



## 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 & TRANSLATED TO ENGLISH BY AN AUTHORIZED OFFICIAL/NOTARIZED.**

	COMPLETED FORMS
● I-20 Application   School Year: _____	<input type="radio"/>
● Copy of Students Passport & Visa	<input type="radio"/>
● Registration/Tuition Fees Paid in Full   NON-REFUNDABLE	<input type="radio"/>
● Tuition Contract	<input type="radio"/>
● Copy of Financial Statements   (BANK STAMP/NOTARIZED)	<input type="radio"/>
● Housing/Guardian Questionnaire	<input type="radio"/>
● Guardian Authorization   NOTARIZED	<input type="radio"/>
● Copy of Guardian/Parents Passport & Visa	<input type="radio"/>
● Academic Background + Report Card/Transcript   SCHOOL STAMP/NOTARIZED	<input type="radio"/>
● School Recommendation Form   SCHOOL STAMP/NOTARIZED	<input type="radio"/>
● School Recommendation Letter   SCHOOL STAMP/NOTARIZED	<input type="radio"/>
● Online School Enrollment via Gradelink	<input type="radio"/>
● WECHAT Interview with Student @MTCALVARYDB	<input type="radio"/>
● Copy of Immunizations from Country of Birth   DOCTOR STAMP/NOTARIZED	<input type="radio"/>
<b>AFTER ARRIVAL TO UNITED STATES OF AMERICA</b>	
● California Health Form   DR PHYSICAL & IMMUNIZATIONS NEEDED	<input type="radio"/>
● Copy Medical Insurance   SCHOOL YEAR PAID IN FULL	<input type="radio"/>
● Copy of F-1 VISA   SIGNED BY STUDENT AND PARENTS	<input type="radio"/>

**\*\* 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 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 a 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 the guardian related to the child?  YES  NO Please explain relationship: \_\_\_\_\_

Is the 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 Number/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:***



\_\_\_\_\_  
Birth Father Sign & \_\_\_\_\_  
Birth Mother Sign Signed on \_\_\_\_\_  
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, so 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 does 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
<b>Sense of Responsibility:</b> Concerned with welfare and rights of others; respects others and school's property; follows school rules and regulations; conducts proper classroom behavior.				
<b>Personal Relationships:</b> Works well in groups; liked by students/adults; relates to peers and adults in respectful manner; has good moral & personal qualities.				
<b>Initiative and Leadership:</b> Often called upon to lead group activities; voluntarily participates in class and co-curricular activities.				
<b>Cooperation/Motivation:</b>				
<b>General Conduct/Effort:</b>				
<b>Work and Study Habits:</b>				

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](http://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.*





## 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 email 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 <sup>rd</sup> 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 \$25.00 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.**