



OAK GROVE LUTHERAN SCHOOL

| |
|--|
| Name of Applicant _____ |
| Home City _____ Country _____ |
| Sex: Male ____ Female ____ |
| Applying for School Year 201__ - 201__ |
| Applying for Grade __9 __10 __11 __12 |
| Referred by: (agency or individual) _____ _____ |

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

OAK GROVE LUTHERAN SCHOOL

Office of Admissions
124 North Terrace
Fargo, North Dakota 58102-3899 U.S.A.
Phone: 701.373.7114
FAX: 701.297.1993
oakgrove@oakgrovelutheran.com
www.oakgrovelutheran.com

| |
|--|
| Date application received by OGLS _____ |
| Non-refundable application fee included _____ |

Personal Information

| | | | |
|------------------------------------|---|------------------------------------|--|
| Name of Applicant _____ | | | |
| Family name (in English) | Family name (in native language) | First name (in English) | First name (in native language) |
| (in English) | | | |
| Address _____ | | Province/Territory _____ | |
| City _____ | Country _____ | Postal Code _____ | |
| English name (if applicable) _____ | | Telephone: _____ | |
| E-mail: _____ | Age: _____ | Date of birth ___/___/___ M D Y | |
| Nationality _____ | Native language _____ | Religion _____ | |
| Sex: Male ___ Female ___ | Passport number _____ | Type of Visa held (if any) _____ | |

Family Information

| | | | |
|---|-----------|----------------------------|--|
| Father's name (in English) _____ | | (in native language) _____ | |
| Address (if different from applicant's) _____ | | | |
| Telephone number _____ | Fax _____ | Work telephone _____ | |
| E-mail _____ | | | |
| Occupation and title _____ | | Company name _____ | |
| Mother's name (in English) _____ | | (in native language) _____ | |
| Address (if different from applicant's) _____ | | | |
| Telephone number _____ | Fax _____ | Work telephone _____ | |
| E-mail _____ | | | |
| Occupation and title _____ | | Company name _____ | |

School Information

| | | | |
|----------------------------------|--------------------|------------------------------------|--|
| Applicant's current school _____ | | | |
| School Address _____ | | | |
| Telephone number _____ | Date entered _____ | Is school public? ___ private? ___ | |
| | month year | | |

**PLEASE ATTACH
PHOTO HERE**

STUDENT'S LIFE

PLEASE RESPOND IN ENGLISH.

1. Tell about your family: sisters, brothers, grandparents, etc. _____

2. Which subjects are of greatest interest to you? _____

3. What are your favorite activities or interests outside of school? _____

4. Of the qualities you possess, what do others appreciate most about you. Why?

5. Have you taken the Secondary Level English Proficiency (SLEP) test? Yes ___ No ___
If yes: Date taken: _____ Score: _____

6. List 2 or 3 things you hope to gain from studying in our school. _____

7. Why are you applying to Oak Grove Lutheran School? _____

8. To whom should correspondence (grade reports, communications, etc.) be sent?

____ Parents - address listed on page 2.

____ School

To the attention of: (in English) _____

(in native language) _____

Title _____ E-mail: _____

Telephone: _____ Fax: _____

9. Emergency contacts other than parents:

In home country (Name) _____ Relationship _____

Telephone _____ Fax _____ e-mail _____

Do they understand and speak English? Yes ___ No ___

In the U.S.A. (Name) _____ Relationship _____

Telephone _____ Fax _____ e-mail _____

10. Do you need a guardian recommended by our school? Yes ___ No ___

11. Is it your goal to work towards receiving a high school diploma from Oak Grove?

Yes

No. My goal is to gain English proficiency and a cultural experience.

Introductory Essay

The purpose of this essay is to give you an opportunity to introduce yourself to your future host family, as well as to the Oak Grove community.

On a separate sheet of paper, write an essay that includes the following information, in no particular order:

- Describe what expectations you bring as you journey to Fargo, North Dakota and to Oak Grove Lutheran School.
- Describe your school and your community. (city, neighborhood, etc.)
- Describe any specific skills and talents you have, and how you might like to share those with your host family, as well as the Oak Grove community.
- Tell how you learned of Oak Grove. Explain why you would like to spend the upcoming school year as a member of this community.
- Include any other details or information that you think would enable us to get to know you better, prior to your arrival here.

