitor your email inbox, including spam/junk folders, for important school communication. Students and families may also access the Academic Program Book for detailed course descriptions and academic policies.

IMPORTANT INFO

IMPORTANT PRE-ARRIVAL INFORMATION

Before arriving at GAC, please review the following:

- Recommended arrival date for international students:
  August 1st or 2nd
- Start of classes:
  - August 3rd → Grades 11 & 12
  - August 5th → Grades 9 & 10
- Airport:
  Hartsfield-Jackson Atlanta International Airport (ATL)

Important reminders:

- Bring comfortable daily clothing
- A laptop is strongly recommended
- Check your email regularly
- Share your flight details in advance
- Be prepared for orientation and academic planning activities

IMPORTANT INFO

WHAT TO PACK?

CLOTHING & PERSONAL ITEMS

- Comfortable daily clothing
- Light jacket
- Athletic clothes
- One formal outfit
- Comfortable walking shoes
- Personal hygiene products

ACADEMIC ESSENTIALS

- Laptop
- Backpack
- School supplies
- Calculator
- Notebooks & pens

OPTIONAL ITEMS

- Power bank
- Small personal decorations
- Reusable water bottle

Important reminders:

- Students will participate in school activities and orientation events
- Atlanta weather can vary during the school year
- Additional school supplies can be purchased after arrival

SAY CHEESE!

Time to Snap a Photo!

To help us recognize you easily at the airport, please follow these instructions when taking your photo:

✅ Take the photo alone (no friends or family in the picture).
✅ Include your full body, from head to toe.
✅ Stand facing the camera, no side angles or filters.
✅ Use good lighting, make sure your face is clearly visible.
✅ Wear clothes you might travel in, if possible.

Once you're ready, upload your photo below.

Thank you!

SAY CHEESE!

Send us your picture...

STUDENT:

GRADE:

PRIVATE HIGH SCHOOLS IN EUA AND CANADA
3W INTERNATIONAL

Greater Atlanta Christian School

Airport	Hartsfield-Jackson Atlanta International Airport (ATL)
Arrival date for international students	August 1st or 2nd
Orientation date for international students	N/A
Start date of classes	August 3rd (Grades 11 & 12) and August 5th (Grades 9 & 10)
Departure date for term students	N/A
Departure date for semester students	December 19th or 20th
Departure date for year students	June 1st

Notes:

- November 23rd - 27th: Thanksgiving Break
- December 21st - 31st. Christmas Break
- February 15th - 19th: Winter Break
- April 5th - 9th: Spring Break

View the 2026 - 2027 Calendar

Greater Atlanta Christian School

2026-2027 Key Dates

Updated: March, 2026

AUGUST 2026

S	M	T	W	T	H	F	S
							1
2	3	4	5	6		7	8
9	10	11	12	13		14	15
16	17	18	19	20		21	22
23	24	25	26	27		28	29
30	31						

- 3 First Day of School & Spiritual Retreat (Grades 11 & 12)
- 5 First Day of School & Spiritual Retreat (Grades 9 & 10)
- 7 Spartan Together
- 10 First Day of School Village/ Elementary (Grades K3-8th)

SEPTEMBER 2026

S	M	T	W	T	H	F	S
		1	2	3		4	5
6	7	8	9	10		11	12
13	14	15	16	17		18	19
20	21	22	23	24		25	26
27	28	28	30				

- 7 Labor Day - Campus Closed
- 21-25 Learning Excursions (Grades 6-12)

OCTOBER 2026

S	M	T	W	T	H	F	S
					1	2	3
4	5	6	7	8		9	10
11	12	13	14	15		16	17
18	19	20	21	22		23	24
25	26	27	28	29		30	31

- 13 PSAT (Grades 9-11; No Classes for Seniors)
- 19 Student & Teacher Holiday
- 20 Teacher Professional Day / Student Holiday
- 23 Homecoming

NOVEMBER 2026

S	M	T	W	T	H	F	S
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	15 16 17 18
19	20	21	22	23	24	25	26 27
28	29	30					

