



I-20 CHECKLIST

Student's Information

Student's Name: _____ Spring Entry Fall Entry Grade Entering: _____

Student's Date of Birth: _____ Student's Place of Birth: _____

Checklist

ALL FORMS ON THE FOLLOWING CHECKLIST PROVIDED MUST BE FILLED OUT COMPLETELY AND TRANSLATED TO ENGLISH.

COMPLETED FORMS

- I-20 Application | School Year: _____
- Copy of Students Passport
- Registration/Tuition Fees Paid in Full | NON-REFUNDABLE
- Tuition Contract
- Copy of Financial Statement | BANK STATEMENT
- Housing/Guardian Questionnaire
- Guardian Authorization | NOTARIZED
- Copy of Guardian/Parents Passport & Visa
- Academic Background
- School Recommendation Form
- School Recommendation Letter
- Online School Enrollment
- Skype Interview with Student
- Copy of Immunizations from Country of Birth
- California Health Form | DR PHYSICAL & IMMUNIZATIONS NEEDED
- Copy Medical Insurance | SCHOOL YEAR PAID IN FULL
- Copy of F-1 VISA

**** The I-20 Application Form WILL NOT be given to the student until all the paperwork is completely filled out and translated to English. The Guardian Authorization Form MUST be notarized.**

Once the application is received and reviewed, the school will set up a Skype Interview or interview the student in person. This must all be done by appointment only. If accepted, we will complete Form I-20 and return it to the parent or guardian. Once received, it is the student's responsibility to pay the SEVIS I-901 fee and follow all regulations pertaining to obtaining a VISA.



I-20 APPLICATION FORM

Student Information

Last Name: _____ First Name: _____ American Name: _____
Date of Birth: _____ Country: _____ Native Language: _____
Gender: MALE FEMALE English Proficiency: NONE BEGINNER MODERATE STRONG
Semester: FALL ENTRY SPRING ENTRY Grade Applying For: _____
Student Lives With: FATHER MOTHER STEPFATHER STEPMOTHER OTHER: _____

Foreign Address

Home Address: _____ City: _____
State/Province: _____ Country: _____ Zip Code: _____

Parent Information

7 Last Name: _____ First Name: _____ US Citizen: YES NO
Telephone Number: _____ Email: _____ Date of Birth: _____
Occupation: _____ Employer: _____ Christian: YES NO

Mother's Last Name: _____ First Name: _____ US Citizen: YES NO
Telephone Number: _____ Email: _____ Date of Birth: _____
Occupation: _____ Employer: _____ Christian: YES NO

Parent's Marital Status: MARRIED DIVORCED SEPAR* TED SINGLE WIDOW/WIDOWER

If divorced, who has legal custody of the student? FATHER MOTHER JOINT *Please attach court document regarding custody, if applicable

Do you acknowledge that Mt. Calvary Lutheran School will teach the beliefs and understandings of a Christian faith and those beliefs will be taught to your child in the hopes your child will ultimately become a Christian? Yes

Parent Signature: _____ Date: _____



INTERNATIONAL STUDENT HOUSING/GUARDIAN QUESTIONNAIRE

Student American Housing Information

Student's Name: _____ Guardians Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Guardian Information

Will the child be living with parent? YES NO If so, please state the parents name: _____
**If legal parent is living with the child at all times, please only fill out upper information &*

Will the child have multiple guardians while living in the United States: YES NO

Please state names of all guardians: _____
**The child must live with a legal guardian while in the U.S. *All guardians must be legally notarized by parent's approval*

Address of Guardian: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Guardians Phone Number: _____ Guardians Email _____

Is guardian related to the child? YES NO Please explain relationship: _____

Is guardian US Citizen? YES NO Guardians Country of Origin: _____

Will the guardian be available to pick up the child if any school issue arises? YES NO

What are the housing plans for the student while living in the United States? _____

**** Please provide us with a copy of the Parent/Guardian's Driver's License and Visa.**

**** The guardian MUST speak English and is willing to assist the student in their studies. The Parent/Guardian MUST attend the first quarter Parent/Teacher Conference held in October to go over the progress of the student. If the parent is staying with the child in the U.S., the parent must speak English or have a Guardian assigned to help with the student's studies and communication.**

