***Wisconsin Rapids International Education Program***

***Requirements for Admission School Year 2017-2018***

***Application Process – Section 2***

(Completion of additional forms and fee collection after **visa** has been received is required prior to admission)

For admission to the 2017-2018 school year, submit all application forms by May 1, 2017. Instructions on how to complete the application and a list of all needed forms are included with the application to assist you in completing all necessary information. All documents need to be typed and submitted in English on the School District of Wisconsin Rapids forms provided. Any incomplete information may lead to a denial or a delay in student acceptance or admission to the program. (For consideration of school year transfer requests, each request will be reviewed on a case by case basis and require optional/additional paperwork and may be subject to additional fees.) The School District of Wisconsin Rapids is an SEVP approved school in the United States.

**Student Requirements:**

* Student MUST be at least 15 years of age, but not more than 18 years and 6 months of age on August 31, 2017.
* Student MUST NOT have already graduated from a high school in their home country and shall not have completed no more than 11 years of primary and secondary study.
* School Certified Transcripts from grades 9, 10 and 11 (senior status) are required, and must contain a school seal and administrator signature.
* Official TOEFL score report is required for admission. Grade 12 minimum score is 80-85. Included in the application on Application Form, page 4, is more information on taking the test if you have not already done so. Follow those directions for where and how to take your test. Please use **B483** in the school code section for the release of your test scores, as they will be sent directly to us.
* Student must demonstrate maturity, good character, and scholastic aptitude.
* Student shall have not previously participated in an academic year or semester secondary school student exchange program in the United States.
* Completion of additional forms and fee collection after **visa** has been received is required prior to admission (more on this below).

**Preparations for F-1 Visa:**

* Once you have submitted your section 2 application forms, the School District of Wisconsin Rapids will review and if accepted, you will receive a SEVIS I-20 Form with your acceptance letter.
* After having received your SEVIS I-20 Form with your acceptance letter, you will need to apply for your F-1 visa. The SEVIS I-901 fee is required for all F-1 students PRIOR TO APPLICATION for F-1 visitors. Paying the SEVIS I-901 fee is very important. Without this fee, you will not be eligible to apply for a visa. To learn more, click on this link: <http://www.ice.gov/sevis/i901/faq.htm>
* You can fill out the I-901 form on line at: <https://fmjfee.com/i901fee/desktop/index.jsp?view=desktop>

 (Make sure your Form I-20 information matches that on your SEVIS I-901 form).

* For instructions on how to apply for your F-1 visa visit this website:

 https://travel.state.gov/content/visas/en/study-exchange/student.html#howtoapply

* F-1 visa appointments are usually scheduled about 10-20 days from the point of contact. You MUST HAVE your SEVIS I-20 Form and your acceptance letter when you go to your visa appointment.

More information about forms needed can be found at: <https://studyinthestates.dhs.gov/student-forms?form=Forms_I-20>

**Preparations for Final Admissions to the School District of Wisconsin Rapids:**

* Once we are notified that you have received your F-1 visa, we will send you additional forms via email that will be needed to meet final admission requirements.
* Full payment of 1st and 2nd term tuition is required by Electronic Wire Transfer prior to your arrival in the USA (an invoice for payment with instructions will come with the additional forms). There is a form in the application packet that will be needed to be signed for the tuition agreement.
* Placement tests will be sent for completion to determine which subject level will be best for student success.
* You must provide proof of health insurance that covers you in the United States through the duration of your stay here. Your proof of insurance is required as part of your final paperwork. There are many vendors that can provide this insurance, see:

 <https://www.compassstudenthealthinsurance.com/compare_international_insurance_plans.php> or

<http://www.internationalstudentinsurance.com/f1student/> for example. Minimum requirements are as follows:

* + Medical benefits of at least $50,000 per accident or illness
	+ Repatriation of remains in the amount of $7,500
	+ Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of $10,000
	+ A deductible not to exceed $500 per accident or illness

**Orientations:**

***Home Country*** – students will participate in at least one orientation prior to departing from home country. ***United States*** – additional orientations will take place upon arrival in Wisconsin Rapids to help prepare students for the American culture and an overview of the American education system.

**Degree Completion and Transition to Higher Education:**

* Students are eligible to graduate from Lincoln High School upon successful completion of required courses.
* An assigned counselor will assist students with college applications, scholarships, and financial aid forms.
* All international students will take ACT prep courses to prepare for the ACT college entrance exam. As a senior, students will take the ACT college entrance test.
* Students may take the TOEFL again near graduation for acceptance into American Universities.

