



## **Concordia Lutheran School**

13633 183rd Street

Cerritos, CA 90703

Phone (562) 926-2491 Fax (562) 407-0610

### **INTERNATIONAL STUDENT PROCESSING PACKET 2009 – 2010 School Year**

**VISA INFORMATION** – Concordia Lutheran is authorized under Federal law to enroll nonimmigrant students. If a student requires an I-20 from our school, the student must submit all necessary documents. Complete the admissions process and be granted acceptance prior to receiving the I-20. Adequate processing time must be allowed.

**FINANCIAL ASSISTANCE** – Concordia Lutheran does not offer financial assistance to International students on F-1 visas, as per United States Government, Immigration and Naturalization Services mandate.

**HEALTH AND INTERANTIONAL STUDENT INSURANCE** – Concordia Lutheran requires all International students to obtain International Student Insurance before attending our school. A copy of the student's card must be received prior to the start of school.

**REFUND POLICY** – Concordia Lutheran has NO REFUND policy. You must request in writing if you would like to request refund based upon a special circumstances.

#### **ADDITIONAL FEES (K-8th)**

- Hot Lunches – order monthly
- Dress Code – uniform shirts from EML required
- School Supplies – Bibles, notebooks, All God's People Sing Song book, book covers, school shirts, and teacher's supply list
- Field Trips are charged per trip
- Literature Trade Books
- Sports Fee – varies per sport
- Library and Textbook Fees- charged for lost or damaged books, varies per book



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### INTERNATIONAL STUDENT REGISTRATION CHECKLIST 2008 – 2009 School Year

The following items need to be received in our Admissions Office before an acceptance decision can be made. All the forms are included in the International Student Packet:

- Enrollment Application
- Transcripts translated into English for all report cards from past school year
- Letter from bank showing funds available in US dollars
- Clear copy of Current Passport
- Copy of Current Immunization Record, translated into English
- Current TB Skin test
- Family Information Sheet
- Submit Application Fee and International Student Fee
- Guardian Agreement and Liability Release Forms

**Please note:** Faxed copies can be used to speed up the admissions process, but we must receive all original documents prior to student attending school. Please mail all originals as soon as possible.

Once the above items have been received in the School Office, an I-20 will be issued and mailed to the student. The student then must present this I-20 to the U.S. embassy where the student is applying for an F-1 visa. Students must have a visa to study in the United States, unless they are permanent residents or citizens. The student visa is an F-1, but there are other visas under which it is permissible by law for a student to study. It is the student's responsibility to ensure they have the legal right to study in the United States.

# Concordia Lutheran School

## ENROLLMENT APPLICATION 2009-2010

STUDENT: \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE) (GRADE) (DATE OF BIRTH)

MALE \_\_\_ FEMALE \_\_\_ PLACE OF BIRTH: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (Country)

HOME PHONE: ( \_\_\_\_\_ ) PARENT/GUARDIAN E-MAIL ADDRESS: \_\_\_\_\_

LIVING WITH \_\_\_ BOTH PARENTS \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ OTHER (please explain) \_\_\_\_\_

FATHER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)

OCCUPATION: \_\_\_\_\_ WORK PHONE: ( \_\_\_\_\_ ) CELL PHONE: ( \_\_\_\_\_ )

MOTHER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)

OCCUPATION: \_\_\_\_\_ WORK PHONE: ( \_\_\_\_\_ ) CELL PHONE: ( \_\_\_\_\_ )

MARITAL STATUS: \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED OTHER \_\_\_\_\_

SIBLINGS: \_\_\_\_\_  
(NAME) (AGE) (NAME) (AGE)  
\_\_\_\_\_  
(NAME) (AGE) (NAME) (AGE)

HOME CHURCH: \_\_\_\_\_ HAS STUDENT BEEN BAPTIZED? \_\_\_ YES

\_\_\_ NO (DATE) \_\_\_\_\_  
DOES STUDENT ATTEND CHURCH? \_\_\_ YES \_\_\_ NO DOES STUDENT ATTEND SUNDAY SCHOOL? \_\_\_ YES \_\_\_ NO

Please list any special needs (hearing, vision, other) that may affect your child's learning.

\_\_\_\_\_  
  Please list any special health concerns (asthma, allergies, physical limitations).

\_\_\_\_\_  
  If your child is currently under a physician's care, please explain.

\_\_\_\_\_  
  Please list any other information about your child you would like us to know.

\_\_\_\_\_  
How did you hear about Concordia Lutheran School? \_\_\_\_\_

\_\_\_\_\_  
Why do you desire to enroll your child in Concordia Lutheran School? \_\_\_\_\_

\_\_\_\_\_  
*The foregoing information is, to the best of my knowledge, true and correct. I hereby make application to enroll my child at Concordia Lutheran School. I understand that the paid fees are non-refundable.*

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only
Reg. pd. _____
Enr. comp. _____
Start date _____



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## FAMILY INFORMATION SHEET

(this page used to issue I-20, information must be correct)

First day of school: \_\_\_\_\_ Last day attending Concordia: \_\_\_\_\_

\_\_\_\_\_  
(Birth Name of Student)

\_\_\_\_\_  
(American Name of Student)

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\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
International Home Address

\_\_\_\_\_  
International Home Phone Number

\_\_\_\_\_  
International Work Phone Number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