Guardian's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



GUARDIAN AUTHORIZATION FORM

Dear Parents,

Please fill in all blanks (including phone numbers and email addresses) below, and have LEGALLY NOTARIZED:

We, _____ and _____
Father's Full Legal Name Mother's Full Legal Name

Parents of _____ DOB _____
Child's Full Legal Name Child's Date of Birth

give Power of Attorney for Legal Guardianship of this child to:

_____ and to

Legal Guardian(s) Full Legal Name

Parent's Foreign Address: _____

City: _____

Country: _____

Phone Phone/Email: _____

We, the parents, have consulted with the person(s) and they have agreed to serve as Legal Guardian. If at any time this new person(s) is no longer able or willing to be the Legal Guardian, we agree to find a new Legal Guardian and complete a new Guardianship Authorization Form, have it notarized and submitted to school immediately.

We understand that: it is a requirement that all students at Mt. Calvary Lutheran School must live with an adult at all times; the administration recommends the adult be at least 30 years of age or a married couple.

If at any time the Legal Guardian, designated above, is out of the immediate area more than 24 hours, the school office must be notified immediately with the name and numbers of a substitute caregiver who has also been given power of attorney by the parents. Notify the school office immediately if there is any change in ANY of this information.

FAILURE TO COMPLY WITH ANY OF THESE CONDITIONS MAY RESULT IN STUDENT'S EXPULSION AND TERMINATION OF I-20.

Guardian is: [] U.S. CITIZEN [] PERMANENT RESIDENT (GREEN CARD)

Guardian's Address: _____

City: _____

Country: _____

Phone Number/Email: _____

This document must be signed by PARENTS, in the presence of a LEGAL NOTARY:

_____ & _____ Signed on _____
Birth Father Sign Birth Mother Sign Date Signed



ACADEMIC BACKGROUND

School History

Has the student repeated a grade: YES NO If yes, which grade? _____

Has your child ever been evaluated for: LEARNING DIFFERENCES BEHAVIORAL ISSUES
 PSYCHIATRIC/PSYCHOSOCIAL PROBLEMS VISION PROBLEMS HEARING PROBLEMS

Please explain on a separate piece of paper any items you have checked, and attach and test results or IEPs!

Have there been any situations in the child's life which the school should know about in order to meet his or her learning or developmental needs (i.e.: absence of parent, frequent moves, death in family, foster care, divorce, etc.)? YES NO

If yes, please explain: _____

Has your child been subject to major disciplinary actions (suspension or expulsion) in school? YES NO

If yes, please explain: _____

Please indicate any health and/or emotional concerns of which the school should be aware (i.e. allergies, medications taken):

Academic Strengths? _____ Academic areas in need of improvement? _____

Extra and co-curricular interest, achievements, musical instruments, sports: _____

Check 2 factors most influencing you to apply to Mt. Calvary Lutheran School: CHRISTIAN PHILOSOPHY/ENVIRONMENT
 DESIRE TO ATTEND A PRIVATE SCHOOL ACADEMIC REPUTATION RECOMMENDATION OF MT. FAMILY
 LOCATION STRENGTH OF EXTRACURRICULAR PROGRAMS (please give us their name)

How did you hear about our school? _____

Will you, the Parents/Guardians, cooperate with the school in the CHRISTIAN training of the child, and will you support the student requirements for their Religion Class? YES NO

Parent/Guardian Commitment:

I hereby certify that the information on this application is accurate and complete and that incorrect or incomplete information on any school form may result in non-acceptance or dismissal from school.

In addition:

- I will commit myself to wholehearted, positive cooperation with my child's teacher, that my child might receive the best education possible.
- I will encourage compliance with the rules of the school. I understand the standards of Mt. Calvary Lutheran School do not tolerate profanity, obscenity in word or action, dishonoring of God or the Word of God, nor disrespect to the personnel, students, or property of the school.
- If my child is not able to comply with the standards of the school after reasonable effort has been made, I agree to withdraw my child from school.

Signature: _____ Relationship to child: _____ Date: _____



RECOMMENDATION FORM GRADES 1-8

Student's Academic Background

Please complete the top of the form and request the student's current teacher to fill out the bottom portion.