**TIMELINES FOR ADMISSION** (these timelines apply to students wishing to enter Wisconsin Rapids Public Schools in the fall trimester. Exceptions to a fall trimester start will need to be approved by the School District Superintendent)

|  |  |  |  |
| --- | --- | --- | --- |
|  | REQUIREMENT | DEADLINES | RESPONSE TIME |
| #1 | Application Part 1 Submission | March 1, 2017 |  |
| #2 | Student Interviews | March 15, 2017 - approximate | Usually 10-15 days after receipt of application |
| #3 | Application Part 2 Submission | April 1, 2017 |  |
| #4 | Acceptance USCIS Form I-20Received by Wisconsin Rapids Public Schools | April 30, 2017 - approximate | Usually 30 days from receipt of application |
| #5 | SEVIS I-901 Fee, F-1 Student Exchange Visa Application Process | April 30, 2017 - approximate | Approximately 15-30 days from time of contact with Consulate |
| #6 | Enrollment/Tuition Fees (1st and 2nd Term) | 3-5 days after US receipt of **visa** notification |  |
| #7 | Completion of final forms/releases | 3-5 days after US receipt of **visa** notification |  |
| #8 | Arrival for Fall Trimester | August 15, 2017 |  |
| #9 | First Day of Fall Trimester | September 5, 2017 |  |
| #10 | Balance of Tuition for full year due | December 15, 2017 |  |

**SCHOOL DISTRICT OF WISCONSIN RAPIDS HIGH SCHOOL CALENDAR 2017-2018:**

[http://media.wrps.org/pdf/homepage/2017-18\_Calendar-script(2).pdf](http://media.wrps.org/pdf/homepage/2017-18_Calendar-script%282%29.pdf)

***Wisconsin Rapids International Education Program***

***Application Instructions – Section 2***

***NOTE: The application is in PDF format. Make sure you have the most current Acrobat Reader program installed on your computer. All forms need to be typed and submitted in English on the School District of Wisconsin Rapids forms you have been provided. If you are completing forms on-line (internet), please type on indicated lines and print the completed form. Fill out and print one page at a time. If you are not working with an online document, please type information. Your application forms will be submitted by email and by mail as indicated in STEP 5.* INCLUDE A COPY OF THIS CHECKLIST WITH APPLICATION. We have offered a place to check each item as it is completed.**

**STEP 1: Have your medical doctor complete and sign the Statement of Applicant’s Health and an official Immunization record from your home country. (pages 7-11) COMPLETE \_\_\_\_**

This MUST be completed by your physician and any chronic ailments should be addressed. If you have had a physical exam within the last six months, your doctor can complete the Statement of Applicant’s Health and Immunization Record using the results from your previous physical exam. Additionally, an official immunization record from your home country is required for admission, you MUST have the English translation of the immunizations on the record you provide.

**STEP 2: Read through all included documents with your parents and have them sign and date them.** Please be sure the following forms have all been fully completed. Incomplete applications may lead to a delayed or denied acceptance (check off each form to confirm inclusion). **COMPLETE \_\_\_\_**

* Statement of Applicant’s Health (physician signature included) - *pages 7-11*
* Standing orders for medication administration (parent signature included) - *page 12*
* Official Immunization Record with English translation – include day, month and year (signature included)
* Medical Release (parent signature included) - *page 13*
* Consent for treatment of minors (parent signature included) - *page 14*
* Tuition and Fees – Refund Policy (parent signature included) - *page 15*
* Confidential Financial Statement (parent signature included) – *page 16*
* Liability Release – (parent signature included) - *page 17*
* Travel Authorization and Driving (parent signature included) - *page 18*
* WIAA Participation – Policy to participate in team sports (parent signature included) - *page 19*
* Program rules (parent signature included) - *page 20-21*
* Permission form for Internet/Photograph publishing (parent signature included) - *page 22*

**STEP 3: Make arrangements for a wire transfer of the entire tuition and boarding fee for the 1st and 2nd Term you will attend in United States Dollars (USD).** **COMPLETE \_\_\_\_**

You will not submit funds until after you receive your SEVIS I-20 Acceptance from our office and secure your visa. Please refer to the Tuition Fees – Refund Policy for more information. Once your visa is granted, we will send you additional forms and instructions for submitting fees. These forms and fees will need to be returned to us within 5 days of receiving your visa. Contact Ronald Rasmussen if you have any questions. His USA phone number is 001-715-424-6751 or email him at ronald.rasmussen@wrps.net, his fax number is 001-715-422-6097.

