

International Student Application for Admission

Name of Applicant
Home City Country
Male Female
Applying for School Year 20 20
Applying for Grade 9 10 11 12
Referred by: (agency or individual)
Application Checklist
The following items must be included with the application for admission:
\square Application form - all pages filled in completely
☐ US\$100 Application Fee (Payable at ALA.Flywire.com)
\square Transcripts in English for the past 2 years (3 years if applying for grade 12)
☐ Recommendation from Principal and English Teacher
☐ Proof of financial support - A copy of bank statement showing student's or parent's name along with sufficient funds available is acceptable
☐ Copy of student's passport
Conv of student's immunization record



STUDENT INFORMATION

Family Name	Given Name(s)
Nickname (English name)	Male Female Current Age
Date of Birth (Month/Day/Year)	Country of Birth
Home Mailing Address	
City	Province/Territory
Postal Code	Country
Country of Citizenship (Passport)	Passport Number
Do you have an F-1 Visa?	<u> </u>
Telephone number (include country, cit	y and area code)
Student email address	Student Religion
Student's current school	
School address	
School email address	Date entered
Student's Current Grade Level	Is the school public private
Eathay's Nama	PARENT INFORMATION Phone Number
	Phone Number
	Province/Territory
	Country
Occupation	•
Emaii address:	
Mother's Name	Phone Number
Home Mailing Address	
City	Province/Territory
Postal Code	Country
Occupation	Name of Company
Email address:	

STUDENT'S LIFE

(This section is to be completed by the student only)

1.	Tell about your family	(sisters, brothers, g	randparents, etc.)	
2.	Which subjects intere	st you the most?		
3.	What are your favorite	e activities or interes	sts outside of school?	
4.	Of the qualities you po	ssess, which one wou	ald you like people to a	idmire the most? Why?
5.	What do others appre	ciate most about you	1?	
6.	your score here: (plea TOEFL TOEFL Junior iTEP SLATE IELTS	se have all official re date: date: date: date:		- - -
7.	List 2 or 3 things you	hope to gain from stu	udying at our school.	
	Realizing you may charucation?	nge your mind, what	do you see yourself do	oing when you finish your

SCHOOL CORRESPONDENCE INFORMATION

9. To whom should correspondence (grade rep	orts, communicat	ions, etc.) be sent? Choose one.					
Parents—contact information listed on page	ge 2						
Agency—contact information listed below							
Other—contact information listed below							
Agency Contact:							
Name of Agency							
Contact Person at Agency							
Mailing Address							
Phone							
Phone: (include country, city and area codes)	Гах:	(include country, city and area codes)					
Email Address:							
- or -							
Other Contact:							
Name of Person							
Relationship to Student							
Mailing Address							
Phone:	Fax:						
(include country, city and area codes)		(include country, city and area codes)					
Email Address:							
10. If you have a relative or friend in the United	d States that you w	vould want us to contact in case of an					
emergency, please provide the information belo	•						
Name							
Mobile phone number:	Email addre	ss:					
11. Please list any allergies you (the student) ha	as to food, animal	s, medicines, etc.					
12. Please send a photo of you and family or fri	ends along with th	his application.					

LETTER OF INTRODUCTION TO HOST FAMILY

(This section is to be completed by the student only)

In the space below, please write a letter in English introducing yourself to your host family. Please share information about your family, your daily life and your interests. Your host family would love to hear all about you!

STUDENT INTEREST AND ACTIVITY QUESTIONNAIRE

(This section is to be completed by the student only)

 $\label{eq:personality} \textbf{--} \textbf{Check the words which best describe you.}$

			vorus willen best des		e you.			
	Active		☐ Creative		☐ Informa	al		Quiet
	Adaptable		☐ Dramatic		☐ Neat			Reserved
	Adventurous		☐ Emotional		Optimis	stic		Responsible
	Athletic		Friendly		Outgoi	ng		Sensitive
	Calm		☐ Hard-working		Patient			Serious
	Casual		Honest		Pessimi	stic		Shy
	Cheerful		☐ Independent		☐ Polite			Spontaneous
ACTIVITIES — Check the activities that you participate in or are interested in. Leave the box empty if you are not interested in the activity.								
	American Football		Computers		Golf		Politics	☐ Symphony
	Attending Theater		Cooking		Hiking		Popular Music	☐ Tennis
	Baking		Current Events		Horseback Riding		Reading	☐ Visiting Museums
	Ballet Dancing		Cycling		Ice Skating		Religious Activities	☐ Volleyball
	Baseball/Softball		Dancing		Jogging		Sailing	☐ Watching Sports
	Basketball		Debate		Martial Arts		Sewing	☐ Watching TV
	Camping		Drama		Painting/Drawing		Skiing	☐ Wind Surfing
	Cheerleading		Fashion		Photography		Soccer	Wrestling
	Chess		Fishing		Play an Instrument		Social Media	Writing
	Classical Music		Going to Movies		Playing Cards		Swimming	Other:
Classical Music Going to Movies Playing Cards Swimming Other: What rules do your parents expect you to follow at home? What chores/duties do you perform in your home? What time do you usually go to bed at night?								