- 6 Grandparents' Day (Noon Dismissal)
- 23-27 Thanksgiving Break (Student & Teacher Holiday)
- 26-27 Thanksgiving - Campus Closed

DECEMBER 2026

S	M	T	W	T	H	F	S
		1	2	3			5
6	7	8	9	10			12
13	14	15	16	17			19
20	21	22	23	24			26
27	28	29	30	31			

- 16-18 HS / MS Exams (K3-12 Noon Dismissal)
- 18 Last Day of Classes - Fall Semester
- 21-31 Christmas Break (Student & Teacher Holiday)
- 24 & 25 Campus Closed - Christmas
- 31-1 Campus Closed - New Year's Eve

JANUARY 2027

S	M	T	W	T	H	F	S
						1	2
3	4	5	6	7		8	9
10	11	12	13	14		15	16
17	18	19	20	21		22	23
24	25	26	27	28		29	30
31							

- 1 New Year's Day - Campus Closed
- 4-5 Teacher Professional Days / Student Holiday
- 6 First Day of Classes – Spring Semester
- 18 Martin Luther King Jr. Day - Campus Closed

FEBRUARY 2027

S	M	T	W	T	H	F	S
	1	2	3	4			6
7	8	9	10	11			13
14	15	16	17	18			20
21	22	23	24	25			27
28							

- 15-19 Winter Break (Student & Teacher Holiday)

MARCH 2027

S	M	T	W	T	H	F	S
	1	2	3	4		5	6
7	8	9	10	11		12	13
14	15	16	17	18		19	20
21	22	23	24	25		26	27
28	29	30	31				

- 8 Teacher Professional Day / Student Holiday
- 26 Good Friday - (Student & Teacher Holiday)

APRIL 2027

S	M	T	W	T	H	F	S
					1	2	3
4	5	6	7	8		9	10
11	12	13	14	15		16	17
18	19	20	21	22		23	24
25	26	27	28	29		30	

- 5-9 Spring Break - (Student & Teacher Holiday)

MAY 2027

S	M	T	W	T	H	F	S
							1
2	3	4	5	6		7	8
9	10	11	12	13		14	15
16	17	18	19	20		21	22
23	24	25	26	27		28	29
30	31						

- 3-7 10-14 AP Testing Weeks
- 13 8th Grade Promotion
- 14 5th Grade Promotion
- 15 High School Commencement
- 19-21 HS / MS Exams (K3-11 Noon Dismissal)
- 21 Last Day of Classes – Spring Semester
- 24-25 Teacher Professional Days
- 31 Memorial Day

First Day of Semester / Last Day of Semester

Student & Teacher Holiday

Campus Closed

Student Holiday / Teacher Professional Day

Georgia Department of Public Health

AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

_____ (name of parent or guardian) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of _____ (name of minor child), born on _____ (date of birth).
2. I understand that the Georgia Department of Public Health requires children to obtain vaccinations against the following diseases before being admitted to a child care facility or school: diphtheria; Haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal disease (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).
3. I understand that the Georgia Department of Public Health has determined:
   a. that the required vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State;
   b. that the required vaccinations are safe;
   c. that a child who does not receive the required vaccinations is at risk of contracting those diseases; and
   d. that a child who does not receive the required vaccinations is at risk of spreading these diseases to me, to other children in the child care facility or school, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience.
5. I understand that, notwithstanding my religious objections, my child may be excluded from child care facilities or schools during an epidemic or threatened epidemic of any disease preventable by a vaccination required by the Georgia Department of Public Health, and that my child may be required to receive a vaccination in the event that such a disease is in epidemic stages, as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1- .03(2)(d).

This ____ day of _____, _____.

_____
Parent or Legal Guardian

Sworn and subscribed before me
this ___ day of _____, _____.

