



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 (City/State/Country): _____

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.

This school is authorized under Federal law to enroll nonimmigrant alien students.



I-20 TUITION CONTRACT

Billing Information: (Person responsible for payment, please complete and sign)

Student's Name:		Grade Entering:	
Person's Responsible for Payment:		Address:	
City:	State/Province:	Country:	Zip Code:
Home Phone:	Cell Phone:	Relationship to Student:	
Email Address:		Employer:	
Employer Address:		Employer Phone:	

PLEASE ATTACH PROOF OF FINANCIAL EVIDENCE WITH THE APPLICATION PACKET | BANK STATEMENT TRANSLATED

International Student Start Date: FALL ENTRY | August 11, 2021 SPRING ENTRY | January 10, 2022
**International Students starting in the Fall will start early for orientation*

Annual International Student Rate: Elementary (K-5) - Fall Entry \$13,600 Spring Entry \$6,800
 Middle School (6-8) - Fall Entry \$15,000 Spring Entry \$7,500

Application | Registration Fee: \$1,750 | NON-REFUNDABLE

All fees are to be paid in full to Mt. Calvary Lutheran School before the Form I-20 will be processed and given to the family.

A tuition refund will only be given if the F-1 is not granted less proration of time attended at Mt. Calvary. Refund will be dispersed to original paying party by way of how funds were originally received.

If student starts mid-year, all payments for current year and following year must be made when student enrolls. Non-Refundable as stated above.

Mt. Calvary Lutheran School preferably accepts Cash, Check, Money Order, and Wire Transfer. If paying by credit card a 3% fee will be added onto the total of all cost associated with Registration and Tuition. There is a \$15 Wire Transfer Fee.

A \$70 mailing fee will be added to the tuition if any forms or the Form I-20 needs to be mailed out of the United States.

Payment Agreement:

I have read and understand the financial contract that is being made between Mt. Calvary Lutheran School and myself. I understand that in order for Mt. Calvary Lutheran School to meet its planned and various financial responsibilities; my financial obligation to Mt. Calvary Lutheran School is for the full amount listed above and is non-refundable.

I understand that if an unsolvable discipline or academic problem arises, and my student is no longer permitted to attend Mt. Calvary Lutheran School, payment is still non-refundable.

Signature: _____

Date: _____

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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: (please circle) K 1 2 3 4 5 6 7 8
Student Lives With: FATHER MOTHER STEPFATHER STEPMOTHER OTHER: _____

Foreign Address

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

Parent Information

Father's 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 SEPARATED 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: _____

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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: _____

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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



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: _____

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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.mcladb.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 ahold 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.*



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 (Zion Bank)
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. Be sure to include any fees to be paid to your financial institution for the transfer.