

5828 Santa Teresa Blvd.
San Jose, CA 95123
Ph: 1-408-578-4800

Dear Prospective Parent,

Thank you for your inquiry into enrollment at Apostles Lutheran School through the International Student Program. This packet is intended to give you all the information you need to complete the application process. Please read and complete the following information carefully since Apostles will be unable to process your application and issue you an I-20 without a fully complete application packet.

Apostles Lutheran Church and School recognizes that in order for child to succeed at the highest level they need to engage the child's family in the process of education. Since the child will be living with his or her sponsor, that sponsor is of critical importance. Therefore sponsors should already have a strong connection to your family. Please note that Apostles Lutheran does not provide or suggest specific sponsors or housing for students.

In order for our school board to make an informed decision they ask for information and a partnership with three groups through 6 (six) separate documents listed below.

_____ FORM A "Application for International Admission"

_____ FORM B "Parent Agreement"

_____ FORM C "Sponsor/Host Agreement"

_____ FORM E "Principal/Head of School Recommendation"

_____ FORM F "English Teacher Recommendation"

_____ FORM G "Financial Disclosure Statement"

After Apostles has received each of these documents you will be contacted through email. If you are currently in the United States an Apostles School representative will meet with both the parent and the Sponsor. If not, it may be necessary to have a meeting with the parent using *Skype*.

Once all the documents have been received with the \$100.00 application fee the Apostles Lutheran School Board will consider the applicant for admission. In most instances you will be notified of acceptance within two weeks of receipt of the application.

You will receive notification via email and/or a phone call upon acceptance. After acceptance notification an applicant has two weeks in which to wire-transfer the enrollment fee to secure your slot in the classroom. At that time you will receive information on registering your child for attendance.

Hopefully this gives you a brief overview of the process of enrolling your child at Apostles Lutheran School. I'm excited to have the opportunity to speak with you in the future about your child's education. Should you have any questions while going through this process please feel free to contact one of the following school principals. For 5th – 8th grade contact me at 1-408-578-4800 or by email to jwalker@apostlessj.org. For grade 9th – 12th please contact Pastor Gregory Bork at 1-408-225-0107 or by email to gbork@apostlessj.org.

In Christ,

Joel Walker
Principal

5828 Santa Teresa Blvd.
San Jose, CA 95123
Ph: 1-408-578-4800

ADMISSIONS CHECKLIST

*If you have questions about the application process please call
Apostles Lutheran School at 1-408-578-4800.*

STEP ONE: APPLY TO APOSTLES LUTHERAN SCHOOL

- Read through the entire admissions packet; call Apostles Lutheran School with questions.
- Complete the Admission Application (*FORM A*) on page 3
- Include the child's immunization records when returning the completed application to Apostles School.
- Read and sign the Parent Agreement (*FORM B*) on pages 4 and 5
- Give *FORM D* (page 6) to the sponsor/host of your child in the United States, ask them to complete, sign, and return it directly to Apostles Lutheran School.
- Give *FORM E* (page 7) to the Head or Principal of your child's current school if applicable; instruct him or her to return the form directly to Apostles Lutheran School.
- Give *FORM F* (page 8) to your child's current English Teacher if applicable; instruct him or her to return the form directly to Apostles Lutheran School.
- Complete *Form G* (page 9) and have a bank official sign the statement. Return it with the completed application packet.

STEP TWO: COMPLETE THE APPLICATION PROCESS

- Once the entire application packet is received by Apostles our principal and other team member will communicate with the parents, sponsor or both.
- Submit the \$100 non-refundable application fee. The application fee must be paid before the I-20 will be filed.
- A \$1,200 non-refundable enrollment fee is due after the application has been approved.

STEP THREE: ACCEPTANCE AND I-20 FORM

If your child is accepted to Apostles Lutheran School you will receive three documents from Apostles:

- The official acceptance letter (via email attachment) with the additional registration instructions.
- An I-20 form from Apostles Lutheran School.
- An official receipt for the payment of the SEVIS application fee.

STEP FOUR: APPLY FOR A STUDENT F-1 VISA

- Prior to applying for the visa, the SEVIS I-901 fee must be paid. This payment can be made online with a credit card at www.fmjfee.com. Print your receipt, which is required proof.

The following documents are needed at the US Consulate to file for an F-1 Visa.

- The acceptance letter from Apostles Lutheran School.
- The I-20 form from Apostles Lutheran School.
- Proof of payment of SEVIS I-901 fee.
- Transcripts from previous institutions, if applicable.
- Scores from standardized tests, if applicable.
- Proof of the family financial support to cover tuition and living expenses.



