

**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.

**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

**\* Tuition must be paid at the time of application.**

- \$4,650.00 per trimester
- \$13,950.00 per year

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

**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.