**STEP 4: Make two copies of the entire application for your records. Give one to your parents and keep one for yourself. COMPLETE \_\_\_\_**

**STEP 5: Return of Documents:** We recommend scanning and emailing your documents to ronald.rasmussen@wrps.net and we will send you a confirmation of receipt of your application. Please call the office at 001-715-424-6751 to notify us that you have sent your documents by email if you have not received a reply within 2 days. We also request that you mail your documents to us at the address below as they contain original signatures/official school stamp and may be needed for clarification.

**Applications can be mailed to:**

**Wisconsin Rapids International Education Program**

**Wisconsin Rapids School District**

**1801 - 16th Street South**

**Wisconsin Rapids, WI, USA 54494**

**NEXT STEPS beyond the application:**

1. We will review your application and if you meet the submission requirements and are accepted, our Principal will send you a signed SEVIS I-20 document that you will need for your visa appointment. Please refer to the Requirements for Admission for more information about your visa documents.
2. Once you’ve received yourvisa, additional required forms will be sent to you and your parents by email. These, too, will need to be completed (typed) in English on our forms and returned to the School District of Wisconsin Rapids once your visa has been granted. Timely return of these documents, along with your payment of tuition is important to securing your admission. Please refer to the **Tuition and Fees Refund Policy** and the **Requirements for Admission** pages for more information.
3. After the School District of Wisconsin Rapids has confirmed receipt of all required forms and funds, we will prepare for your arrival. More communications and orientations will take place both while you are still in your home country and upon your arrival including necessary placement tests for the school where you will study.

**We look forward to receiving your documentation!**

***Wisconsin Rapids International Education Program***

March 2017

Dear Parent/Guardian,

The School District of Wisconsin Rapids takes great pride in making sure your son/daughter receives quality medical care while attending school. We have a Medical Advisor who is available for consultation at any time in the event we have health concerns during the course of the school year. Please note on your application if your son/daughter has any health related issues we should be aware of.

Also included in the application process is the *State of Wisconsin Student Immunization Law Age/Grade Requirements* for the 2017-2018 school year. The State of Wisconsin requires strict compliance for students attending Wisconsin schools. Please read these forms closely and complete them accordingly. **Be sure to document all immunizations.** **You may waive the required immunizations due to health, religious, or personal convictions.**

At this time the School District of Wisconsin Rapids will not administer any medications brought to the United States by your child due to school policy. Unfortunately, many non-prescription and prescription medications brought by international students are unable to be read as they are written in the student’s native language. Obviously, this prevents us from knowing what the medication is used for and the proper dosage to be given. All prescription drugs MUST BE IDENTIFIED AND WRITTEN IN ENGLISH INCLUDING THE DOSAGE. Prescription drugs must be brought to the nurse’s office and kept there during the school day. A completed Standing Orders for Administration of Medication form with your signature allows us to administer medications to your son or daughter if they present any of these symptoms listed on the form. All these medications are over the counter non-prescription medications. We have included various health needs common to the American school-age population. If there are other health concerns, the district nurse will refer your son or daughter to a health care provider in the Wisconsin Rapids area. Please review the attached Standing Orders. If you agree that your son or daughter may receive any of these medications during the course of the school year, please sign and date at the bottom of the Standing Orders sheet.

The School District of Wisconsin Rapids works closely with area medical clinics. In the event your son/daughter needs immediate care or evaluation, we will have them seen by a physician. The *Release of Information Authorization and Consent for Treatment of Minors in Parent/Legal Guardian Absence* form is needed for the School District of Wisconsin Rapids to seek treatment for your child. Please sign and date the form.

All medical forms need a parent/guardian signature along with a date in order for the forms to be valid. If you have any questions, please feel free to contact me.

Thank you,

Ronald Rasmussen, Lincoln High School Principal

ronald.rasmussen@wrps.net

***STATEMENT OF APPLICANT’S HEALTH***

Applicant’s Name:

Address: Country:

This statement must be completed by an attending physician who is not related to the student.

Several categories of questions are listed on the next few pages. Please check the line(s)

under yes for any of the items that apply.

