



## **INTERNATIONAL STUDENT PROGRAM**

### APPLICATION PROCEDURES AND CHECKLIST

This packet includes all of the forms you will need to help start the application process. If you have any questions, please feel free to contact Lydia Fuller, International Student Program Coordinator.

The application process is as follows:

#### **STEP 1: Submit Application and supporting documentation**

- Application Form
- Student Evaluation Form
- Transcripts of grades with English translations  
*(must include grades for English Language classes)*
- Copy of passport
- Proof of Financial Means of Support  
*(Bank verification in English showing funds required by INS)*
- Application Fee - \$500
- Letter of Recommendation  
*(Non-related individual who knows the student well in English)*

Upon acceptance you will receive:

- I-20
- Acceptance letter from Christ Lutheran School

#### **STEP 2: Request SEVIS I-901**

Once you have received the I-20, go to [www.fmjfee.com/I901fee/](http://www.fmjfee.com/I901fee/) to apply for the SEVIS I-901.

#### **STEP 3: Apply and Interview for F-1 Student Visa**

#### **STEP 4: Notify Christ Lutheran School when Visa is granted and complete application process**

Submit the following items to complete your child's application process.

- Health Insurance Documentation
- Insurance Provider \_\_\_\_\_
- Immunization record in English



**CHRIST LUTHERAN SCHOOL**

311 S. Citrus Street  
West Covina, CA 91791  
626.967.7531  
Website: [www.clswc.org](http://www.clswc.org)  
e-mail: [cls@clswc.org](mailto:cls@clswc.org)

# INTERNATIONAL STUDENT PROGRAM

## APPLICATION FOR ADMISSION

### Student Information:

\_\_\_\_\_  
DATE OF APPLICATION

LEGAL NAME ON PASSPORT: LAST      FIRST      MIDDLE INITIAL      (AMERICAN NAME)

MALE       FEMALE

DATE OF BIRTH      APPLYING FOR GRADE      SCHOOL YEAR APPLIED FOR

U.S. ADDRESS:      Street      City      State/Zip      Country of Birth

TELEPHONE NUMBER      Student E-mail

### Family Information:

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (foreign) \_\_\_\_\_ Address (foreign) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### U.S. Guardian Information:

Complete name of Parent/Guardian: \_\_\_\_\_

Address:      STREET      CITY      STATE/ZIP      HOME TELEPHONE

TELEPHONE NUMBER      E-mail

School mailings should be sent to:     Primary Parent/Guardian     Secondary Household (Mother/Father)     To each Household



General Information:

How did you learn about Christ Lutheran School? (Please be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you considering Christ Lutheran School for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or any family member attended Christ Lutheran?  Yes  No If Yes, what grade and year(s): \_\_\_\_\_

Other Children living at home:

Name Age Grade School now attending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious affiliation/preference (response optional): \_\_\_\_\_

Name Of Church: \_\_\_\_\_ Member: \_\_\_\_\_ Attending, but not member: \_\_\_\_\_

Ethnicity (response optional): \_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_

Student's Previous School Information:

Last school attended or attending: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this child ever had any scholastic difficulty?  Yes  No Has this child had absences due to illness?  Yes  No

Has this child ever been dismissed, suspended or expelled?  Yes  No Has this child ever repeated a grade?  Yes  No

If you answered yes to any of the above, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this child had difficulty with students or teachers in a previous school?  Yes  No If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CHRIST LUTHERAN SCHOOL – INTERNATIONAL STUDENT PROGRAM – APPLICATION FOR ADMISSION**

Please list any special health concerns (asthma, allergies, physical limitations):

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If your child is currently under a physician’s care, please explain:

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Please list any other information about your child you would like us to know:

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**Please attach a copy of last year’s report card and national standardized test scores.**

**NON-DISCRIMINATION STATEMENT**

Christ Lutheran School has a non-discrimination policy in regard to all races, colors, nationalities, ethnicities, gender or age. We admit students of any race to all the rights, privileges, programs, and activities made available to all students of our school. Christ Lutheran School does not discriminate on the basis of race in admission policies, scholarship and loan programs, athletic or other school administered programs. Christ Lutheran School has a non-discriminatory policy in its employment of faculty and staff.