5828 Santa Teresa Blvd.
San Jose, CA 95123
Ph: 1-408-578-4800

APPLICATION FOR INTERNATIONAL ADMISSION

FORM A

School year applying for: _____ Grade applying to enter: _____ Current age: _____

Current School: _____ English Proficiency Test Taken (not required): Y N

Gender: Male _____ Female _____

Student LAST Name: _____	FIRST Name: _____	Middle: _____
American Name: _____	Place of Birth: _____	
Date of Birth: _____	Primary Language: _____	
Home Address: _____		
Home Phone: _____	T-Shirt Size: _____	

AGENT INFORMATION (if applicable)	Name: _____
Phone: _____	E-mail: _____

PARENTS INFORMATION
Father's Name: _____
Father's E-mail: _____
Father's Occupation: _____
Father's Employer: _____
Mother's Name: _____
Mother's E-mail: _____
Mother's Occupation: _____
Mother's Employer: _____
Home Address: _____

SPONSOR/HOST INFORMATION
Full Name: _____
E-mail: _____
Home Phone: _____
Mobile Phone: _____
Home Address: _____
City: _____ Zip Code: _____
Occupation: _____

PARENT SIGNATURE: I understand my signed or typed name serves as my official signature and acknowledgement of my willingness to abide with the Apostles philosophy, policies and guidelines if my student is accepted.

Signature: _____

Date: _____

5828 Santa Teresa Blvd.
San Jose, CA 95123
Ph: 1-408-578-4800

FORM B**PARENT AGREEMENT**

(To be filled out by the parent of the prospective student.)

Tuition and Fees**Payable With Application:**

\$100 Application Fee (Non-refundable - Due with Application Packet)

Payable after Acceptance:

\$1,200 International Student Enrollment Fee (Non-refundable - secures classroom space)

Tuition Payments (see tuition hand out for current year full tuition):

By August 15th, 1st Semester Tuition

By January 15th, 2nd Semester Tuition

As Requested by Parents or Teachers: ESL (English Second-Language Classes) are available at \$30 per hour.

All other Expenses will be Requested of the Sponsor as Needed:

Before and/or after school care at the cost of \$6.50 per hour from 6:30am to 8:00am and 3:25pm to 6:00pm; After closing the fee is \$1.00 per minute from 6:00 to 6:15 and \$3.00 per minute after 6:15. (Billed monthly through FACTS, for actual hours used)

Field Trips, Spirit-Wear, Classroom Projects (Requested as needed), milk and/or hot lunch.

Parent Statement Agreement

1. I/we agree to allow our child to be taught the truths of God's Word as presented by Apostles Lutheran Church and the Wisconsin Evangelical Lutheran Synod (www.wels.net).
2. I/we agree to read all documents sent to me explaining some of the religious background and teachings of Apostles Lutheran School.
3. That if our child does not adhere to the Christian standards set forth in the parent handbook he or she may be suspended or expelled from school.
4. The total cost for one year of enrollment at Apostles Lutheran School will likely exceed \$14,000 and that I have the financial means to cover that entire cost throughout the year.
5. English Classes (ESL) will be requested for any student who is not deemed fluent in English by Apostles Lutheran School. ESL classes and the added expense could be determined at any time throughout the school year by the teachers or administration of Apostles Lutheran School.

5828 Santa Teresa Blvd.
 San Jose, CA 95123
 Ph: 1-408-578-4800

FORM B (continued)

6. Semester tuition payments are due before my child can attend class.
7. To make all tuition and fee related payments by the deadlines explained in this packet as well as those noted on invoices for future additional expenses as noted below.
8. If I fail to stay current on any payments of fees, tuition or miscellaneous expenses (including those paid by the sponsor) my child may be withheld from class or possibly withdrawn.
9. To be financially responsible for any injury to any person or damage to any school property.
10. To not hold Apostles Lutheran School or its employees negligent in any injury or condition resulting from any action in the scope of its duties.
11. That I have read the Apostles Lutheran School Handbook located on the school website (<http://school.apostles-lutheran.net/>). We are aware of, understand, and agree to follow the policies and procedures stated in the Handbook. I/we agree to be supportive of the school, its teachers and its policies. We also acknowledge that the school has the right to amend the Handbook during the school year as needed and we agree to follow the policies and procedures as they may be added or amended.
12. After acceptance, we agree to complete the registration process by setting up a personal tuition account with FACTS Tuition Management (<https://online.factsmtgt.com/signin/3G2V7>) and submit the proper registration forms.
13. I/we agree to submit copies of the most recent achievement tests and report cards with the completed application packet.
14. I/we agree to submit the child's immunization records and understand additional immunizations may be required before attendance in school is permitted.