Telephone Interview

The purpose of the telephone interview is to allow us an opportunity to evaluate your English speaking and listening comprehension skills. The procedure for the telephone interview is as follows:

- Upon receipt of the student's application the Oak Grove International Student Coordinator will initiate a telephone interview. The International Student Coordinator will contact the applicant by e-mail or by telephone to set up a mutually convenient time for the interview.
- The telephone interview will take about 10 - 15 minutes and will cover the topics from the Introductory Essay, as well as other general questions.
- If you have any questions regarding the procedure of this interview, please e-mail Rachel Mathson, director of admissions at rachel.mathson@sendit.nodak.edu

In order to facilitate this process, please provide the following contact information:

Telephone number where you can be reached: _____

Time of day when you can be reached: _____

Your e-mail address: _____



Oak Grove Lutheran School

APPLICATION CHECKLIST

APPLICATION FORM AND FEE:

Return the completed form with a \$150 non-refundable application fee by May 1.
(PAYABLE IN U.S. CURRENCY)

TRANSCRIPT(S):

A transcript of your courses, credits and grades from any schools attended during Grades 6-12, where applicable, are very important to our review process. Transcripts from the past three (3) years of school are required. **These transcripts must be translated into English.**

RECOMMENDATIONS:

Information from your principal and two teachers will be used for admissions and placement decisions. All forms must be returned with your application. **Recommendations must be completed in English.**

TESTING:

If possible, please include the results of a Secondary Level English Placement (SLEP) test with your application. This test helps us to determine placement in our courses.

IMMUNIZATIONS:

The Immunization and Physical Examination Form is required by law and must be submitted with your application. Students are not allowed to begin the school year if their immunizations are not up-to-date. **This form must be completed in English, signed and stamped by the physician.**

INTERVIEWS:

A SKYPE (on-line) interview must be completed prior to being accepted into the international program.

*

Send Completed Application to: Admissions Department
Oak Grove Lutheran School
124 North Terrace
Fargo, ND 58102 USA

**HEADMASTER OR PRINCIPAL
RECOMMENDATION**

The following student is a candidate for admission to Oak Grove Lutheran School in the United States. Your careful consideration and evaluation of this student would be greatly appreciated. Please include any observations you believe would be helpful to the admission committee. Thank you for your time and cooperation.

PLEASE RESPOND IN ENGLISH

Name of Applicant _____

1. How long have you known this student? _____

2. In comparison to other students, please rate the level or range of his or her academic ability.
Bottom ___ 10% ___ 10-25% ___ 25-50% ___ 50-75% ___ 75-90% ___ Top 10%

3. Briefly describe the applicant's behavior and attitude?

4. To your knowledge, has the applicant ever been suspended, dismissed or involved in any serious disciplinary action?
_____ If yes, please explain.

5. Describe qualities that the applicant possesses that would enable him/her to be successful in a study abroad experience. How do you think the applicant will deal with being away from his/her home, school and country?

6. Are you aware of any areas in which this student may need assistance: academic or social? _____
If yes, please explain.

7. Additional comments as to the applicant's unique characteristics or experiences that will assist in our admissions decision.

8. Please check one of the following:

_____ I recommend the applicant.

_____ I recommend the applicant with reservation for the following reasons:

_____ I do not recommend the applicant for the following reasons.

Signature _____ Title _____

School _____ Date _____

Address _____ FAX _____

**Please enclose reference in envelope and secure with school seal.
Recommendation form must be included with student application.**

| |
|--|
| TEACHER / ADVISOR / CLASS MASTER RECOMMENDATION |
|--|

The following student is a candidate for admission to Oak Grove Lutheran School in the United States. Your careful consideration and evaluation of this student would be greatly appreciated. Please include any observations you believe would be helpful to the admission committee. Thank you for your time and cooperation.

PLEASE RESPOND IN ENGLISH

Name of Applicant _____

How long have you known this student? _____

Number of years the student has studied English? _____

Please rate the applicant. 1=Unacceptable 2=Below Average 3=Average 4=Good 5=Superior

ACADEMIC ACCOUNTABILITY

| | | | |
|----------------|-----------|------------|-----------|
| Achievement | 1 2 3 4 5 | Attitude | 1 2 3 4 5 |
| Accountability | 1 2 3 4 5 | Effort | 1 2 3 4 5 |
| Motivation | 1 2 3 4 5 | Conduct | 1 2 3 4 5 |
| Responsibility | 1 2 3 4 5 | Creativity | 1 2 3 4 5 |