Has the applicant ever had any of the following? **If yes is checked, please explain in**

**English.**

**ALLERGIES**

**Yes List / Explain (give date where relevant)**

 Drugs

 Food

 Smoke

 Bees, Insects, Pet

 \_Other

Has the applicant ever had any medical issues of the following? **If yes, please explain in**

**English.**

**BODY SYSTEMS**

**Yes List / Explain (give date where relevant)**

 Asthma, Respiratory

 Cardiac, Murmurs

 Abdominal/Digestive

 Musculature & Skeletal (fractures)

 Genito-Urinary System

 Brain, Nervous & Sensory Organs

 Blood, Endocrine System

 Smoke

 Integumentry (skin)

 Joint, Locomotor System

***STATEMENT OF APPLICANT’S HEALTH (continued)***

Has the applicant ever had any of the following? **If yes, please explain in English. DISORDERS**

**Yes List / Explain (give date where relevant)**

 Seizures

 Eating

 Attention Deficit

 Depression

 Learning or Speech Deficit

Has the applicant ever had any of the following? **If yes, please explain in English.**

**SURGERIES**

**Yes List / Explain (give date where relevant)**

 Appendectomy

 Tonsillectomy

 Adenoidectomy

 Other

Has the applicant ever had any of the following? **If yes, please explain in English.**

**BODY SYSTEMS**

**Yes List / Explain (give date where relevant)**

 Scarlet Fever

 Measles (Rubella)

 Mumps

 Chicken Pox

 Rheumatic Fever

 TBC - Tuberculosis

 Malaria

 Rubella

 Hepatitis A

 Hepatitis B

 Hepatitis C

 Varicella

 Other

***STATEMENT OF APPLICANT’S HEALTH (continued)***

Has the applicant ever had any of the following? **If yes, please explain in English. OTHER HEALTH ISSUES**

**Yes List / Explain (give date where relevant)**

 Cough (persistent, recurring)

 Ear Infections, history of

 Diabetes Mellitus

 Hernia

 Eyes or Vision

 Enuresis

 Varicose Veins

 Goiter (Struma)

 Headache (persistent, recurring)

 Migraines

 Sleepwalking

 Parasites (intestinal, other)

 Vertigo, Dizziness

 Tonsils, Sore Throat

 Nose Bleeds (persistent, recurring)

 Urinary Tract Infections

 Thyroid Conditions

 Other

***STATEMENT OF APPLICANT’S HEALTH (continued)***

Provide figures for the following about the applicant:

Blood Type (if known):

Blood Pressure:

Height:

Weight:

Vision without Glasses: OD

Vision with Glasses: OD

OS

OS

Date of last eye exam / /

Wears Glasses

Wears contacts Wears Both

Does applicant have any scars or identifying marks? Yes

No

If yes, please describe:

Are there any restrictions on the applicant’s participation in physical education, field trips, cultural

outings, extra-curricular, and/or sports activities? Yes

No

If yes, please detail any disease,

impairment, or abnormality not fully explained on this Statement of Applicant’s Health which would

explain why the applicant cannot participate in the activities listed above:

**VACCINE INFORMATION**

Has applicant ever received BCG vaccine? Yes

No

If yes, please provide date and sign confirmation below that applicant is free of TB: \_/ / My patient, is free of TB.

Doctor’s signature

If no, applicant must have had a TB test within the past year: Date of test: \_/ \_/ Tuberculin Skin test: \_+ - If applicant has a positive skin test, then a report of negative

chest x-ray and copy is required:

Type of test: PPD \_Mantoux chest x-ray + date of x-ray / /

Has applicant ever received Hepatitis A vaccine? Yes

No

If yes, please give dates of vaccinations: 1st dose: \_/ \_/

3rd dose: / /

2nd dose: / \_/

**We strongly encourage the following additional vaccinations. Please refer to the State of Wisconsin**

**Immunization and Vaccine Information contained within this application. Be sure to provide the required vaccinations listed on the Student Immunization Record on the following page.**

Has applicant received the Influenza Vaccine? Yes No \_Date of Vaccine: / /

Has applicant received the Meningococcal Vaccine? Yes \_No \_Date of Vaccine: / \_/ \_\_\_

***STATEMENT OF APPLICANT’S HEALTH (continued)***

**COMPLETE IMMUNIZATION RECORD FORM**

Your opinion of the state of the candidate’s health:

 \_Excellent \_Good \_Fair

 Poor

I, the undersigned, have reviewed the medical history of the applicant and given a thorough physical examination and certify that all important medical information has been noted on this form.

