Iredell-Statesville Schools Iredell County, North Carolina

International Exchange Student Enrollment

Congratulations on your decision apply as an **International Exchange Student** in the Iredell -Statesville School District. The application procedure includes completion of District forms A-F and submission of these District forms along with the documentation listed on the International Enrollment Checklist.

You are applying for acceptance to the Iredell-Statesville School District for a full course of study majoring in High School/Secondary Diploma Program. Your length of stay in this program is for 12 months in which you may complete some or all requirements for a high school diploma depending on your transcript evaluation and ability to complete all state and local graduation requirements.

English proficiency testing is a requirement for enrollment. We recommend the <u>TOEFL</u> or <u>Idea (IPT)</u> English Proficiency test.

The annual unsubsidized tuition to attend Iredell-Statesville Schools for 12 months will be:

Annual tuition fees: \$ 10, 500

We require a minimum of \$5,250 or a minimum of 50% of the unsubsidized annual tuition in order to process the I-20 for an F1 visa student or enroll as a J1 visa student. You will need to demonstrate through bank certification your ability to fund the total 12 month expense reported to the US Department of Justice for the purposes of application for the I-20. There is specific requirement on the US Embassy website: The school must indicate on the Form I-20 that the student has paid the unsubsidized annual tuition. Please go to link for further explanation: http://www.ustraveldocs.com/cn/cn-niv-typefandm.asp

Please note that the totals above do not include any fee charged by agencies or agents assisting you with your application, enrollment, homestay and services.

Thank you for applying to be part of the Iredell-Statesville School District as an **International Exchange Student!**

International Enrollment Checklist

Inte	ernational Applicants must submit:
	A completed and signed Application to Attend Iredell-Statesville Schools F1/I20 and J1 visa students
	A completed and signed Iredell-Statesville School District I-20 Application For F1 visa applicants (form A)
	A <u>notarized</u> Authorization for Adult to Act as Custodial Parent - F1/I20 (form B1 and B2)
	The Host Guardian and Other Guardian Contact Information F1/I20 (form C)
	The Tuition and Refund Policy for F1/J1 visa students (form D)
	□ The Affidavit of Understanding F1/I20 visa students (form E) Student's Health and Immunization Record and NC Health Assessment Transmittal: These two forms must be completed and signed by physician. Students must have Pertussis (TDAP) prior to school admission. MUST BE IN ENGLISH (form F)F1/J1 visa students
	A copy of the Student Birth Certificate - MUST BE TRANSLATED INTO ENGLISH F1/J1 visa students
	A copy of the Student Passport F1/J1 visa students
	Student Transcripts or Record of Courses Taken - NOTE: MUST BE TRANSLATED INTO ENGLISH F1/J1 visa
	Teacher Recommendations (English and Mathematics) F1/J1 visa students
	Copy English Proficiency Testing (TOEFL OR IPT Idea test recommended) F1/J1 visa students
	A Copy of Host Guardian Identification - Driver's License or Passport F1/J1 visa students
	A copy of your Bank certification documenting your ability to fund the total 12 month expense reported to the US Department of Justice for the purposes of application for the I-20 for FI Visa students
app visa If p	TE: Iredell-Statesville Schools will notify parents or Certified Agency Representative once the student olication has been approved. Prior to the issuance of the I-20 visa for F1 visa students or enrollment for J1 a students, Iredell-Statesville Schools must receive a wire transfer for at least 50% of the annual tuition fee sayment is not made in full, for annual tuition of \$10,500, then the remainder will need to be paid prior to the suary 1.

Completed applications and payment must be submitted to:

Iredell-Statesville Schools
410 Garfield St., Statesville, North Carolina, 28677
Attn: International Exchange Student Curriculum Dept.

For more information please contact the Curriculum Department at **704-832-2502** or email: kimberlea_morton@iss.k12.nc.us.

