OSSEO AREA SCHOOLS
ISD 279

FOREIGN STUDENT (F-1 VISA) ENROLLMENT APPLICATION FORM

REQUIREMENTS:

1. Students must be between the ages of 15 and 21 at the time of enrollment.
2. Secondary school (grades 9-12) attendance is limited to twelve months.
3. Students with a diploma from their country of origin are ineligible to attend.
4. Students must pay the school district the full, unsubsidized, per capita cost of providing the education.
5. Students are prohibited from attending elementary schools or publicly-funded adult education programs.
6. The host family must be over 18 years of age.

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* Tuition must be paid at the time of application.
- **$4,000.00 per trimester**
- **$12,000.00 per year**

Please make check payable (in U.S. currency) to ISD 279 – Osseo Area Schools

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Return this form in person to:

ISD 279 – Osseo Area Schools
Enrollment Center
7051 Brooklyn Boulevard
Brooklyn Center, MN 55429

FOR OFFICE USE ONLY:

ID #

NOTES:
Determination of the student's residency is subject to Appendix K and K1.

SECTIONS 1-6 ARE TO BE COMPLETED BY THE HOST FAMILY

SECTION 1: STUDENT INFORMATION

STUDENT NAME:
(LEGAL)   LAST   FIRST   MIDDLE INITIAL

GENDER: ☐ MALE ☐ FEMALE   BIRTH DATE: _____   GRADE ENROLLING FOR: _____
MONTH/DAY/YEAR

COUNTY OF BIRTH: _____   COUNTRY OF CITIZENSHIP: _____

SECTION 2: HOST FAMILY INFORMATION

HOST #1 NAME:
(LEGAL)   LAST   FIRST   MIDDLE INITIAL

HOST #2 NAME:
(LEGAL)   LAST   FIRST   MIDDLE INITIAL

ADDRESS: _____   APT #: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____   STATE: _____   ZIP: _____

SECTION 3: PARENT/GUARDIAN INFORMATION

NAME: _____   RELATIONSHIP: _____
(LEGAL)   LAST   FIRST   MIDDLE INITIAL

NAME: _____   RELATIONSHIP: _____
(LEGAL)   LAST   FIRST   MIDDLE INITIAL

ADDRESS: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____   COUNTRY: _____

PROVINCE/TERRITORY: _____   POSTAL CODE: _____

SECTION 4: SPONSORING ORGANIZATION INFORMATION

ORGANIZATION NAME: _____

POINT OF CONTACT
AT THE ORGANIZATION: _____
LAST   FIRST   MIDDLE INITIAL

ADDRESS: _____   APT #: _____
BLDG/HOUSE NUMBER / STREET NAME / STREET TYPE (ST., AVE., ETC.) / STREET DIRECTION (N, S, NE, ETC.)

CITY: _____   STATE: _____   ZIP: _____

PHONE NUMBER: _____   EMAIL: _____

SECTION 5: ENROLLMENT INFORMATION

DATE THE STUDENT EXPECTS TO ENTER SCHOOL: _____
MONTH/DAY/YEAR

DATE THE STUDENT EXPECTS TO LEAVE SCHOOL: _____
MONTH/DAY/YEAR

WHAT ISD 279 SCHOOL DOES THE STUDENT HOPE TO ATTEND? _____

SECTION 6: HOST FAMILY VERIFICATION

I certify that the information above is true and correct to the best of my knowledge and belief

SIGNATURE OF HOST: _____   DATE: _____
MONTH/DAY/YEAR

FOREIGN STUDENT (F-1 VISA) ENROLLMENT APPLICATION