

Iredell-Statesville Schools
Iredell County, North Carolina
International Exchange Student Enrollment

Congratulations on your decision to apply as an **International Exchange Student** in the Iredell -Statesville School District. The application procedure includes submission of the specified district forms.

We require English proficiency testing prior to acceptance and enrollment. We review proficiency in reading, writing and comprehension in order to be considered for acceptance.

The annual unsubsidized tuition to attend Iredell-Statesville Schools for 10 months will be:

- **Annual tuition fees: \$ 10, 500**

We require a minimum of \$5,250 or a minimum of 50% of tuition in order to process the I-20 for an F1 visa student or enroll as a J1 visa student.

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

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

International Enrollment Checklist

F1/I-20 submit items below for consideration of acceptance.

J1 Agency may submit their student's application pack along with our forms indicated below.

- A completed and signed **Application to Attend** Iredell-Statesville Schools **F1/I20 and J1 visa**
- A completed and signed Iredell-Statesville School District **I-20 Application** **F1/I20 visa applicants** (form A)
- The **Host Guardian and Other Guardian Contact** Information **F1/I20** (form C)
- The **Tuition and Refund Policy** for **F1/I20 and J1** (form D)
- The **Affidavit of Understanding** **F1/I20 and J1** (form E)
- **2 Health Forms: Health & Immunization Record AND the NC Health Assessment Transmittal: These two forms** must be completed and signed by a physician. **Students must have Pertussis (TDAP) prior to school admission. Forms MUST BE Translated INTO ENGLISH** (form F) **F1/J1**
- A copy of the Student Birth Certificate - **MUST BE TRANSLATED INTO ENGLISH F1/I20 visa**
- A copy of the Student Passport **F1/I20 visa students**
- Student Transcripts or Record of Courses - **MUST BE TRANSLATED INTO ENGLISH F1/I20 & J1 visa**
- Teacher Recommendations (English and Mathematics) **F1/I20 visa**
- Copy English Proficiency Test Results **F1/I20 and J1 visa**
- A Copy of Host Guardian Identification - Driver's License or Passport **F1**
- A copy of your Bank certification documenting your ability to fund the total 10-month expense reported to the US Department of Justice for the purposes of application for the I-20 for **F1 Visa**

NOTE: Iredell-Statesville Schools will notify parents or Certified Agency Representative once the student application has been approved.

Completed applications and payment must be submitted to:

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

Questions: Curriculum Department at 704-832-2502

Iredell-Statesville Schools
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 Name

Relationship to student

Foreign Address

City, Province

Country, Postal Code

Student Email

Last School Attended

Correspondence Address if different from residence

City, Province

Country, Postal Code

Estimated Date of Entry to U.S.A.

Location of School

For student: Please briefly explain your reason for wanting to attend school in the United States

Is Student Proficient in English?

___ YES

___ NO

Iredell-Statesville Schools
International Exchange Student
HOST/GUARDIAN CONTACT SHEET

Host Name/Names:_____

Host Address:_____

City:_____ **State:**_____ **ZIP:**_____

Phone#_____ **Email:**_____

Phone#_____ **Email:**_____

Iredell-Statesville Schools
International Exchange Student

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. Programs and services offered outside of the general school semesters and academic program will be priced accordingly.

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 for a 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 Name (Print)

Signature

Date

**Iredell-Statesville Schools
International Exchange Student**

AFFIDAVIT OF UNDERSTANDING for F1/I20

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 the United States. ***Any prospective change of guardian or student residence must be reported immediately to the school administration and International Exchange 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 Exchange Student 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 a 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)

Signature _____ Date _____

Prospective Host Guardian Name (Print)

Signature _____ Date _____

Parent Legal Natural Name (Print)

Signature _____ Date _____

Prospective Other Guardian Name/Agency
(Print)

Signature _____ Date _____

**Iredell-Statesville Schools
International Exchange Student**

Health and Immunization Record

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

Please provide all dates for required immunizations 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

DTP/dates	At least 4 doses	One after 4 th Birthday
Tdap/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, certify that the immunization record is correct and complete.

Signature of physician _____ Date _____

Name of physician (Print) _____ Physician's Stamp

Are there significant medical conditions the school must be aware of? If yes, indicate below:

Medical Clearance for Student Participation in ATHLETICS:

Students who may wish to participate in Athletics must have clearance from physician.

_____ **Cleared to participate in Athletics based on physical examination.**

_____ **NOT cleared to participate in Athletics based on physical examination.**

Signature of physician _____ Date _____

Name of physician (Print) _____ Physician's Stamp

Form F



January 2016

NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

☐ M ☐ F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin: ☐ 1 Yes ☐ 2 No

Race:

☐ 1 Other Non-White ☐ 2 White ☐ 3 Black ☐ 4 American Indian ☐ 5 Chinese
☐ 6 Japanese ☐ 7 Hawaiian ☐ 8 Filipino ☐ 9 Other Asian ☐ 10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening: ☐ Yes ☐ No

Concerns related to student's vision:





PUBLIC SCHOOLS OF NORTH CAROLINA

State Board of Education, Department of Public Instruction

January 2016

Hearing screening information:

Passed hearing screening: ☐ Yes ☐ No

Concerns related to student's hearing:

Recommendations, concerns, or needs related to student's health and required school follow-up:

School follow-up needed: ☐ Yes ☐ No

Medical Provider Comments:

Please attach other applicable school health forms:

Immunization record attached: ☐

School medication authorization form attached: ☐

Diabetes care plan attached: ☐

Asthma action plan attached: ☐

Health care plans for other conditions attached: ☐

Health Care Professional's Certification

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: _____

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:



Public Health
HEALTH AND HUMAN SERVICES