The applicant is physically fit enough to participate in a school sport activity if the student chooses to do so.

Physician’s Signature:

Name (print)

Address:

City:

Province/State:

Country:

Date:

Please affix seal, stamp, or provide medical license number for verification purposes

Thank you

***Wisconsin Rapids International Education Program***

**STANDING ORDERS FOR MEDICATION ADMINISTRATION 2017-2018**

**Allergies *Loratadine (Claritin)*** 10mg 1 tablet daily for sneezing and runny nose.

***Benadryl*** 25mg 1-2 capsules every 6-8 hours as necessary for sneezing and runny nose.

**Cold & Congestion *Decongestant Pseudoephedrine*** 30mg 1 tablet every 4-6 hours.

PRN for nasal congestion.

**Car Sickness *Dramamine*** 1 tablet every 8 hours (should be administered prior to a long bus ride/car ride.)

**Constipation *MiraLax*** 1 cap full in 8 ounces of clear liquids daily.

**Cough *Robitussin (generic dextromethorphan)*** 2 teaspoons (10cc) every 4-6 hours as necessary for cough. Cough drop 1 every 2-3 hours.

**Cuts/Abrasions/ *Triple Antibiotic Ointment*** 2-3 times per day as needed; cover with

**Scrapes/Burns** band-aid and assess for infection.

**Diarrhea *Imodium*** 2 tablets following the 1st loose stool; 1 tablet every 8 hours as needed.

**Digestion/Gas/ *Tums*** 2 chewable tablets every 4 hours as necessary for upset stomach and

**Stomach Discomfort** heartburn.

**Eye Irritation *Artificial Tears*** 2-3 drops to each eye as needed.

**Fever *Tylenol Extra Strength*** 2 tablets every 4 hours for fever.

**Headaches *Ibuprofen*** 200mg 2 tablets every 4-6 hours (should not be given on an empty stomach) or ***Tylenol*** 500mg 1-2 tablets every 4-6 hours.

**Menstrual Cramps *Ibuprofen*** 200 mg 2-3 tablets every 4-6 hours as necessary for menstrual cramps (should not be administered on an empty stomach).

**Pain/Aches/ *Acetaminophen (Tylenol)*** 500mg 1-2 tablets every 4-6 hours; 1%

**General Discomfort *Hydrocortisone Cream*** topically 3-4 times daily.

*I agree/grant permission for my child to receive the above medications during the course of the school year.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature Date

***Wisconsin Rapids International Education Program***

**MEDICAL RELEASE AUTHORIZATION**

We, as parents/guardians of the undersigned student, hereby authorize the Host Parent or school official to consent to any medical diagnosis, treatment or care which a licenses doctor or hospital deems to be medically necessary for our son/daughter while he/she is participating in this exchange program.

In addition, we authorize Wisconsin Rapids International Student Program and Lincoln High School to provide my child with a physical examination for the purposes of participating in school sponsored athletics.

It is understood that this authorization is not given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the Host Parent or school official to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his/her best judgment may deem advisable. The medical expenses will be assumed by the student’s legal parents/guardians.

Parent/Guardian Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Nameof Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Contact Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Wisconsin Rapids International Education Program***

**Consent for Treatment of Minors in Parent/Legal Guardian Absence**

To comply with Wisconsin law, a medical clinic requires that a parent (not step-parent/foster parent) or legal guardian (guardian appointed by a court) consent to the care of minor children. In the event that a parent or legal guardian is unable to consent to care the parent or legal guardian may delegate the right to consent to another adult. In the event that a minor child presents for a non-urgent medical/behavioral health/dental appointment without a parent or legal guardian or a signed consent, treatment may be denied.

**I/We *(parent’s name)***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **authorize the School District of Wisconsin Rapids/Wisconsin Rapids International Student Program and its designee to consent to:**

\_\_\_ Emergency or urgent care at nearest facility when I cannot be reached.

\_\_\_ Medical and dental care including immunizations, lab work and other diagnostic tests, but not including any surgery or other procedures which require anesthesia, except for a local anesthetic.