Student's Name: _____ Grade Attending Now: _____
 Current School: _____ Current Teacher: _____
 Parent's Name: _____ Signature: _____

The above student has applied for admission to Mt. Calvary Lutheran School. Please return the completed form to Mt. Calvary Lutheran School.

Student Rating	Excellent	Good	Average	Poor
Sense of Responsibility: Concerned with welfare and rights of others; respects other's and school's property; follows school rules and regulations; conducts proper classroom behavior.				
Personal Relationships: Works well in groups; liked by student/adults; relates to peer and adults in respectful manner; has good moral & personal qualities.				
Initiative and Leadership: Often called upon to lead group activities; voluntarily participates in class and co-curricular activities.				
Cooperation/Motivation:				
General Conduct/Effort:				
Work and Study Habits:				

Disciplinary Actions: Suspensions: _____ Expulsions: _____

Does the student have any known and diagnosed learning differences? (i.e. IEP, Dyslexia) YES NO
 (If yes, please state the nature of the learning differences and what may be done to accommodate the student. Please attach and formal reports.) _____

List areas that need improvement: _____ List area of strengths: _____

Please check one of the below:
 HIGHLY RECOMMEND RECOMMEND RECOMMEND WITH RESERVATION DO NOT RECOMMEND (Explain)

Teacher Signature: _____ Date _____



STUDENT ONLINE ENROLLMENT

Online Enrollment Information

Parents must enroll their children online to Mt. Calvary Lutheran School. Please make sure you fill out every page with the required information. This is very important so we can make sure your child is properly being taken care of by our school staff.

Very Important Information Needed

- Address, Phone Number, Emails
- Parent/Guardian information
- A list of anyone that may come to pick up the child from school
- Emergency Contact Information
- If the child has any allergies
- If the child can take Tylenol
- Medical Dr. Information
- Medical Insurance Information
- Hospital preferred

Please go to Mt. Calvary Lutheran School's website at www.mcldb.org

- Look for the tab at the top right of the webpage that says "Enroll Now" and click it
- Please create an account
- You will need to register by entering your email and password and click "register"
- From here you will need to fill in all the information on every page to complete enrollment
- Please press "submit" once you have filled out all required information

**Please fill out all the information that the online registration asks for. The school will need to have everything in case of an emergency, to get a hold of parent/guardian, and to administer any medications needed. We need to properly take care of your child while they are in our hands during school hours.*



WIRE TRANSFER INSTRUCTIONS

Wiring Funds

If you are planning to transfer funds to Mt. Calvary Lutheran Church and School via bank wire, it is ***very important*** to provide the information below to your sending bank. You must also submit a completed Wire Transfer Form by fax or e-mail so that we may locate the payment. Please be sure that the conversion rate for the funds satisfies the total amount to be transferred.

Mt. Calvary Lutheran Church and School are held with California Bank and Trust. In order to ensure the accurate and prompt accounting for wire funds wired to California Bank and Trust, we ask that you please provide the following information to your sending bank.

Our Bank and City:	California Bank and Trust CB&T International Operations Center 550 South Hope Street, 3 rd Floor Los Angeles, CA 90071 FAX: (213) 593-2144
ABA Number:	1210-0204-2
Wire Routing Number:	122232109
SWIFT Code:	ZFNBUS55LAX
Bank Account Name and Number:	Mt. Calvary Lutheran Church Missouri Synod of Diamond Bar, California 5790960305
Description:	Please include students name and confirmation number

Families choosing to pay via wire transfer will be charged a \$15.00 processing fee to be included with the tuition payment.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last _____ First _____ Middle _____ BIRTH DATE—Month/Day/Year _____

ADDRESS—Number, Street _____ City _____ ZIP code _____ SCHOOL _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	__/__/__
Physical Examination	__/__/__
Dental Assessment	__/__/__
Nutritional Assessment	__/__/__
Developmental Assessment	__/__/__
Vision Screening	__/__/__
Audiometric (hearing) Screening	__/__/__
TB Risk Assessment and Test, if indicated	__/__/__
Blood Test (for anemia)	__/__/__
Urine Test	__/__/__
Blood Lead Test	__/__/__
Other	__/__/__

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner _____

Signature of health examiner _____ Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.