_____
Notary Public
My commission expires _____.

Form 2208
Revised June 2019

GREATER ATLANTA CHRISTIAN SCHOOL

International Student Program

Consent to Guardianship

As a part of our International Student Program and Host Family agreement, parents/guardians are required to consent to a transfer of guardianship for the time that the international student decisions that could be found in the best interest of the student (health emergencies, etc.).
is living with his/her host family. This agreement allows the host family to quickly make decisions on behalf of your child.

Below is the acknowledgement and consent to allow the host family to make guardianship

---

I, _____, the parent of _____,
give permission for my child to live under the guardianship of _____in the time that _____living with them as a student at Greater Atlanta Christian School.

I understand that _____ may make guardianship decisions while my child is living in their home.

In addition, I give permission for GAC School OfJicials: Oksana Gomas – International Program Coordinator; Joe Sandoe – Dean of International Student Life; and Shane Woodward – Director of School Life to make guardianship decisions while my child is enrolled in GAC.

_____ _____

Parent Name (printed) Date

_____

Parent Signature

Greater Atlanta Christian School

1575Indian Trail Road
Norcross, GA 30093
700.243.2000

INTERNATIONAL STUDENT PARENT/GUARDIANSHIP PERMISSION FORM

I am the parent and/or legally authorized guardian of the international student identified below (the "Participant") applying for admission at Greater Atlanta Christian School (the "School") beginning in the 2026-2027 school year. On behalf of myself, my spouse, the Participant, and my/our heirs, personal representatives, and assigns, I understand and agree to the following:

I hereby permit the Participant, _____, to travel to the United States and attend classes and extra-curricular activities at Greater Atlanta Christian School in Norcross, Georgia (the "Educational Activity"). While taking part in the Educational Activity, the Participant will be residing at the following address:

_____, _____, _____, _____
Street Address City State Zip Code

The Participant will either be residing with me or with host families. If with me, I can be reached at the following phone number(s): _____and e-mail address(es): _____ . If the Participant will be residing with a host family, it will be with the following individual(s): _____ (the "Hosts"), who can be reached at the following phone number(s): _____ and e-mail address(es) _____ . The relationship between me and the Hosts is _____

I hereby warrant and guarantee that the Hosts have my full legal permission to host the Participant during the course of the Educational Activity. Further, in arranging for the Participant's participation in the Educational Activity, I have complied with all United States laws including, but not limited to, those set forth by the United States Citizenship and Immigration Services and United States Department of State as well as Georgia State laws contained in, among others, the Georgia Family Code and Georgia Education Code.

I understand and agree that the Participant must abide by all School regulations and policies during the Educational Activity as set forth by the School including, but not limited to, the School's Parent-Student Handbook, which I have read and understood.

I understand and agree that in order to participate in the School's competitive athletic activities, the Participant must be eligible and qualify under the rules and regulations set forth by the Georgia Interscholastic Federation. It is entirely my and the Participant's responsibility to ensure that the Participant abides by these rules and regulations.

I am unaware of any health issue or restriction that would affect the Participant's involvement in the Educational Activity. I have adequate medical insurance to cover any medical needs of the Participant while involved in the Educational Activity. I authorize School personnel to act for me in its best judgment in

rendering any medical attention to the Participant as needed. I further understand that I will be responsible

Student Name_____
Last Name, First Name

for any medical expenses relating to the Participant while Participant is involved in the Educational Activity.

In consideration for the School allowing the Participant to participate in the Educational Activity, I hereby release, waive, discharge, hold harmless, indemnify, and defend Greater Atlanta Christian School, as well as their respective employees, staff, volunteers, agents, and representatives, from any and all liability, losses, damages, claims, actions, and causes of action of every nature, whether claimed by Participant, myself, Participant's family and assigns, the Hosts, or any third party, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, property damage, or any other loss or damages relating in any way to the Participant's involvement in the Educational Activity, including associated travel.

By signing below, I represent that I have read, understand and agree to the terms outlined above. I understand that by signing this document, I am waiving certain legal rights and do so voluntarily.

Parent/Guardian Name: _____

Signature: _____ **Date** _____

Participant Name: _____

Signature _____ **Date** _____