



International Student Application for Admission

Arizona Lutheran Academy

6036 South 27th Avenue

Phoenix, Arizona 85041 USA

Phone 1-602-268-8686 · Fax 1-602-243-1353

ALaintheUSA.org internationals@ALAcoyotes.org

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) _____

Date application received by ALA _____

Non-refundable application fee included _____



Arizona Lutheran Academy Application Checklist

The following items must be included with the application for admission:

- Application form - all pages filled in completely
- US\$100 Application Fee
- Transcripts in English for the past three (3) years
- Recommendation from Principal and English Teacher
- English test scores (ALA's TOEFL number is 8777)
- 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
- Copy of student's immunization record

Please direct all admissions correspondence to:

International Admissions
Arizona Lutheran Academy
6036 South 27th Avenue
Phoenix, AZ 85041 USA
Phone 1-602-268-8686 · Fax 1-602-243-1353
ALAINtheUSA.org internationals@ALAcoyotes.org

Please provide a complete HOME (not agency) address for mailing the I-20:

Recipient's Name _____

Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Phone number _____



Application form should be filled out completely. Print clearly using black ink.

Applicant Information (in English)

Family Name (in passport) First/Given Name (in passport) English Name Male Female

Permanent Foreign Mailing Address:

Home Address

City Province/Territory Country Postal Code

Age Date of Birth (Month/Day/Year) Country of Birth Country(s) of Citizenship Nationality

Student Email Address Home Telephone (include country, city and area codes)

Current Grade Level in School Passport Number Do you have an F-1 Visa? Religion

Family Information

Father's Name Occupation Name of Company

Home Address (if different than student's) City State/Province Country Postal Code

Business Address City State/Province Country Postal Code

Business Telephone (include country, city and area codes) Home Telephone (include country, city and area codes)

Fax Number (include country, city and area codes) Email Address

Mother's Name Occupation Name of Company

Home Address (if different than student's) City State/Province Country Postal Code

Business Address City State/Province Country Postal Code

Business Telephone (include country, city and area codes) Home Telephone (include country, city and area codes)

Fax Number (include country, city and area codes) Email Address

Applicant's current school _____

School address _____

Telephone number _____ Date entered _____

Current Grade Level _____ Is the school public ____ private ____

Student's Life

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

1. Tell about your family (sisters, brothers, grandparents, etc.). _____

2. Which subjects interest you the most? _____

3. What are your favorite activities or interests outside of school? _____

4. Of the qualities you possess, which one would you like people to admire the most? Why?

5. What do others appreciate most about you? _____

6. English language proficiency tests taken: (please have all official results sent to ALA)

TOEFL date: _____ score: _____

TOEFL Junior date: _____ score: _____

iTEP SLATE date: _____ score: _____

IELTS date: _____ score: _____

Other: _____ date: _____ score: _____

7. List 2 or 3 things you hope to gain from studying at our school. _____

8. Realizing you may change your mind, what do you see yourself doing when you finish your education? _____

9. IMPORTANT!!!

To whom should correspondence (grade reports, communications, etc.) be sent? Choose one.

___ Parents—address listed on page 2

___ Agency—address listed below

___ Other—address listed below

Agency Contact:

Name of Agency _____

Contact Person at Agency _____

Mailing Address _____

Phone: _____

(include country, city and area codes)

Fax: _____

(include country, city and area codes)

Email Address: _____

- or -

Other Contact:

Name of Agency _____

Contact Person at Agency _____

Mailing Address _____

Phone: _____

(include country, city and area codes)

Fax: _____

(include country, city and area codes)

Email Address: _____

10. If you have a relative or friend in the United States that you would want us to contact in case of an emergency, please provide the information below:

Name _____

Phone number: _____ Mobile phone number: _____

Email address: _____

11. Please list any allergies you (the student) has to food, animals, medicines, etc. _____

12. Please attach a photo of you and family or friends.

C O N F I D E N T I A L

PRINCIPAL OR HEADMASTER RECOMMENDATION

_____ is a candidate for admission to Arizona Lutheran Academy in the United States. 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.

1. How long have you known this student? _____
2. In what level or range academically does the student fall compared to the other students at your school?
Bottom 10% ____ 10-25% ____ 25-50% ____ 50-75% ____ 75-90% ____ Top 10% ____
3. What do you perceive as the student's strengths?
4. To your knowledge, has the applicant ever been suspended, dismissed, or involved in any serious disciplinary action?
5. Are you aware of any areas in which this student may need assistance (academic or social)?
6. Additional comments that will assist in our admissions decision.
7. Please check one of the following:
 I recommend the applicant.
 I recommend the applicant with reservation for the following reasons:

 I do not recommend the applicant for the following reasons:

Signature of school principal/headmaster: _____

School: _____

Address: _____

Phone: _____ Fax: _____ Date: _____

Please send to:
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Arizona Lutheran Academy
6036 South 27th Avenue
Phoenix, AZ 85041 USA

C O N F I D E N T I A L

ENGLISH TEACHER RECOMMENDATION

_____ is a candidate for admission to Arizona Lutheran Academy in the United States. 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.