\_\_\_Any and all necessary medical/dental and surgical care and treatment at nearest facility for my child:

**Child’s name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child’s MHN** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During the period:

\_\_\_ Date *(month/day/year)* \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_

\_\_\_ For a maximum period of 1 year

\_\_\_ Medical clinic providers should attempt to contact me before providing care at the following numbers:

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I further agree to reimburse the medical clinic/health care provider for the cost of rendering these services to the extent that my insurance does not pay for these services.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature (person authorized to consent for patient) (relationship)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s parent/legal guardian, address Date (month/day/year)

***Wisconsin Rapids International Education Program***

 ***Tuition Costs and Refund Policy***

The total tuition cost to attend the Wisconsin Rapids School District High School for the 2017-2018 school year (three terms), including tuition fees and room & board, is $28,000 U.S. Dollars. This cost covers all books, materials, lab fees, participation fees, class dues, equipment rentals, plus room and boarding fees for the term of the student visitor’s stay. Boarding covers meals (breakfast, lunch, and dinner) seven days a week and meal expenses for scheduled cultural field trips. Excluded from the tuition, room and board fees are sports physicals (required if student will participate in school sponsored athletics) extended field trips, required health insurance, personal spending money for entertainment, voluntary excursions, vacations, or other matters not provided by the School District of Wisconsin Rapids or the host family.

There are no application fees. Accepted students will be notified and receive the required USCIS I-20 document needed to secure their visa. Within 3 days of our office receiving notice of your student’s acquired visa, the first and second term tuition is due in full ($18,668 USD) and is required for admission to the School District of Wisconsin Rapids. The tuition payment must be made in the form of an Electronic Fund Wire Transfer. The Electronic Wire Transfer information and instructions will be sent upon the School District of Wisconsin Rapids receipt of student’s granted visa.

The remaining tuition ($9,332 USD) is due by December 15, 2017 through the same Electronic Fund Wire Transfer procedure. If tuition is not received by December 15, 2017, the student will no longer be enrolled in the School District of Wisconsin Rapids and arrangements will be made to send the student home at the expense of the parents. By signing below, parents are agreeing to the terms and conditions of this form.

**REFUNDS WILL BE GIVEN (LESS A $300 PROCESSING FEE) WHEN A CANCELLATION IS RECEIVED IN WRITING A MINIMUM OF 10 DAYS PRIOR TO THE START OF STUDENT’S FIRST TERM OF ATTENDANCE.**

Parent/Guardian Name #1 (Please print):

Parent Signature: Date:

Parent/Guardian Name #2 (Please print):

Parent Signature: Date:

***Wisconsin Rapids International Education Program***

***Confidential Financial Statement***

**Student Name: Last First Middle**

**Date:**

**Term: School Year (10 months)**

 **1st and 2nd Term (Sept. –March)**

 **3rd Term (March – June)**

**Name of Student’s Parent / Guardian / Sponsor:**

**Last First**

**F-1 visa students entering the School District of Wisconsin Rapids must show a minimum financial support yearly. By signing this affidavit of support, I will be financially responsible for the student named above for tuition, fees, living expenses and other expenses for the term indicated.**

**Signature of Parent / Guardian / Sponsor: Date:**

**Relationship to student:**

**BANK VERIFICATION:**

**This form will not be accepted without the stamp of the bank or financial agency.**

**I certify that the above named sponsor / guardian has the minimum financial requirement of $ on deposit with our institution. This certification is offered with no responsibility on the part of this bank or financial agency.**

**Name of Bank (or Agency): Amount (in US Dollars):**

**Address:**

Bank Seal or Stamp

**Telephone: Name & Title: Signature: Date: Type of Account (checking, savings, cert. of deposit, other) Date Account Opened:\_**

**Student’s Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

***Wisconsin Rapids International Education Program***

***LIABILITY RELEASE***

We grant the School District of Wisconsin Rapids and its designated employees where the student will be assigned, and the Host Family with whom he/she may live that, at their discretion, and if necessary at the cost of the participant or his/her parents or legal guardians—in the case of expenses exceeding the coverage of the insurance policy covering the student- the power to place him/her under the care of a local medical doctor for his/her treatment. We also grant the School District of Wisconsin Rapids and its designated employees where the student will be assigned, and the Host Parent, all necessary permissions to act as legal guardians and i*n loco parentis* in any situation, especially in emergencies, whether medical or other, including the possibility of permission for surgical operations or any other treatment.

We also authorize the School District of Wisconsin Rapids and its designated employees where the student will be assigned, and the Host Family to return him/her to his/her country of origin at his/her own cost or that of his/her parents or legal guardians, if necessary, to submit to medical treatment, if this is deemed necessary by the above mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document, the student enjoys perfect health, and that his/her health record enclosed herewith is true and complete.

