

STUDENT/FAMILY INFORMATION VERIFICATION FORM

This form must be completed by a parent of the student!

Completed form must be scanned and emailed directly by the parent to int@creanlutheran.org.

STUDENT INFORMATION													
Legal Name:	Last (Family) Name		First Na	First Name		Middle Name			Preferred Name:		English Nickname		
Entering Grade:		Gender(M/			/F):		Date (of Birth	(mm/dd/yyyy)				
Country of Citi	Visa T			уре:	□ F1 □ F2 □ J1 □ J2 □ Other:								
Student's Personal Email: Student's own email address is required								Cell Phone:					
Father Information					Mother Information								
Name: Last (Family)		Name First Name				Name:			ily) Name	Name			
E-mail (Required):						E-mail (Required) :					
Cell Phone (Required):						Cell Pho	one (Req	uired)					
Primary Language:						Primary	/ Langua	age:					
Job Title/Position:						Job Title/Position:							
Company Name:						Company Name:							
ADDRESS INFORMATION													
	Home Co	untry Perm	nanent Ad	dress (o	utside l	J.S.): Fore	ign Addre	ess is requ	ired to issue stude	ent's l	-20		
Street (Include Street #, Building #, Room # if ap			# if applicable)			Province/Stat		State	Country		Postal Code		
			Н	ome Ado	dress in	US (if ap	plicable	e):					
Street (Include Street #, Building #, Room # if applicable)				City	City			State	Zip Code				
Student currently lives at this US address:													
While at CLHS the student will live with: ☐ Father ☐ Mother						her	ner						
OR													
CLHS Guardian/Host Family Policy: Students must reside with an approved (by CLHS) guardian or host family who must be over the age of 25 years old and a U.S. citizen (or an active U.S. Visa holder). The guardian/host family must provide a valid I.D. and reliable contact information to CLHS and partner in lieu of parental role on issues of attendance, academics, medical and other matters of student safety and success. Students may not change guardian/host family without approval from CLHS. Failure to notify the school of any guardian/host family change can result in immediate dismissal. NOTE: CLHS reserves the right to deny acceptance to, or dismiss students who do not meet the requirements outlined above.													

		GUARDIAN OR CONTAC					•		•	sist	
Name:		Relationship to St				to Studer	nt:				
Email:		Cell Phone:									
Street Address		City	City			State	State		Zip Code		
AGENCY INFORMATION (IF APPLICABLE) Completing the information below will authorize CLHS to release student's information in order for them to assist											
Agency N	gency Name:			Contact Person Name:							
Email:				Contact Phone #:							
Agency Addres	s			Province		ce/State	/State Coun			Postal Code	
FINANCIALLY RESPONSIBLE PERSON (Required) Crean Lutheran's student account billing is done electronically with FACTS, our online billing system. When student is accepted, an invitation to create account and to pay the registration will be sent to the email below											
Name:		Relationship to Student:									
Email:	Cell Phone:										
Street Address			City				State		Zip Code		
I certify that all information supplied in this form is true and accurate. I understand that the school reserves the right to select or reject any applicant. I understand that my signature below indicates that I have read, understood, and agreed to the following school policies: • REFUND POLICY: \$750 registration fee is non-refundable after March 1, 2021. No portion of tuition or fees paid is refundable after June 1, 2021. • GUARDIAN/HOST FAMILY POLICY: See previous page • TOEFL POLICY: CLHS will only accept official score reports from ETS. Accepted students with TOEFL score below 80 or reading score below 22 must enroll in, and pay fees for, our TOEFL program. Enrollment and fees for the TOEFL program must be addressed each year until the student earns at least a composite score of 80, with a score of at least 22 in the reading section. • CONSENT TO RELEASE STUDENT RECORDS: By providing the above information, I consent and authorize release of student's financial and educational records to them.											
This form must be physically signed by parents of the student. Completed form must be scanned and emailed directly by a parent to int@creanlutheran.org.											
FATHER'	S NAME:		SIGI	NATURE:				DATE:			
MOTHER'S NAME:			SIGNATURE:					DATE:			