Number of years the student has studied English: ____

Please rate the applicant in the following areas:

Work ethics/motivation	1 2 3 4 5	Relationships with peers	1 2 3 4 5	
Honesty and integrity	1 2 3 4 5	Cooperation with adults	1 2 3 4 5	
Maturity	1 2 3 4 5	Reactions to suggestions/advice	1 2 3 4 5	
Responsibility	1 2 3 4 5	Reactions to criticism	1 2 3 4 5	
Concern for others	1 2 3 4 5	Ability to meet commitments	1 2 3 4 5	
Leadership ability	1 2 3 4 5	General school citizenship	1 2 3 4 5	
1=Unacceptable	2=Below Average	3=Average	4=Good	5=Superior

Student's English Ability: (Please circle 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

Student's Character: (Please briefly comment about the following)

Maturity _____

Responsibility _____

Creativity _____

Self-Motivation _____

Sociability _____

Ability to adapt _____

Comments: (Please comment about the Applicant's attendance record, study habits and attitude in class)

Teacher's Name and Signature: _____

Name and Address of School: _____

Please send to:
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Arizona Lutheran Academy
6036 South 27th Avenue
Phoenix, AZ 85041 USA

ARIZONA IMMUNIZATION REQUIREMENTS

- 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.

REQUIRED IMMUNIZATIONS for HIGH SCHOOL STUDENTS, GRADES 9-12

IMMUNIZATION	ARIZONA REQUIREMENT	DATE(S) mm/dd/yyyy	DOCTOR or CLINIC NAME
DTap (Diphtheria, Tetanus, Pertussis)	4-5 doses with at least one dose given at 4 years of age or older.		
Tdap (Tetanus, Diphtheria, Pertussis)	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		

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

Signature

Date



Arizona Lutheran Academy International Program Rules

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.
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, tobacco (including cigarettes), or 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.

I agree to abide by the above program rules. I understand that failure to follow these rules may result in disciplinary action or dismissal from the program without refund of paid tuition or fees.

Student Signature _____ Date _____



International Parental Consent

By signing below, I give our permission for *(name of student)* _____ to participate 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 and granted are continuing and are intended by me to extend for the duration of my child's enrollment at Arizona Lutheran Academy.

It is further understood that insurance or the parent/guardian of the student will pay for any expenses incurred. Payment of the expense is not the responsibility of Arizona Lutheran Academy.

ALL INFORMATION IS REQUIRED.

Student's Name _____ Home Phone Number (LAND LINE phone) _____

Student's Street Address _____ City _____

Student's Province/Territory _____ Country _____ Postal Code _____

→ **Texting** will be used as a communication tool for messages that need immediate attention. List the numbers that can receive texts.

Student's American cell phone w/texting _____ Student's email _____

Father's Name _____ Father's Email _____ Father's BEST Phone Contact _____

Father's Place of Employment _____ Father's Work Phone _____

Mother's Name _____ Mother's Email _____ Mother's BEST Phone Contact _____

Mother's Place of Employment _____ Mother's Work Phone _____

Emergency Contact (other than parents listed above) _____ Relationship _____ Phone Number _____

FOR SCHOOL USE

Host Family Name _____ Phone Number _____

Host Family Address _____

Insurance Company _____ Group/Policy Number _____

Parent/Guardian Signature _____ Date _____

Student Name _____

In order to assess the needs of your child in a medical emergency, all following items must be checked **CURRENT, PAST, or NO.**

Does your child have/has your 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

What do we need to know, related to the above or anything else, to keep your child safe at school or at school sponsored events?

Surgery, accidents or illnesses in the past 12 months:

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 Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Date



International Student Release

Student Name _____

Parent/Guardian Names _____

1. STUDENT PHOTO/VIDEO RELEASE

I give consent for my student's photo or video to be used in school-related activities by representatives of the Media (which could include television) and for use by ALA in various school media, such as newsletters, newspapers, magazines, websites, and recruitment materials. This includes the use of students as subjects in occasional photo shoots and candid shots throughout the year. Choose one:

YES, I give the school permission to use my child's photo or video in school-related activities as listed above.

NO, I do not give the school permission to use my child's photo or video in school-related activities as listed above.

Your child's name and picture will still be used in the yearbook, programs for activities and events, and team pictures. Team pictures are put on our website, although members are not identified by name.

2. INFORMATION TO MILITARY RECRUITERS

By law, schools are required to comply with a request from a military recruiter for names, addresses, and telephone listings for each student who is 17 years of age or older or in the eleventh grade or higher. A parent may choose to "opt out" and withhold this information from military recruiters. Choose one:

YES, I give the school permission to share my child's information with military recruiters.

NO, I do not give the school permission to share my child's information with military recruiters.

These consents shall remain in effect for the entire enrollment of the child at Arizona Lutheran Academy unless changed by written request of the parents.

Parent/Guardian Signature _____ Date _____