**CONFIDENTIALITY**

The Board of Education supports the need for and usefulness of educational records being kept for each student, which will reflect the interrelationships of the physical, emotional and social aspects of a student’s development in the educational process.

Information about a student demands judicious use and shall always be used so as to contribute to his/her welfare or contribute to the efficient and effective functioning of the school. Safeguards shall be established by the school administration to protect the student and his/her family from invasion of privacy in the collection, maintenance and dissemination of information, and to provide accessibility to recorded information by those legally entitled thereto. The school administrators, Principal, Vice Principal and Director of Early Childhood Education (Preschool records only) are designated as the custodian of pupil records for Christ Lutheran School.

I understand that Christ Lutheran School has the discretion to accept or deny any child, for any reason. I further understand that the Student Evaluation Form is strictly confidential between the applicant’s current school and the Admissions Committee of Christ Lutheran School. The evaluation form will not become part of my child’s cumulative file.

Christ Lutheran School will not release any information pertaining to the decisions made by the Admissions Committee.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE OF APPLICATION



## **INTERNATIONAL STUDENT PROGRAM**

### 2010-2011 FEES SCHEDULE

(All fees are non-refundable)

APPLICATION FEE: *(Paid with application)* **\$500**

This fee is non-refundable, but will be deducted from tuition upon the completion of enrollment.

INTERNATIONAL FEE: *(Due upon acceptance)* **\$2,000**

TUITION: *(Paid in-full prior to arrival / 1<sup>st</sup> day of attendance)*

Grades 5<sup>th</sup> **\$5,620**

Grades 6<sup>th</sup> – 8<sup>th</sup> **\$5,920**

ADDITIONAL REQUIRED FEES:

REGISTRATION FEE *(Due upon acceptance)* **\$275**

OUTDOOR EDUCATION TRIPS *(Paid in-full prior to arrival / 1<sup>st</sup> day of attendance)*

5<sup>th</sup> Grade: Astrocamp (3 days) **\$320**

6<sup>th</sup> Grade: CIMI – Catalina Island (5 days) **\$530**

7<sup>th</sup> Grade: Yosemite (5 days) **\$620**

8<sup>th</sup> Grade: East Coast Tour (8 days) **Total cost available by Sept. 2010 – Approx. \$3500**

UNIFORMS – Vendor: Red Dot Uniform **\$100 - 300**

CLASSROOM SUPPLIES – Refer to supply list **\$50**

OPTIONAL FEES:

Before & After School Care **Varies based on usage**

Lunches **\$70 (20 lunches)**

Sports **\$25 - 50**



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## **INTERNATIONAL STUDENT PROGRAM**

### Evidence of Financial Support

Christ Lutheran School and the U.S. Immigration and Naturalization Service require that international students provide adequate evidence that funds are available for the first year of study, and that adequate funding will be available for each subsequent year of study. Please fill in the amounts you will have available to cover your school and living expenses in the U.S. for the duration of your studies.

Applicant's Name: \_\_\_\_\_

#### **THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN OF APPLICANT**

I certify that I will have the following amounts in U.S. currency available for the student's support during the forthcoming academic year and each subsequent year at Christ Lutheran School.

Personal Funds	\$ _____
Family Funds	\$ _____
Other (please specify) _____	\$ _____
Total	\$ _____

\_\_\_\_\_ I certify that these funds are adequate to cover all estimated school and living expenses, including travel to and from the U.S.

\_\_\_\_\_ I have a pending application for scholarship in the amount of \$\_\_\_\_\_. Please process my application for admission to Christ Lutheran School, and I will provide further evidence of funding prior to issuance of the Form I-20.