STUDENT SCHOOL LIFE INFORMATION		
If the answer is 'YES' to any of the following questions, please explain on a separate piece of paper.		
Has your child had any difficulty in school thus far? (academic, social, behavior, etc.)	Yes	No
Does your child have any physical disability that might affect school life?	Yes	No
Has your child ever been tested or diagnosed with a learning disability?	Yes	No
Does your child take medication that would need to be administered at school?	Yes	No
Has your child ever been retained in a grade or promoted more than one level in a year?	Yes	No
Has your child ever been suspended or expelled from any other school?	Yes	No

Parent Name (PLEASE PRINT): _____

Parent Signature: _____ Date: _____

5828 Santa Teresa Blvd.
 San Jose, CA 95123
 Ph: 1-408-578-4800

FORM C

SPONSOR/HOST AGREEMENT (To be filled out by the sponsor or host of the prospective student.)

We (I) understand and agree:

1. If not being made by the parents, I agree to make all tuition and fee related payments by the deadlines explained in this packet and the school handbook.
2. That if the child does not adhere to the Christian standards set forth in the parent handbook he or she may be suspended or expelled from school.
3. To not hold Apostles Lutheran School or its employees negligent in any injury or condition resulting from any action in the scope of its duties.
4. That I have read the Apostles Lutheran School Handbook found on the school website. We are aware of, understand, and agree to follow the policies and procedures stated in the Handbook. We acknowledge that the school has the right to amend the Handbook during the school year as needed and we agree to follow the policies and procedures as they may be added or amended.
5. To work with the teacher in response to any educational needs of the child including homework, supplies, conferences and attendance at events.
6. To ensure the child attends opportunities to sing at Apostles Lutheran Church with his or her classmates on the previously scheduled dates.

The following questions are to be answered by all families applying:

* I/we, the SPONSOR/HOST, agree to worship with your child when his/her class is scheduled to sing in church.	Yes	No
* I/we, the SPONSOR/HOST, agree to be supportive of the school, its teachers and its policies.	Yes	No
* I/we, the SPONSOR/HOST, agree to complete, within one year of enrollment, the required Bible Information Class.	Yes	No
* I/we, the SPONSOR/HOST, agree to read the documents provided to me explaining some of the religious background and teachings of Apostles Lutheran School?	Yes	No

Sponsor Name (PLEASE PRINT): _____

Sponsor Signature: _____ Date: _____

OR

Host Name (PLEASE PRINT): _____

Host Signature: _____ Date: _____

5828 Santa Teresa Blvd.
 San Jose, CA 95123
 Ph: 1-408-578-4800

FORM E

CONFIDENTIAL

HEAD OF SCHOOL RECOMMENDATION

_____ is a candidate for admission at Apostles Lutheran School in the United States of America. The admissions committee would like your evaluation of this student and any observations you think might be helpful. Please answer in English. Thank you for your time and cooperation. **This report will be held in the strictest confidence.** Your answers can be continued on a separate piece of paper if needed.

1. How long have you known this student? _____
2. What level or range academically does the student fall compared to the other students at your school?
 Bottom 10% _____ 11-25% _____ 26-50% _____ 51-75% _____ 76-90 _____ Top 10% _____
3. To your knowledge, has the applicant ever been suspended, dismissed, or involved in any disciplinary action?

4. Are you aware of any areas in which this student may need assistance: academic, emotional or social?

ACADEMIC EVALUATION

Ability to Learn	<input type="checkbox"/> limited	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Ability to Work Cooperatively	<input type="checkbox"/> great difficulty	<input type="checkbox"/> sometimes has difficulty	<input type="checkbox"/> usually effective	<input type="checkbox"/> works well
Ability to Work Independently	<input type="checkbox"/> needs much help	<input type="checkbox"/> needs help frequently	<input type="checkbox"/> needs a little help	<input type="checkbox"/> works well
Academic Achievement	<input type="checkbox"/> below expectations	<input type="checkbox"/> as expected	<input type="checkbox"/> better than tests	<input type="checkbox"/> far above
Attention Span	<input type="checkbox"/> easily distracted	<input type="checkbox"/> occasionally distracted	<input type="checkbox"/> usually good	<input type="checkbox"/> exceptional
Follows Directions	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Motivation	<input type="checkbox"/> limited	<input type="checkbox"/> sporadic	<input type="checkbox"/> usually good	<input type="checkbox"/> excellent
Communication Skills	<input type="checkbox"/> limited	<input type="checkbox"/> has some difficulty	<input type="checkbox"/> good	<input type="checkbox"/> exceptional
Study Habits	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent

OVERALL RECOMMENDATION

PERSONALLY

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant

ACADEMICALLY

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant

Evaluator: _____ Position: _____
Print Full Name

Evaluator Signature: _____

Name and Address of School _____

Please send or Email to: Apostles Lutheran School c/o Admissions, 5828 Santa Teresa Blvd., San Jose, CA 95123; jwalker@apostlessi.org

