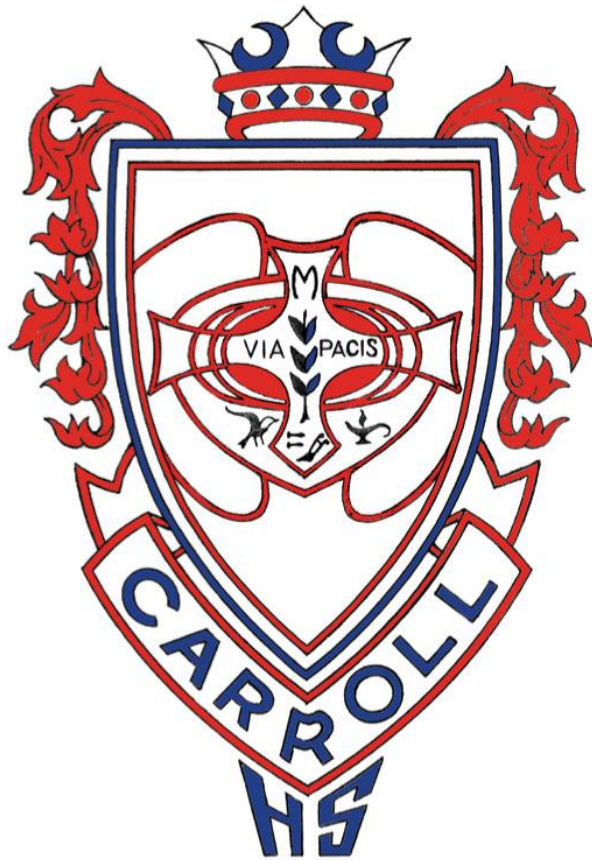


# Carroll High School International Student Application



# Carroll High School

## Application Form—

Acceptance of enrollment into Carroll High School is contingent upon:

- a. Comprehensive review of previous academic records that show hours/week in each class
- b. Truthful completion of this form and the filing of appropriate documents with SEVIS
- c. Payment of non-refundable International Registration Fee of \$350.00
- d. Student being proficient in English as exhibited by student interview.

Failure to comply with the above requirements may result in expulsion from Carroll High School

## Student Information

Student's Legal Name

\_\_\_\_\_ (Last)

\_\_\_\_\_ (First)

\_\_\_\_\_ (Middle)

American Nickname if desired: \_\_\_\_\_

Male \_\_\_ Female \_\_\_

Birthday: Month \_\_\_ Day \_\_\_ Year \_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Ethnic Background: (Please check)

\_\_\_ American Indian/Alaskan native  
\_\_\_ White

\_\_\_ Asian

\_\_\_ African American  
\_\_\_ Multiracial

\_\_\_ Hispanic  
\_\_\_ Other

Religion:

Catholic \_\_\_ Other \_\_\_ None \_\_\_

**Carroll High School is required by the State of Ohio to have on file the Public School District in which the (HOST FAMILY) student resides and the Public High School you would attend.**

Public School District (US Residence) \_\_\_\_\_

Public High School \_\_\_\_\_

Name of School last attended \_\_\_\_\_

Address \_\_\_\_\_

City

Country

Email of current School

Has this child preciously attended school in the United States \_\_\_ Yes \_\_\_ No

If yes what VISA type and number \_\_\_\_\_

Current grade level \_\_\_\_\_ Grade applying to at CHS \_\_\_\_\_

Is the student proficient in English?

**Yes \_\_\_ No \_\_\_**

Has the student been suspended or expelled or otherwise asked to leave a school previously attended?

Yes \_\_\_ No \_\_\_

Has the student had any previous legal problems (juvenile court, police, etc.)?

Yes \_\_\_ No \_\_\_

Has the student been treated for or suspected of having any mental health issues?

Yes \_\_\_ No \_\_\_

Has the student been treated for or suspected of having and mental health issues?

Yes \_\_\_ No \_\_\_

If yes to any of the above please provide an explanation:

**Student will reside in the US with: (Please check)**

\_\_\_\_\_ Parents \_\_\_\_\_ Legal guardian \_\_\_\_\_ Host Family \_\_\_\_\_ Other (Explain) \_\_\_\_\_

**US Guardian Information**

US Guardian name:

\_\_\_\_\_

First

Middle

Last

US Residential Address:

\_\_\_\_\_

Street

City

Zip code

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Guardian Employer: \_\_\_\_\_ Business Phone \_\_\_\_\_

**Name of Father:**

\_\_\_\_\_

First

Middle

Last

International Address:

\_\_\_\_\_

Occupation: \_\_\_\_\_ Email or WeChat ID \_\_\_\_\_

**Name of Mother:**

\_\_\_\_\_

First

Middle

Last

International Address: (If different)

\_\_\_\_\_

Occupation: \_\_\_\_\_ Email or WeChat ID \_\_\_\_\_

**All grade information is available online.  
US Host Family Information if different from Guardian**

\_\_\_\_\_

First Middle Last

Host Residential Address:

\_\_\_\_\_

Street City Zipcode

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Host Employer \_\_\_\_\_ Business phone: \_\_\_\_\_



**Request for Release of Records to or from other institutions or agencies:**

By signing this form, you as a parent or legal guardian give **Carroll High School** the authority to request records from other schools or to release records for:

- a. Another school
- b. Information concerning insurance reductions
- c. Work permits
- d. College transcript requests
- e. Scholarships
- f. Requests from other educational institutions

I, the undersigned, authorize Carroll High School to obtain school records or to send school records for:

\_\_\_\_\_

Student name

By signing this release form, I relieve Carroll High School of the responsibility of notifying me that the records are being transferred. This authorizes the transfer of all school records as defined by the Family Educational Rights and Privacy Act.

**X** \_\_\_\_\_

Parent or guardian signature Date

## Billing Information for Carroll High School

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

Please indicate who is to pay the bills accrued at Carroll High School and the percentage you are paying. If more than one payee is involved, please list complete names and addresses of all parties. You are responsible for 100% of the bill not covered by other sources. **The State of Ohio requires that we keep on file a copy of all legal guardianship papers. I understand tuition and fees are to be paid in full before July 1.**

Party Responsible for payment \_\_\_\_\_

Relation to student \_\_\_\_\_ Phone \_\_\_\_\_

**I agree the above information contained in this application is true and valid.**

**If there are any changes to guardianship, address or SEVIS status, you must notify the main office with 10 days or risk loss of student status.**

**I understand that all fees are non-refundable.**

**X** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Parent/Guardian**