We also grant the School District of Wisconsin Rapids and its designated employees where the student will be assigned, and the Host Parent, permission to act on our behalf in anything pertaining to possible representation before the local authorities.

This authorization shall be valid for the entire duration of the *Wisconsin Rapids International Student Program* in which the student is participating.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

***Wisconsin Rapids International Education Program***

**TRAVEL AUTHORIZATION**

We as parents of the undersigned student do hereby authorize the *Wisconsin Rapids International Student Program* Coordinator, and/or Host Parent as our agents to determine the student’s travel for the length of his/her program. It is understood that his/her authorization is given in advance only when the student is traveling and supervised by the Host Family, designated Host Parent or by a representative of a school program. We understand that the student may not travel unsupervised.

**DRIVING**

Wisconsin Rapids International Student Program does not condone the driving of any automobile in the United States of America by its participants, except as part of an approved Driver Education and training course. Students can be dismissed from the Wisconsin Rapids International Student Program for a violation of this policy.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Wisconsin Rapids International Education Program***

**PARENT/STUDENT AGREEMENT TO ABIDE BY THE CO-CURRICULAR CODE**

1. I agree to abide by the Co-Curricular Code of Conduct and realize any violation on my part will result in the restrictions and penalties set forth in the Code.  I will also have the integrity to inform my coach, advisor, athletic director or administration if I violate the Code in the future.

**Date**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade in School:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student: (print name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Guardian: (print name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student  Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Guardian Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. As a parent(s)/guardian(s) of a student participating in WRPS co-curricular programs, I/we support our child's agreement to abide by all of the rules as stated in the Code of Conduct.
2. We have read and understand the WRPS Co-Curricular Code of Conduct.  If we need clarification we will contact the Athletic Office of Wisconsin Rapids Area Middle School, East Junior High School or Lincoln High School.

**ASSUMPTION OF RISK STATEMENT**

I understand that participating in co-curricular activities may cause genuine risks to anyone who engages in them.  Because of the potential dangers of participation, I recognize the importance of following the coaches' or advisors' instructions regarding playing techniques, training and other activity/sport rules and agree to obey such instructions.

In consideration of Wisconsin Rapids Public Schools permitting me to try out for a sport, team or other co-curricular event and to engage in all activities related to this sport, team or co-curricular event, I hereby assume all the risks associated with participation and agree to hold Wisconsin Rapids Public Schools harmless from any liability which may arise in connection with my participation in sport, team or other co-curricular events.  I do voluntarily choose to participate in WRPS sports, team or other co-curricular events in spite of inherent risks.

My signature below indicates that I have read this statement, understand it completely, and agree to be bound by its terms.

**Date**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Student Signature**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Wisconsin Rapids International Education Program***

***PROGRAM RULES***

***Any infraction of the rules will result in immediate dismissal from Wisconsin Rapids Lincoln High School and the Wisconsin Rapids International Student Program and place your visa in jeopardy:***

1. Students must abide by all laws of the United States.
2. It is against the law in the United States for high school students to buy or drink alcohol. This law applies to all foreign exchange students as well. The legal age for buying and consuming alcohol in the United States is 21.
3. The use of drugs for non-medical reasons by students under any circumstances is strictly forbidden. Some examples of non-medical (illegal) drugs are cocaine, LSD, methamphetamine, and marijuana.
4. Students are not permitted to hitchhike.
5. Students are not permitted to purchase, carry, or use firearms under any circumstances.
6. Students are not permitted to hold part-time jobs. There are strict rules governing employment for International Students. A non-immigrant alien who accepts paid employment is subject to deportation. If students would like to earn spending money during their stay, they are permitted to hold small jobs (no more than 10 hours per week) such as babysitting, grass-cutting, and newspaper delivery.
7. Students are not permitted to drive any motor vehicle (including motorcycles, mopeds, snowmobiles, and cars) except during the course of an accredited driver education class.
8. The stealing or taking any item or property of others is against the law and is strictly prohibited. (*If it does NOT belong to you leave it alone*.)