5828 Santa Teresa Blvd.
 San Jose, CA 95123
 Ph: 1-408-578-4800

FORM F

CONFIDENTIAL

ENGLISH TEACHER RECOMMENDATION

_____ is a candidate for admission to Apostles Lutheran School in the United States. The admission committee would like your evaluation of this student and any observations you think might be helpful. Please answer in English. Thank you for your time and cooperation. **This report will be held in the strictest confidence.**

Number of years the student has studied English: _____

PERSONAL EVALUATION

Attendance	<input type="checkbox"/> frequently absent	<input type="checkbox"/> occasionally absent	<input type="checkbox"/> rarely absent	<input type="checkbox"/> never absent
Classroom Conduct	<input type="checkbox"/> frequent disruptions	<input type="checkbox"/> occasion misconduct	<input type="checkbox"/> usually good	<input type="checkbox"/> good
Consideration of Others	<input type="checkbox"/> inconsiderate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> considerate	<input type="checkbox"/> exceptional
Follows Directions	<input type="checkbox"/> rarely	<input type="checkbox"/> needs much help	<input type="checkbox"/> occasionally needs help	<input type="checkbox"/> effectively
Parent Cooperation	<input type="checkbox"/> unknown	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Participation in Extra Curricular	<input type="checkbox"/> too much	<input type="checkbox"/> good balance	<input type="checkbox"/> some	<input type="checkbox"/> none
Personality	<input type="checkbox"/> withdrawn	<input type="checkbox"/> shy	<input type="checkbox"/> reserved	<input type="checkbox"/> outgoing
Respect for Authority	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Seeks Help when Needed	<input type="checkbox"/> rarely	<input type="checkbox"/> occasionally	<input type="checkbox"/> usually	<input type="checkbox"/> always
Self Confidence	<input type="checkbox"/> needs reassurance	<input type="checkbox"/> overly confident	<input type="checkbox"/> needs some support	<input type="checkbox"/> positive
Tardies	<input type="checkbox"/> frequently	<input type="checkbox"/> occasionally	<input type="checkbox"/> rarely	<input type="checkbox"/> never

Student's English Language Ability

Please circle the appropriate area below:

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

OVERALL RECOMMENDATION

PERSONALLY

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant

ACADEMICALLY

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant

 Evaluator: _____ Position: _____
Print Full Name Signature

Name and Address of School _____

Please send or Email to: Apostles Lutheran School c/o Admissions, 5828 Santa Teresa Blvd., San Jose, CA 95123; jwalker@apostlessj.org

5828 Santa Teresa Blvd.
 San Jose, CA 95123
 Ph: 1-408-578-4800

FORM G

Financial Disclosure Statement

(completed by sponsor/host, parent or guardian)

1. If your country has currency restrictions that limit the amount U.S. Dollars that may be released to you each year, please state that amount and for what period of time: _____
2. What is the official exchange rate for U.S. Dollars in your country? \$1 (USD) = _____
3. How many years is the student guaranteed your financial support to attend Apostles Lutheran School?
 1 year 2 years 3 years

Financial capacity must be shown for all years of attendance or an I-20 form will not be issued.

4. Indicate below in U.S. Dollars the amount of money that will be available for your student's tuition and living expenses and provide the appropriate supporting documents. You must show a source of full financial support for all years of attendance, not just the first year. An I-20 form will be issued only when you show satisfactory financial arrangements for meeting the expenses of the student's entire program of study.

Source of Funds	Year 1	Year 2	Year 3
Family/Guardian Support			
Family/Guardian Savings (attach bank documentation)	\$ _____	\$ _____	\$ _____
Family/Guardian Salary (attach salary statement from employer)	\$ _____	\$ _____	\$ _____
Other income (attach documentation)	\$ _____	\$ _____	\$ _____
Student Support:			
Personal Savings (attach bank documentation)	\$ _____	\$ _____	\$ _____
Other income (attach documentation)	\$ _____	\$ _____	\$ _____
Other Support:			
Type and Source: _____ (provide documentation from person or organization providing financial support)	\$ _____	\$ _____	\$ _____
Totals:			
Totals for each year of attendance must equal the estimate for tuition and expenses	\$ _____	\$ _____	\$ _____

<p style="text-align: center;">Bank's Official Certification</p> <p>This is to certify that I have read the information furnished by the applicant on this form, that the sponsor has sufficient funds to provide the promised amount, and that the funds are available. This does not constitute guarantee on the part of the bank.</p> <p>Bank Official's Name: _____</p> <p>Signature: _____</p> <p>Name of Bank: _____</p> <p>Address of Bank: _____</p> <p style="text-align: right;">Date: _____</p>	<p style="text-align: center;">Financial Sponsor's Certification</p> <p>This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided.</p> <p>Sponsor's Name (please print): _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Relationship of Sponsor to Student _____</p> <p>Sponsor Citizenship: _____</p> <p style="text-align: right;">Date: _____</p>
---	--