

FOREIGN STUDENT (F-1 VISA) ENROLLMENT APPLICATION FORM

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REQUIREMENTS:

1. Students must be between the ages of 15 and 21 at the time of enrollment.
2. Secondary school (grades 9-12) attendance is limited to twelve months.
3. Students with a diploma from their country of origin are ineligible to attend.
4. Students must pay the school district the full, unsubsidized, per capita cost of providing the education.
5. Students are prohibited from attending elementary schools or publicly-funded adult education programs.
6. The host family must be over 18 years of age.
7. The host family cannot be on a visa status.

SECTIONS 1-6 ARE TO BE COMPLETED BY THE HOST FAMILY

SECTION 1: STUDENT INFORMATION

STUDENT NAME: _____
(LEGAL) LAST FIRST MIDDLE INITIAL

GENDER: MALE FEMALE BIRTH DATE: _____ GRADE ENROLLING FOR: _____
MONTH/DAY/YEAR

COUNTY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

SECTION 2: HOST FAMILY INFORMATION

HOST #1 NAME: _____
(LEGAL) LAST FIRST MIDDLE INITIAL

HOST #2 NAME: _____
(LEGAL) LAST FIRST MIDDLE INITIAL

ADDRESS: _____ APT #: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____ STATE: _____ ZIP: _____

SECTION 3: PARENT/GUARDIAN INFORMATION

NAME: _____ RELATIONSHIP: _____
(LEGAL) LAST FIRST MIDDLE INITIAL

NAME: _____ RELATIONSHIP: _____
(LEGAL) LAST FIRST MIDDLE INITIAL

ADDRESS: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____ COUNTRY: _____

PROVINCE/TERRITORY: _____ POSTAL CODE: _____

SECTION 4: SPONSORING ORGANIZATION INFORMATION

ORGANIZATION NAME: _____

POINT OF CONTACT AT THE ORGANIZATION: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____ APT #: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

SECTION 5: ENROLLMENT INFORMATION

DATE THE STUDENT EXPECTS TO ENTER SCHOOL: _____
MONTH/DAY/YEAR

DATE THE STUDENT EXPECTS TO LEAVE SCHOOL: _____
MONTH/DAY/YEAR

WHAT ISD 279 SCHOOL DOES THE STUDENT HOPE TO ATTEND? _____

SECTION 6: HOST FAMILY VERIFICATION

I certify that the information above is true and correct to the best of my knowledge and belief

SIGNATURE OF HOST: _____ DATE: _____
MONTH/DAY/YEAR

*** Tuition must be paid at the time of application.**

- \$3,742.00 per trimester
- \$11,225.00 per year

Please make check payable (in U.S. currency) to ISD 279 – Osseo Area Schools

Return this form in person to:

ISD 279 – Osseo Area Schools
 Enrollment Center
 7051 Brooklyn Boulevard
 Brooklyn Center, MN 55429

FOR OFFICE USE ONLY:

ID# _____

NOTES:
 Determination of the student's residency is subject to Appendix K and K1.