Any continuous failure to abide by the following rules along with the school rules may result in a student’s dismissal from the program and place their Visa in Loss of Status:

1. The legal age for buying cigarettes in the United States is 18. Smoking at school or the host home is not permitted. If you have indicated that you are a non-smoker on your application and you do in fact smoke at your residence, you will automatically be placed on probation.
2. Students must always be aware of their responsibility as exchange students and as such make a determined effort to be a positive ambassador for their home country in their school, residence, and host community.
3. Students must attend school daily unless sick and/or under a doctor’s care or with special permission from the Host Parent. Students must complete all homework and assignments.
4. Students must be full time students and maintain a ‘C’ average or better in all classes. Students must also enroll in an appropriate English language or literature course and an American Social Studies course.
5. Students are not permitted to visit such places as pornographic shops, adult theaters, drinking establishments, or any web sites related to pornography or gambling.
6. Students must show respect for Lincoln High School and the *Wisconsin Rapids International Student Program* by participating in scheduled activities. Students are not allowed to stay alone at their Host Family’s home.
7. Students must abide by all Host Family residence rules and must help with household chores as assigned.
8. Students may not change Host Family assignments at will.
9. Students are allowed to travel only if accompanied by a responsible adult (21 years of age or older) and have written approval by their natural parents or international agency and have Wisconsin Rapids International Student Program approval. The trip may not involve missing any school days (except for school-sponsored trips) without a pre-arranged absence. Independent travel by participants is not permitted during this program.
10. Students may not have sexual relationships, or sexual contact with others.
11. Students must read the *Wisconsin Rapids International Education Program* handbook and agree to abide by the rules, expectations, regulations, etc. which are contained therein. It is the student’s responsibility to know the rules outlined herein. The rules are for the safety and well-being of all students attending Lincoln High School. Students are expected to cooperate by following these rules. We encourage students to ask Lincoln High School personnel to explain the rules if necessary.

**SCHOOL RECORDS**

At times throughout the school year, it may be necessary to release school records to other educational institutions or government agencies. You are agreeing to the authorization to release school records in accordance with school policy.

**PROGRAM TERMINATION**

Wisconsin Rapids International Education Program reserves the right to terminate program participation for the violation of any program, residence, local, state, and/or federal rules and/or when a student’s mental and/or physical health (as determined by a physician or Lincoln High School administration) is in jeopardy. We, the participant and his/her parents, have read and understand all of the above. As a participant, I agree to obey these rules. I understand that disobeying the rules/regulations will result in my termination from the program, the loss of full program fees, and I will be returned to my home country at my own expense.

**TRAVEL AUTHORIZATION**

We, as parents of the undersigned student, do hereby authorize Lincoln High School/Wisconsin Rapids International Education Program (LHS) Coordinator, and/or Host Parent as our agents to determine our student’s travel for the length of his/her program. It is understood that his/her authorization is given in advance when the student is traveling and supervised by the Host Parent or by a representative of the Wisconsin Rapids International Education Program. **We understand and agree that our student may not travel unsupervised.**

**REFUND POLICY**

No refunds will be granted if a student transfers an I-20 to another high school or exchange program at his/her own initiative. In addition, no refunds will be granted should it become necessary to send a student home for rule violations or behavior issues.

***I have read and understand the above information and agree to the terms and conditions set forth.***

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name: (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Wisconsin Rapids International Education Program***

**SCHOOL DISTRICT OF WISCONSIN RAPIDS**

**PERMISSION FORM FOR WORLD WIDE WEB (INTERNET) PUBLISHING OF STUDENT WORK OR PHOTOGRAPH**

**\_\_\_\_\_ Student Work (Please initial)**

 We understand that our student’s academic work or writing may be considered for publication on the World Wide Web, a part of the Internet. We further understand that any student work will appear with a copyright notice prohibiting the copying of such work without express written permission. In the event anyone requests such permission, those requests will be forwarded to us. No home address or telephone number will appear with such work.

**\_\_\_\_\_ Student Photograph (Please initial)**

 We understand that our student’s photograph may be considered for publication on the World Wide Web, a part of the Internet, in school newsletters, yearbooks, etc. This includes any team or club pictures.

***We grant permission*** *for the World Wide Web publishing as described and initialed above until the end of the 2017-2018 school year. Such permission releases the School District of Wisconsin Rapids, School Board, or employees from any and all liability and legal or equitable claims related to student work being published on the district web site.*

Parent/Guardian Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I, the student, also give my permission for such publishing.*

Student Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***We DO NOT grant permission*** *for the World Wide Web publishing as described above.*

Parent/Guardian Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_