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_

#### **THIS SECTION TO BE COMPLETED BY FINANCIAL SPONSOR**

I Certify that I have agreed to provide the amount of funds stated above to the applicant named above for the purpose of full-time study at Christ Lutheran School.

Name of Sponsor: _____	Relationship to applicant: _____
Address of Sponsor: _____	
E-Mail of Sponsor: _____	Phone: _____
Signature of Sponsor: _____	Date: _____



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## **INTERNATIONAL STUDENT PROGRAM**

### Evidence of Financial Support (page 2)

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**THIS SECTION TO BE COMPLETED BY THE OFFICER OF THE BANK OR FINANCIAL INSTITUTION**

(a copy of the financial documents you will present to the U.S. Embassy or Consulate may be attached to this form)

Applicant's Name: \_\_\_\_\_

This is to certify that \_\_\_\_\_, whose signature appears on page 1 of the Financial Support Document, has ample funds at this time to meet the expenses of the applicant named above. This certificate does not constitute a statement of liability on my part, or on the firm, or bank, I represent.

Name of Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Required: Organizational seal  
or stamp here



# **INTERNATIONAL STUDENT PROGRAM**

## Student Evaluation

Student's Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

**CONFIDENTIALITY STATEMENT:**

*I understand that this Student Evaluation Form is strictly confidential between the applicant's current school and the Admissions Committee of CHRIST LUTHERAN SCHOOL. The evaluation form will not become part of my child's cumulative file.*

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The above named student has applied for admission to Christ Lutheran School. We appreciate your cooperation in completing this form. Your responses, along with tests scores and prior academic records, will assist us in giving a fair and thoughtful consideration for admission. Your response will remain confidential. Please return this form in the enclosed pre-addressed envelope as soon as possible.

1. How long have you been associated with this student? \_\_\_\_\_

**2. CLASSROOM ACHIEVEMENT:**

A= Excellent, B= Above Average, C= Average, D= Below Average, F= Failing

Grade: \_\_\_\_\_

Reading: \_\_\_\_\_ Math: \_\_\_\_\_ Spelling: \_\_\_\_\_ Language: \_\_\_\_\_

Soc. Science: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Attitude: \_\_\_\_\_ Effort: \_\_\_\_\_

**3. RATING OF APPLICANT:**

Excellent

Good

Needs to Improve

Explanations (Use separate sheet if necessary)

	Excellent	Good	Needs to Improve	Explanations (Use separate sheet if necessary)
Academic Ability				
Cooperation				
Citizenship/Conduct				
Self-Motivation				
Attendance Record				
Responsibility				
Work Habits				
Peer Interaction				
Creativity				

**4. ACHIEVEMENT TEST SCORES:**

Test Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_ Total Reading: \_\_\_\_\_

Total Math: \_\_\_\_\_ Total Language: \_\_\_\_\_ Spelling: \_\_\_\_\_

5. Has this student had any serious discipline problems? \_\_\_\_\_  
\_\_\_\_\_

6. Where does this student rank academically in the class?

Top 10% \_\_\_\_\_ Top Third \_\_\_\_\_ Middle Third \_\_\_\_\_ Lower Third \_\_\_\_\_

7. Cooperation from parents with school policies and personnel: (Please check)

<input type="checkbox"/>	Active and constructive
<input type="checkbox"/>	Cooperative when called upon
<input type="checkbox"/>	Critical, but cooperative
<input type="checkbox"/>	Non-cooperative
<input type="checkbox"/>	Non-involved

8. Financial obligations: (please check)

\_\_\_\_\_ Parents meet financial obligations regularly.  
\_\_\_\_\_ Parents fail to meet financial obligations.  
\_\_\_\_\_ Not applicable

**9. RECOMMENDATION:**

\_\_\_\_\_ I recommend this student with enthusiasm.  
\_\_\_\_\_ I recommend this student.  
\_\_\_\_\_ I recommend this student with reservations.  
\_\_\_\_\_ I do not recommend this student.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information you have provided is confidential.  
Thank you for taking the time to complete this student evaluation.**

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Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_