CONFIDENTIAL

ENGLISH TEACHER RECOMMENDATION

		is a candi	date for ad	lmission to Arizo	ona Luther	an A	cade	emy	in the United States. The
				-	observation	ons y	ou t	thin	ık might be helpful. <u>Please</u>
answer in English. Than	k you for y	your time an	a coopera	tion.					
Number of years the st	udent has	s studied En	glish:	_					
Please rate the applica	nt in the	following ar	eas:						
Work ethics/motivation	1 2 3	4 5	Relation	onships with pe	ers	1 2	2 3	4	5
Honesty and integrity	1 2 3	4 5	Coope	eration with adu	lts	1 2	2 3	4	5
•	1 2 3			ions to suggestic		1 2	2 3	4	5
Responsibility				ions to criticism					
Concern for others				y to meet commi					
Leadership ability				al school citizen	•		2 3	4	5
1=Unacceptable	: 1	2=Below Ave	rage	3=Average	4=Good	d		5=	=Superior
Student's English Abilit	t y: (Please	e choose fror	n each dro	pdown.)					
Reading	Excellent	Good	Fair	Poor					
Writing	Excellent	Good	Fair	Poor					
Speaking	Excellent	Good	Fair	Poor					
Grammar	Excellent	Good	Fair	Poor					
Comprehension	Excellent	Good	Fair	Poor					
Student's Character: (I	Please brie	efly commen	about the	e following)					
Maturity									
Responsibility									
Creativity									
Self-Motivation									
Sociability									
Ability to adapt									
Comments: (Please con	nment abo	out the Applic	cant's atter	ndance record, s	tudy habits	s and	l atti	ituc	le in class) _
Teacher's Name and Sig	nature:								
Name and Address of Sci									

Please send to:

International Admissions
Arizona Lutheran Academy
6036 South 27th Avenue
Phoenix, AZ 85041 USA
internationals@alacoyotes.org

REQUIRED IMMUNIZATIONS for HIGH SCHOOL STUDENTS, Grades 9-12

In order to attend school in Arizona, students must have proof of all required immunizations. The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.

Student Name	Date of Birth (mm/dd/yyyy)

IMMUNIZATION	ARIZONA REQUIREMENT	DATE(S) mm/dd/yyyy	DOCTOR or CLINIC NAME
DTap (Diphtheria, Tetanus, Per- tussis)	4-5 doses with at least one dose given at 4 years of age or older.		
Tdap (Tetanus, Diphtheria, Per- tussis)	1 dose is required for students 11 years of age or older.		
IPV (Polio)	3 doses with one dose given at 4 years of age or older.		
MMR (Measles, Mumps, Rubella)	2 doses		
Hepatitis B	3 doses		
Varicella (Chickenpox)	1 dose if given before 13 years of age. 2 doses if given at 13 years of age or older.		
Meningococcal (Meningitis)	1 dose		

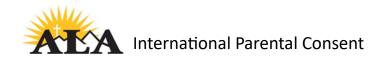
Signature	Date

A medical professional must complete this table with all information. Sign or stamp and date below.



- 1. School attendance is mandatory. In order to maintain visa status, you need to attend classes and maintain passing grades. School officials have final decision about your grade level and course placement. In order to receive a diploma at the end of course study, you must meet graduation requirements set by the school.
- 2. You must use English as much as possible both at home and at school. Success at ALA will be directly related to your commitment to using and improving your English both in and out of the classroom. Only English is to be spoken between the hours of 8 AM (9 AM on Mondays) and 3 PM during the school day, with the exception of the lunch break. Students speaking their native language during the school day may receive a detention.
- 3. ALA is a Christian school. You will be required to take a religion course each year you are enrolled at ALA. You are not required to be Christian, but you must agree to be respectful of the Christian rules and expectations of the school and your host family.
- 4. The Arizona Interscholastic Association (AIA) sets rules and guidelines regarding international student participation in sports. Arizona Lutheran Academy abides by the rules set by the AIA and cannot guarantee your eligibility.
- 5. You must obey all local, state and federal laws while in the USA.
- 6. You must accept, respect and obey the host family's house rules, respect the host father and host mother, and participate as a member of host family. You are expected to interact and spend time with the host family on a daily basis and may not primarily seclude yourself in your bedroom. You must always advise your host parents of your activities and whereabouts.
- 7. You may not travel without your host family without written approval.
- 8. You may not borrow money from or lend money to your host family or other students.
- 9. You may not purchase, possess or use alcohol, drugs, vaping products, tobacco (including cigarettes), or any harmful controlled substances.
- 10. You are not allowed to drive or purchase a motorized vehicle, unless you are living with local family members. Participation in a driver's education program must be approved by school officials.
- 11. Hitchhiking is prohibited.
- 12. You may not have a job while staying in the United States and participating in a high school program.
- 13. You are not permitted to use foul language.
- 14. You may not use computers, tablets or phones to access or view pornography or other inappropriate websites or videos at any time. This applies to devices at school, home or any other location while participating in the program.