F1 Visa International Exchange Student

I-20 Application

STUDENT INFORMATION	DATE	OF APPLICATION:
Student Last/Family Name	First/Given Name	Suffix
Date of Birth Gender	Country of Birth	Country of Citizenship
Parent/Guardian Last Name, First Na	ame Relationship to st	cudent
Foreign Address	Correspondence	Address if different from residence
City, Province	City, Province	
Country, Postal Code	Country, Postal C	ode
Student Email	Estimated Date of	FEntry to U.S.A.
Last School Attended	Location of Sc	hool
For student: Please briefly explain your rea	ason for wanting to attend school in the Uni	ted States
Is Student Proficient in English (requestion to the Student completed a high some student have any special pages.)	chool program or equivalent?	☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO

AUTHORIZATION FOR GRANTING (Temporary)GUARDIANSHIP

STATE (OF	AFFIDAVIT
COUNT	ΓΥ OF ΑΨ	VARDING CUSTODY
	, being d	uly sworn, says:
1.	My name is	
Statesvil	(hereinafter "student") onsidered for enrollment as a student at rille Schools. My relationship to the student is as follows:	in The Iredell-
I have cu	custody of the student. The source of my custodial relation	onship with the student is as follows:
	I am the natural parent of the student and there has separation agreement signed, or guardianship esta	•
	Court order awarding me primary physical custody	of the student
	A duly executed separation agreement whereby I be custody of the student.	nave been awarded primary physical
	Order of Guardianship or Guardianship Letters ent of the student.	ered establishing me as the guardian
	ed to this Affidavit is a document establishing my custodia ent is as follows:	Il relationship with the student. The
	Birth certificate (if natural parent with no court orde guardianship letters or order)	r, separation agreement or
	Certified copy of Court Order (if Court Order estable	lishes primary physical custody)
	Copy of Separation Agreement with verified signate Agreement)	ures (if duly executed Separation
	Certified copy of Letters of Guardianship or Guardi (see page 2)	anship Order (if Guardianship)

with			, , whose rela	tionship to me is as
follows:				
			will be responsible f	or the discipline and supervision of
the studen	t and will stand	l in loco-par	entis as to the student.	
Further you	ur Affiant says	not.		
This	day of		, 20	
			(Printed Name)	
			(i ilitea ivalle)	
			(0)	(SEAL)
			(Signature)	
n to and sub	scribed before	me, this		
day of		, 20		
Notary	/ Public			
mmission e	xpires:			

Form B-1

THIS DOCUMENT MUST BE OFFICALLY NOTARIZED

Iredell-Statesville Schools INTERNATIONAL EXCHANGE STUDENT

AUTHORIZATION FOR ADULT ACCEPTING Temporary GUARDIANSHIP

IREDELL COUNTY, NORTH CAROLINA AFFIDAVIT ACCEPTING (Temporary) CUSTODY

				, being o	duly sworn, says:	
	1.				n Iredell County, North Carolina. My	permanent
		I know		(hereinafter "	student"). My relationship to studen	t is the following:
2.			live with me/my fa	mily, spend all sc	t will be residing at my permanent re hool nights at my permanent residen nt will attend: (School)	
3.			y permanent reside	nce. I request the	the discipline and supervision of the sat a copy of all school notices and stuss) of the student.	
4.		that the Office of the Deam aware that if inform	eputy Superintende ation is presented t nis agreement will b	nt is to be contactors of school officials	nge in residential or custodial status a ted for a determination of school sta that show the student is not residing I the student will be transferred to th	tus. In addition, I at the residence
					(S	EAL)
		Sworn to and subscribe	ed before me,			
		thisday of	, 20		(Name	2)
					Notary Public	Му
	ТНІ	S DOCUMENT MUST B	BE OFFICALLY NOT	'ARIZED	commission expires:	_

Iredell-Statesville Schools

International Exchange Student

HOST GUARDIAN AND OTHER GUARDIAN CONTACT INFORMATION

Home Address
City, State, Zip Code
Home Telephone Phone Cell or Work Phon
Phone Number
Phone Number Email Address

Form C

TUITION AND REFUND POLICY

A.	Federal law requires that all International Exchange F-1 visa students must pay the full unsubsidized cost of
tuition.	The amount of tuition is determined annually, and covers the duration of the traditional school year.
Progran	ns and services offered outside of the general school semesters and academic program will be priced
accordi	ngly.