ENGLISH LANGUAGE ABILITY

| | | | |
|-------------|-----------|---------------|-----------|
| Proficiency | 1 2 3 4 5 | Reading | 1 2 3 4 5 |
| Writing | 1 2 3 4 5 | Speaking | 1 2 3 4 5 |
| Grammar | 1 2 3 4 5 | Comprehension | 1 2 3 4 5 |

GENERAL CHARACTER

| | | | |
|------------|-----------|-------------|-----------|
| Integrity | 1 2 3 4 5 | Honesty | 1 2 3 4 5 |
| Ambition | 1 2 3 4 5 | Leadership | 1 2 3 4 5 |
| Confidence | 1 2 3 4 5 | Citizenship | 1 2 3 4 5 |
| Compassion | 1 2 3 4 5 | Sociability | 1 2 3 4 5 |
| Maturity | 1 2 3 4 5 | Cooperation | 1 2 3 4 5 |

COMMENTS

Please share your observations or evaluation of the applicant, in and outside of the classroom. Include comments about the applicant's attendance record, study habits, general attitude, personality strengths and weaknesses. (Please attach separate letter if additional space is needed.)

NAME _____ TITLE _____

SCHOOL _____ DATE _____

**Please enclose reference in envelope and secure with school seal.
Recommendation form must be included with student application.**



Oak Grove Lutheran School

Request for Release of School Records

TO:

NAME OF STUDENT _____ GRADE _____

I authorize the release of my child's transcript, test scores and any related records, reports and evaluations, and I request that they be included with my child's application to Oak Grove Lutheran School. I also ask that you release updated transcripts and test scores to Oak Grove Lutheran School as they may be requested.

PARENT or GUARDIAN SIGNATURE _____

DATE _____ (month-day-year)

Oak Grove Lutheran School

124 North Terrace
Fargo, ND 58102
Phone: 701.237.0212
FAX: 701.297.1993



CERTIFICATE OF IMMUNIZATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 16038 (Revised 02-2008)

Division of Disease Control
 600 East Boulevard Ave. Dept 301
 Bismarck, ND 58505-0200
 800.472.2180 or 701.328.3386

North Dakota law requires this form be completed* and provided to the childcare facility or school.

| Child's Name (Last, First, Middle Initial): | | Date of Birth: | | | |
|---|-------------------------------------|--|--|--|--|
| Parent's Name: | | Telephone Number: | | | |
| Vaccine Type | | Enter Month/Day/Year for Each Immunization Given | | | |
| DTP/DTaP/DT | Diphtheria-Tetanus-Pertussis | | | | |
| OPV/IPV | Polio | | | | |
| Hib | Haemophilus influenzae type B | | | | |
| MMR | Measles-Mumps-Rubella | | | | |
| Hepatitis B | Hepatitis B | | | | |
| Hepatitis A | Hepatitis A | | | | |
| Varicella | Chickenpox | History of Disease Date: _____ | | | |
| PCV 7 | Pneumococcal Conjugate | | | | |
| Rotavirus | Rotavirus | | | | |
| Td/Tdap | Tetanus-Diphtheria and/or Pertussis | | | | |
| MCV4/MPSV4 | Meningococcal | | | | |
| HPV | Human Papillomavirus | | | | |
| Other | | | | | |

To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.

| | | | |
|---|--|--------|-------|
| Physician, Nurse, Local/State Health | | Title | Date |
| If additional doses are added after initial signature, please initial dose and sign below. | | | |
| Update signature #1: | | | |
| Physician, Nurse, Local/State Health: | | Title: | Date: |
| Update signature #2: | | | |
| Physician, Nurse, Local/State Health: | | Title: | Date: |

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) that my child's immunizations are incomplete and to submit a signed Certificate of Immunization.

Parent/Guardian Signature: _____ Date: _____

Statement of Exemption to Immunization Law

In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

Medical Exemption: The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

| | |
|----------------------|-------|
| Physician Signature: | Date: |
|----------------------|-------|

Religious/Philosophical/Moral Belief or History of Disease Exemption:

(Please check one) Religious Philosophical Moral History of Disease

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

* See back of form for assistance.

Provider Instructions for Use of Certificate of Immunization

MINIMUM REQUIREMENTS¹

Children/students must be immunized age-appropriately according to the Advisory Committee of Immunization Practices (ACIP) and the Centers for Disease Control and Prevention. (See below.)