	les. I understand that failure to follow these rules may om the program without refund of paid tuition or fees.
Student Signature	Date



By signing below, I give our permission for <i>(name of student)</i> to partic pate in all school-sponsored activities, both on campus and off, including sporting events, practices, and school-sponsored trips for the while enrolled at Arizona Lutheran Academy.								
I realize that such activities involve the potential for injury. I understand that emergency care, exercised according to the professional judgment of any paramedic, medical doctor, or hospital, may be required if the student listed above should be injured or stricken ill while participating in any of these activities sponsored by Arizona Lutheran Academy. In the event that I cannot be reached in such circumstances, I, the undersigned, do hereby give my consent and authorization to any of these medical personnel that they may render aid, treatment, or care to the student listed above.								
It is understood that the consent and authorization hereby given tend for the duration of my child's enrollment at Arizona Luthera								
It is further understood that insurance or the parent/guardian of the expense is not the responsibility of Arizona Lutheran Academ		of						
ALL INFORMATION IS REQUIRED.								
Student's Name	Cell phone							
Student's Home Address								
Student's Email								
Father's Name	_ Cell Phone							
Mother's Name	_ Cell Phone							
Emergency Contact	_ Cell Phone							
EOD CCHOOL LICE								
FOR SCHOOL USE								
Host Family Name	Phone Number							
Host Family Address								
Insurance Company Group/Policy Number								
Parent/Guardian Signature	Date							

Student Nan	ne						<u></u>	
In order to a	ssess the	needs (of your child in a medical em	ergency, each iten	n must be	e check	ed CURRENT, PAST, or NO .	
			ur child ever had:					
CURRENT	PAST	NO		CURRENT	PAST	NO		
			ALLERGY				KIDNEY PROBLEMS	
			ANEMIA				MENSTRUAL CRAMPS	
			ARTHRITIS				MIGRAINE	
			ASTHMA				PNEUMONIA	
			DIABETES				POLIO	
			EMOTIONAL PROBLEMS				RHEUMATIC FEVER	
			EPILEPSY				SINUS TROUBLE	
			FAINTING				CHRONIC SORE THROAT	
			HEART PROBLEMS				TUBERCULOSIS	
			HEPATITIS				VALLEY FEVER	
			HIVES				OTHER	
			HYPOGLYCEMIA				OTHER	
	•			•				
Surgery, accidents or illnesses in the past 12 months: List any allergies your child has: List all medications your child is regularly and currently taking:								
We, the Parent(s) / Legal Guardian(s), consent and authorize Arizona Lutheran Academy or any adult Host Family member to obtain any medical, dental, surgical, psychological, psychiatric or hospital care deemed necessary by any health care provider, for the health, treatment and care of this international student ("Student") during Student's participation in Arizona Lutheran Academy's International Program. We further understand that we are obligated to inform Arizona Lutheran Academy of any significant changes to the Student's health conditions that may occur after the signature of this document. The Parent(s) / Legal Guardian(s) authorize the health care provider to release all health care records related to the Student to Arizona Lutheran Academy and the student's Host Parent while the Student is participating in Arizona Lutheran Academy's International Program.								
Signature of F	arent or L	egal Gu	ardian	Signature of Pare	ent or Leg	al Guard	lian	
Date				Date				



Student Name	
Parent/Guardian Names	
STUDENT PHOTO/VIDEO RELEASE	
I give consent for my student's photo or video to be used in school-related activities by repres (which could include television) and for use by ALA in various school media, such as new magazines, websites, and recruitment materials. This includes the use of students as subj shoots and candid shots throughout the year. Choose one:	sletters, newspapers,
\square YES, I give the school permission to use my child's photo or video in school-relaabove.	ited activities as listed
\square NO, I do not give the school permission to use my child's photo or video in schoolisted above.	ol-related activities as
Your child's name and picture will still be used in the yearbook, programs for activities an pictures. Team pictures are put on our website, although members are not identified	
INFORMATION TO MILITARY RECRUITERS By law, schools are required to comply with a request from a military recruiter for names, add listings for each student who is 17 years of age or older or in the eleventh grade or higher "opt out" and withhold this information from military recruiters. Choose one:	
$\hfill \square$ YES, I give the school permission to share my child's information with military	recruiters.
\square NO, I do not give the school permission to share my child's information with mi	litary recruiters.
These consents shall remain in effect for the entire enrollment of the child at Arizona Luther by written request of the parents.	ran Academy unless changed
Parent/Guardian Signature	Date