- B. Proof of funding for the entire cost of tuition and any associated fees must be presented at time of I-20 application and at least half the total must be paid to the school district prior to the issuance of an I-20 or enrollment for the J-1 visa students, with the remainder to be paid by January 1. Wiring instructions will be sent by the school district directly to the applicant or can be accessed on the ISS website. The tuition fee for Iredell-Statesville schools is:
 - \$10,500 full year tuition
- C. If a student is unable to attain the F-1 Visa, the full amount of the tuition will be refunded. If the student enters the country using the F-1 Visa or J-1, then fails to enroll, terminates or transfers from the assigned school district prior to the end of the stated term of attendance, tuition **will not be refunded** for the current semester.
- D. If the student transfers after the first semester without attending any day of the second semester, the tuition amount for the second semester will be refunded. If the student attends one day of the second semester, the tuition will not be refunded.
- E. The tuition will only be refunded to the person or agency that completed the wire transfer. This person must complete the Request for Refund Form.

I have received a copy of and understand the F-1 Foreign Student admission Information and have read and understand the above tuition, processing fee and refund policy.

 Parent/Guardian Legal Natural Name (Print)	Signature	 Date

AFFIDAVIT OF UNDERSTANDING for F1/I20 student

MUST BE SIGNED BY PARENTS AND HOST GUARDIANS

The student must live with the host guardian identified by the parent on the Authorization to Act as Custodial Parent form at the address identified on this application and the student must attend a District school. The prospective host guardian is willing to receive, maintain and support the student named above and has assured the U.S. government that the student will not become a public charge in United States. Any prospective change of guardian or student residence must be reported immediately to the Foreign Student Admissions Office. These changes may require additional documentation, or result in loss of school placement or termination of SEVIS status.

Attendance to public school grades 9-12 in the United States by F-1 students is limited to twelve months aggregate. The student must be attending school full time. A high school diploma is NOT guaranteed and is dependent on the units accepted from the transcript evaluation completed at the high school of attendance and the completion of all graduation requirements within the student's term of study as determined by school officials.

If the student fails to abide by the laws pertaining to F-1 student attendance, the student's status in the SEVIS system may be changed or terminated. Students/guardians must consult with the Foreign Student Admissions Office Designated School Official (DSO) under the following conditions:

- * Prior to dropping below a full course of study for any reason
- * Report any address changes within 10 days of the change
- * Report any change in sources of financial support
- * Report any change in program of study or academic status
- * Notify the DSO prior to traveling outside of the United States and receive a new I-20
- * Notify the DSO upon applying for change of nonimmigrant status
- * Notify the DSO if they intend to transfer to another program

I have received a copy of and understand the F-I Foreign Student Admission Information and the tuition and refund policy.

Parent Legal Natural Name (Print)		Parent Legal Natural Name (Print)
		Signature
Signature	Date	Date
Prospective Host Guardian Name (Print)		Prospective Other Guardian Name/Agency (Print)
		Signature
Signature Form E	Date	Date

Health and Immunization Record

To be completed, signed, and dated by examining physician.

Please provide <u>all dates for required immunizations</u> even if immunizations are not required in your country. Due to variations among state, district, and/or individual school regulations in the United States (US) the applicant may be required to obtain additional immunizations before departure for and after arrival in the US. The completion of this form will determine the student's enrollment in a US school. Schools will not enroll a student if immunization information is missing.

Student name:	Birthdate:		
Family name,	First name Middle name	mm dd yyyy	
	North Carolina Vaccine-	Specific Requirements	
OTP/dates	At least 4 doses	One after 4 th Birthday	
dap/date	One dose at 7 th grade	Has to have been within last 5 years	
Polio/dates	At least 3 doses	One after 4 th Birthday	
Measles/dates	2 doses		
Mumps/dates	2 doses	Only 1 required if started school	
		before July 1, 2008	
Rubella/date	1 dose		
Hepatitis B/dates	3 doses		
, ,			
Varicella/date	1 dose	Not required if born before 4/1/01	
		·	
I, the undersigned physician, certi	fy that the immunization record is correct	and complete.	
Signature of physician	D	ate	
Name of physician (Print)	F	Physician's Stamp	
		be aware of? If yes, indicate below:	
Medical Clearance for Student Pain Athletics must have clearance f	rticipation in ATHLETICS: Students who ma	ay wish to participate	
Cleared to participate in	Athletics based on physical examination.		
NOT cleared to participat	te in Athletics based on physical examinati	ion.	
Signature of physician	D	ate	
Name of physician (Print)	F	Physician's Stamp	
Form F			