I. Childcare Facility Attendance:

| Vaccine Type | Minimum Number of Doses Required Per Age | | | | | | |
|---|--|------------|------------|-------------|--------------|--------------|----------------|
| | 2-3 Months | 4-5 Months | 6-7 Months | 8-11 Months | 12-17 Months | 18-24 Months | 4-6 Years |
| DtaP/DTP/DT (Diphtheria-Tetanus-Pertussis) | 1 | 2 | 3 | 3 | 4 | 4 | 4 or more* |
| HAV[¥] (Hepatitis A) | 0 | 0 | 0 | 0 | 1 | 2 | 0 |
| Hib[§] (<i>Haemophilus influenzae</i> type b) | 1 | 2 | 2 or 3 | 2 or 3 | 3 or 4 | 3 or 4 | 3 or 4 |
| IPV (Polio) | 1 | 2 | 3 | 3 | 3 | 3 | 4 [†] |
| MMR (Measles-Mumps-Rubella) | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| PCV7[¶] (Pneumococcal) | 1 | 2 | 3 | 3 | 4 | 4 | 4 |
| Rotavirus[#] | 1 | 2 | 3 | 0 | 0 | 0 | 0 |
| Varicella[£] (Chickenpox) | 0 | 0 | 0 | 0 | 1 | 1 | 1 |

* One dose must have been given on or after the 4th birthday.

¥ Only required for children 12 – 23 months of age. Older children are exempt from the requirement.

§ If a child receives immunizations late, fewer doses may be required. Contact your local public health unit or the North Dakota Department of Health to determine the appropriate number of doses. Children age 5 and older are exempt from the Hib requirement.

† If the third dose was given on or after the 4th birthday, the fourth dose is not required.

¶ If a child receives immunizations late, fewer doses may be required. Contact your local public health unit or the North Dakota Department of Health to determine the appropriate number of doses. Children age 5 and older are exempt from the PCV7 requirement.

Children who do not receive the first dose by 3 months of age can no longer receive this vaccine and are exempt from the Rotavirus requirement.

Children ages 8 months and older are exempt from the Rotavirus requirement.

£ Children with a reliable history of chickenpox disease are exempt from the varicella requirement.

II. School Attendance (K-12 and College):

| Vaccine Type | Minimum Number of Doses Required Per Grade | | |
|-------------------------------|--|----------------|----------------|
| | Kindergarten | Grades 1-6 | Grades 7-12 |
| DTaP/DTP/DT | 4 or more* | 4 or more* | 4 or more* |
| Hepatitis B | 3 [£] | 3 [£] | 3 [£] |
| IPV/OPV | 4 [†] | 4 [†] | 4 [†] |
| Meningococcal | 0 | 1 [¶] | 1 [¶] |
| MMR | 2 | 2 | 2 |
| Tdap | 0 | 1 [°] | 1 [°] |
| Varicella (Chickenpox) | 2 [§] | 1 [#] | 0 |

* One dose must have been given on or after the 4th birthday. Three doses Td required for children age 7 or older not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children age 10 or older not previously vaccinated.

£ Three doses of hepatitis B vaccine will be required for entrance into kindergarten, effective with the 2000-01 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., for the 2008-09 school year, three doses of hepatitis B vaccine is required of children attending kindergarten through eighth grade.

† In all IPV or all OPV schedule: If the third dose was given on or after the 4th birthday, the fourth dose is not required. If a child has received a total of four doses of any combination of OPV and IPV at least four weeks apart, he (she) is considered adequately immunized against polio.

¶ Meningococcal vaccine will be required for entrance into middle school (sixth or seventh grade, depending on the school), effective with the 2008-2009 school year and thereafter.

° Tdap vaccine will be required for entrance into middle school (sixth or seventh grade, depending on the school), effective with the 2008-2009 school year and thereafter. Tdap vaccine can only be administered to children age 10 or older, who have not received tetanus-containing vaccine in the past 5 years.

§ Two doses of chickenpox (varicella) vaccine given on or after the first birthday at least 3 months apart will be required for entrance into kindergarten, effective with the 2008-2009 school year and thereafter. Each subsequent year, the next higher grade is included. If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.

For the 2008-09 school year, one dose of chickenpox vaccine is required of children attending first grade through fourth grade. If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.

¹ Physician or clinic may recommend additional doses.