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\_\_\_\_\_  
Guardian's Name

\_\_\_\_\_  
Address in America

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone Number in America

\_\_\_\_\_  
Guardian Work Phone Number in America

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Guardian's Signature



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## INTERNATIONAL STUDENT PAYMENT PROCESSING FORM 2009 – 2010 School Year

**PLEASE COMPLETE THE INFORMATION REQUESTED BELOW**

**Note: This section will be removed from all other enrollment forms and will be forwarded to our accounting office. Accordingly, please fill in all information requested and do not write “same” or “see other page”.**

Student’s information:

\_\_\_\_\_  
Student’s first and last name & grade entering

Parent/Guardian responsible for account: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

### International Student Payment Process

- \_\_\_\_\_ \*Application Fee \$250.00
- \_\_\_\_\_ \*International Student Fee (I-20 Processing Included) \$2,500.00
- \_\_\_\_\_ \*\*Tuition Fee for one academic year \$6, 700.00

\_\_\_\_\_  
Make wire transfer payment

Total \$9,450.00 per student\*\*\*

\*Due with application

\*\*Due upon F-1 visa

\*\*\*Does not include additional fees listed on page 1

<p><b>Office use only</b></p> <p>All forms received and all fees paid _____</p> <p style="text-align: right;">Employee sign &amp; date</p>
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**GUARDIAN AGREEMENT**  
INTERNATIONAL STUDENTS

1. The parent is to select an adult guardian, at least 30 years of age, who lives in the continental United States, preferably in the State of California, who will agree to the Guardian Agreement.
2. The parent is to fill in his/her portion of the agreement and send it to the guardian for the guardian to complete.
3. The guardian is to complete the remainder of the agreement and return it to Concordia Lutheran School.
4. The guardian agreement must be received and approved by Concordia Lutheran School before the student may attend school.

As guardian of \_\_\_\_\_ while he/she is attending Concordia Lutheran School, I agree to the following:

1. I assume responsibility for this student during the school year and regularly scheduled vacations from school. This usually includes Thanksgiving, Christmas, winter and Easter vacation and during the summer. My responsibility includes, but is not limited to, providing transportation to and from campus and providing supervision of the above student during the vacation period.
2. I assume responsibility to Concordia Lutheran School for any financial obligations reasonably and necessarily incurred on behalf of the above student while he/she is a student at Concordia Lutheran School.
3. I possess power of attorney and assume responsibility for making a decision medically and/or signing medical release papers if such an occasion arises. I will handle all insurance claims for the above student.
4. I assume responsibility for the above student if a disciplinary action is required, i.e., suspension, expulsion, etc. I will also assume decision making if any problems arise concerning the academic or social life of the student.

Guardian Printed Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Fluent in English [ ]Yes [ ]No [ ]Other \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

As the parent of the above mentioned student, I hereby appoint the above person my attorney in fact for the purposes set forth above, while he/she is a student at Concordia Lutheran School, and I authorize the above person to take care of and assume responsibility for the above mentioned student as I would do if personally present. In the event of the above mentioned guardian is unable to fulfill his/her duties, I will immediately secure the services of another individual to serve as guardian.

Printed Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Release of Liability**

The registrant and parent are aware that daily transportation, housing, safety and maintenance of homes and buildings, dietary changes, and participation in events typical of family and social life carries a risk of personal injury and property damage or loss that may result from participation in the program and use of the goods and services described above.

I, the undersigned registrant, do waive and release claims against [Host Family Name] and [Guardian Family Name] for injury, loss, damage, accident, delay or expenses resulting from [student name] living with the [Host Family Name] and [Guardian Family Name] as an international student in attendance at Concordia Lutheran School , as well as during the vacations or holidays between attendance at Concordia Lutheran School.

I also agree not to sue or make a claim against [Host Family Name], [Guardian Family Name] and agree to indemnify them with regard to any injury, damage, loss, financial obligations or liabilities, judgments, and costs, including attorney's fees, that [student name] may personally incur, as well as for any damage or injury to the person or property of others that he/she may cause while enrolled in the Concordia Lutheran School International Student program. I agree not to sue or make a claim against [Host Family Name] and [Guardian Family Name], or other family members or guests staying at their home, and agree to indemnify them with regard to any injury or loss suffered by [student name] during periods of independent travel or absence from school.

If [student name] becomes ill, injured or incapacitated in any manner, [Host Family Name] and [Guardian Family Name] or the school coordinators may take such action items and decisions as any of them consider necessary, including medical treatment for [student name], as well as for transporting him/her back to his/her country of origin, at his/her own expense. I release them from all liability relating to such actions.

I understand that living at the home of [Host Family Name] may be terminated at the sole discretion of either Concordia Lutheran School or [Host Family Name] or [Guardian Family Name] without refund of fees, and that [student name] may be sent home at his/her own expense if he/she does not adhere to the rules, standards and instructions.

I agree to pay all telephone bills charged to [student name] to the family phone.

I agree to notify the Concordia Lutheran School and [Guardian Family Name] at least 4 weeks before planning to leave the host family, [Host Family Name].

I understand that it is my responsibility to procure the services of a professional attorney to have this Release of Liability professionally evaluated and/or amended before signing this document.

Student Name: \_\_\_\_\_

Signature of Student Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Host Family Name: \_\_\_\_\_

Guardian Family Name: \_\_\_\_\_