Iredell-Statesville Schools NC Health Assessment Transmittal Form

Immunization Requirement Information

Please click here for the North Carolina Health Assessment Transmittal Form must be completed by physician in addition to the Immunization records above!

NC IMMUNIZATION

The North Carolina General Statutes Information Sheet

The North Carolina General Statutes (G.S. 130A-152(a)) require immunizations for every child present in this state. Every parent, guardian or person in loco parentis is responsible for ensuring that their child(ren) receive required immunizations. If you have specific questions regarding your child, please contact your child's health care provider or your local health department. North Carolina requires the following immunizations:

<u>Diphtheria, tetanus and pertussis vaccine</u> - Five doses (DTaP). Three doses by age seven months and two booster doses, the first by age 19 months and the second on or after the fourth birthday and before entering school for the first time.

If the fourth dose was administered on or after the fourth birthday, the fifth dose is not required. A booster dose of tetanus/diphtheria/pertussis (Tdap) vaccine is required for individuals who have not previously received it and are entering the seventh grade or by 12 years of age, whichever comes first. (Must have had a Tdap within last 5 years)

Polio - Four doses. Two doses by five months of age, a third dose by 19 months of age and a booster dose on or after

Polio - Four doses. Two doses by five months of age, a third dose by 19 months of age and a booster dose on or after the fourth birthday and before entering school for the first time. If the third dose was administered on or after the fourth birthday, the fourth dose is not required, if the third dose was given at least six months after the second dose.

<u>Measles -</u> Two doses at least 28 days apart. One dose on or after 12 months of age and before 16 months of age, and a second dose before entering school for the first time. The requirement for a second dose does not apply to individuals who entered school, college or university for the first time before July 1, 1994.

<u>Mumps</u> - Two doses. One dose on or after 12 months of age and before age 16 months, and a second dose before entering school, college or university for the first time. A physician's diagnosis is not acceptable for mumps disease(s). Individuals must be immunized or have laboratory confirmation of disease or have been documented by serological testing to have a protective antibody against mumps. Individuals born before 1957 are not required to receive the mumps vaccine. Individuals that entered the first grade for the first time before July 1, 1987 or college or university before July 1, 1994 are not required to receive the vaccine. <u>Individuals that entered school, college, or university before</u> July 1, 2008 are not required to receive the second dose of mumps vaccine.

<u>Rubella</u> - One dose on or after 12 months of age and before 16 months of age. A physician's diagnosis is not acceptable for rubella disease(s). Individuals must be immunized or have laboratory confirmation of rubella disease or have been documented by serological testing to have a protective antibody titer against rubella.

Hepatitis B - Three doses. One dose by three months of age, second dose by five months of age and a third dose by 19 months of age. The last dose of hepatitis B vaccine series shall not be administered prior to 24 weeks of age.

Varicella - Two doses administered at least 28 days apart. One dose on or after 12 months of age and before age 19 months, and a second dose before entering school for the first time. An individual with laboratory confirmation of varicella disease immunity or has been documented by serological testing to have a protective antibody titer against varicella is not required to receive varicella vaccine. An individual who has documentation from a physician, nurse practitioner, or physician's assistant verifying history of varicella disease is not required to receive varicella vaccine. The documentation shall include the name of the individual with a history of varicella disease, the approximate date or age of infection, and a health care provider signature. Individuals born before April 1, 2001 are not required to receive varicella vaccine. The requirement for the second dose of varicella vaccine shall not apply to individuals who enter Kindergarten or first grade for the first time before July 1, 2015.