OAK GROVE LUTHERAN SCHOOL MEDICAL INFORMATION **YEAR** _____

Name _____ Grade _____ Sex: M or F

Address _____

Phone _____

EMERGENCY: Does student have a health problem which could result in an emergency while at school (insect sting, seizure, diabetes, bleeding problems, heart condition, other)? Yes _____ No _____ If yes, please describe: _____

MEDICATIONS taken regularly at home and/or school and reason: _____

If medication needs to be administered at school, parent must complete school consent form and have it signed by the licensed prescriber. Please contact the Admissions Department to request a form.

VISION: glasses or contacts _____

HEARING: _____

ALLERGIES (i.e., pets, foods, medications, etc.): _____

ASTHMA: need emergency medication (Inhaler or EpiPen)? _____

HEART PROBLEMS? _____

SPEECH/LANGUAGE CONCERNS: _____

ATTENTION DEFICIT/HYPERACTIVITY DISORDER? When diagnosed? _____

NUTRITION (special diet, food allergies, diabetes, etc.): _____

EMOTIONAL PROBLEMS (recent loss, depression or other): _____

PHYSICAL PROBLEMS OR DISABILITIES: _____

NERVOUS SYSTEM (seizures, weakness, other): _____

CHICKEN POX? Yes _____ No _____ Date of last Tetanus _____

OTHER (skin problems, headaches or other concerns the nurse should be aware of): _____

DO YOU SMOKE? Yes _____ No _____ If yes, please be aware Oak Grove is a smoke-free campus.

I HEREBY GIVE PERMISSION TO AN AUTHORIZED OAK GROVE SCHOOL OFFICIAL TO OBTAIN MEDICAL ATTENTION FOR MY CHILD IN CASE OF INJURY OR ILLNESS.

Parent/Guardian signature: _____

We authorize Oak Grove school nurse/administration to assist in the dispensing of:
____ Tylenol or cough drops under the instruction of the school nurse and/or administration.
____ I do not want any medication administered to my student.

- In consideration of this authorization made at our request, we do hereby agree to indemnify and save harmless the Board of Regents, the individual members thereof and any officials or employees in charge of dispensing medication from any claims or liability for injury or damages caused or claimed to be caused or to result from the dispensing of "over the counter" medication.

Parent/Guardian signature: _____

TUBERCULOSIS TESTING

International students may be at higher risk for contracting tuberculosis. To protect international students, as well as the rest of Oak Grove's student body, the following policy has been implemented:

International students attending Oak Grove Lutheran School who come from countries at high risk for tuberculosis will be required to have a Mantoux Test prior to participating in classes. Oak Grove's school nurse will arrange for the test to be administered through the public health system (Cass Public Health).

Negative Mantoux Test:

The result will be documented in the student's school record. No further treatment will be required.

Positive Mantoux Test:

Oak Grove will adhere to North Dakota protocol, which requires the student to have a chest x-ray.

- **Negative Chest X-ray**

The student will begin a nine month course of INH medication. Follow-up procedures will be coordinated through the public health system (Cass Public Health). There is no charge for medication.

- **Positive Chest X-ray**

The student has active tuberculosis. The student's family will be notified immediately to select treatment options. Students with active tuberculosis will not be allowed to attend Oak Grove Lutheran School until they are determined to be noninfectious.



OAK GROVE

Application Procedure & Timetable

STEP 1

USE APPLICATION CHECKLIST (Included in Application Packet)

- Complete Application - Pages 1-4
- Include 1 - Principal/Headmaster Recommendation
- Include 2 - Teacher/Advisor/Class Master Recommendation Forms
- Official Transcripts must be submitted with application
- Complete Medical Information Form
- Complete Certificate Immunization Form*
- Include application fee of \$150 - US Currency (non-refundable)

*** Document is required by law and must be completed and submitted with application.**

STEP 2

IF STUDENT IS ACCEPTED, Oak Grove will send the following:

- The Acceptance Letter
- The Letter of Support
- The I-20 Form from Oak Grove Lutheran School
- A receipt for the application fee

STEP 3

VISA APPLICATION. The documents needed at the Embassy are:

- The Passport
- The Acceptance Letter and Letter of Support
- The I-20 Form issued from Oak Grove Lutheran School
- The receipts for any payments made
- Proof of family financial support
- Proof of connections to home country after schooling is finished

STEP 4

WHEN VISA IS GRANTED:

- Inform the Admissions Department of Oak Grove Lutheran School
- Inform the Admissions Department of Flight and Arrival Arrangements*

***International Students must arrive during designated dates outlined in the Acceptance Letter.**

STEP 5

PAYMENT DEADLINE FOR REMAINING FEES: AUGUST 1