



OAK GROVE LUTHERAN SCHOOL

Name of Applicant _____	
Home City _____	Country _____
Sex: Male ____ Female ____	
Applying for School Year 200__ - 200__	
Applying for Grade __9__ __10__ __11__ __12	
Referred by: (agency or individual) _____	

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

OAK GROVE LUTHERAN SCHOOL

124 North Terrace
Fargo, North Dakota 58102-3899 U.S.A.
701.237.0212
oakgrove.lutherschool@sendit.nodak.edu

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

**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.

____ Other - list information below.

Name (in English) _____ (in native language) _____

Relationship to you _____

Address (in English) _____

(in native language) _____

Phone: _____ Fax: _____ e-mail: _____

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 Linda Olson, director of admissions at linda.j.olson@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.
(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.**

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
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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 (Rev. 08/99)

North Dakota Law Requires This Form Be Completed and Provided to the Daycare or School.					
Child's Name _____				Birthdate _____	
	(Last)	(First)	(Initial)		
Parent's Name _____				Phone number _____	
REQUIRED VACCINES					
Vaccine Type	Enter Month/Day/Year for Each Immunization Given				
	1st	2nd	3rd	4th	5th
DTaP/DTP/DT (Diphtheria-Tetanus-Pertussis)					
Hib (Haemophilus influenzae type b)					
IPV/OPV (Polio)					
MMR (Measles-Mumps-Rubella)					
RECOMMENDED VACCINES - NOT REQUIRED (FOR RECORDING PURPOSES ONLY)					
Hepatitis B					
Varicella (Chickenpox)					
Td booster (Tetanus-Diphtheria)					
Other: _____					
NORTH DAKOTA REQUIRED IMMUNIZATIONS 2003 - 2004					
MINIMUM VACCINATIONS GRADES 6-12					
DTaP/DTP/DT (tetanus, pertussis, diphtheria)	4 vaccinations				
IPV/OPV (polio)	4 vaccinations				
MMR (measles, mumps, rubella)	2 vaccinations*	*REQUIRED GRADES 6-11 ONLY 1 VACCINATION REQUIRED 12th GRADE			
STATEMENT OF MINIMUM REQUIREMENTS MET					
IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL OR DAYCARE.					
To the best of my knowledge, this person has received the immunization required for age on the above dates.					
_____				_____	
(Physician, Nurse, Health Dept., School Official)				Date	
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)				Date	
*Please attach supporting documentation.					

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