

Dear Prospective International Student Families,

Thank you for your interest in Assumption Parish Catholic School and inquiring about our International Student Program. Assumption Catholic School provides a traditional Catholic education where students have the opportunity to learn in the light of the Gospel. The purpose of Assumption's International Student Program is to provide opportunities for international students to develop english proficiency and meaningful cultural experiences.

Assumption Catholic School offers a quality education which emphasizes academic excellence and inspires children to reach their fullest potential. Our nurturing environment, exceptional teachers, and rigorous academic curriculum encourages student spiritual, academic, and social growth. Assumption class sizes are ideal and average 18 students per class. These smaller class sizes provide excellent opportunities for teachers to meet the specific needs of each individual student. Assumption provides students the education vital for their personal development and offers the opportunity to demonstrate their God given gifts.

Assumption Parish Catholic School has successfully educated international students for over 20 years. Not only do Assumption Parish Catholic School International students receive the experiences necessary for english fluency; they establish relationships with American students that last a lifetime.

Please contact me at (509) 328-1115 or tromano@assumptioncatholic.org to learn more about the Assumption International Student Program.

Go Hawks!

Mr. T.J. Romano
Principal
Assumption Parish Catholic School

Assumption Parish School Requirements for International Students

- US Department of Justice Certificate of Eligibility for Nonimmigrant (F-1) Student. [Form I20- A-B]
- WA State Department of Health Certificate of Immunization Status [Form DOH 348-013(X)]
- Copy of “Estados Unidos Mexicanos Registro Civil Gobierno Del Estado de Guanajuato”
- Letter stating the following:
 - that the parents have sufficient funds
 - that the parents have insurance coverage
 - that the parents have the means to cover uninsured expenses
 - that the parents will be responsible for all expenses
 - name and address of host family
 - name and address of school registering for including starting and ending dates
 - names of personal banks
 - giving permission to sponsor family to care for child from (date) to (date)
 - request for “cooperation and assistance to make these plans achieve a successful ending”
 - names and addresses of friends and relatives as emergency contacts
 - medical release
 - list of allergies
- Personal Information including:
 - exchange student’s father’s name
 - exchange mother’s name
 - complete address including number, street, city, state, country, and postal code
 - phone number
 - student’s complete name
 - date of birth
 - current year in school
 - picture of family and student
 - school year wishing to attend
 - sports and hobbies
 - other important information.
- Hand written letter by the student explaining why they wish to attend school in the United States
- Required financial information:
 - Copy of parents bank statement for 2 months: January, February, March, or April
 - Cover letter for bank statement from parents
 - Letter from bank stating that there are sufficient funds to cover child’s expenses and that there is knowledge of customer as a “serious and responsible person, with a high moral and economic solvency.”
- Letter from student’s current school stating that the child is enrolled there and in which grade, what their general behavior is, and includes “This letter has been written on request of the student to be used as he/she sees suitable, and is issued in the city of _____, in the state of _____, on the (date)” signed by the principal
- Copy of student’s passport
- Copy of student’s birth certificate
- Recent photographs of the student and his/her family
- Letter from student’s doctor as to the physical health of the student

Please send all information directly to T.J. Romano, Assumption Parish School, 3618 W. Indian Trail Road, Spokane, WA 99208 or to tromano@dioceseofspokane.org.

**ASSUMPTION PARISH CATHOLIC SCHOOL INTERNATIONAL
STUDENT PROGRAM TUITION AGREEMENT
2017-2018**

FAMILY NAME _____

TUITION \$6000

REGISTRATION FEE \$350

BOOK FEE \$350

ATHLETIC ACCOUNT \$300

Total Due: \$7,000

Paid by: Check Money Wire Cash

Date of Payment: _____

These funds must be deposited in order to receive your final admittance letter to be used at the American Embassy. The best method is for a wire transfer. Please call or email the school office when you are ready to do the wire transfer. You may make a bank wire transfer to our bank: INB – Inland Northwest Bank

I/We the undersigned parent(s)/guardians and students ask to participate in the Catholic School ministry of Assumption Parish for the 2017-2018 academic year. I/we are aware of and agree to fulfill the expectations of Assumption Parish for participation in its Catholic school ministry as identified in the registration material and the school's *Family Handbook*.

Parent/Legal Guardian: _____

Date _____

Parent/Legal Guardian: _____

Date _____

Accepted by Principal: _____

Date: _____

The following fees do not have to be in the possession of the school but may be an obligation should you make the choices during the student's time at Assumption Parish School and are due and payable as billed.

Insurance: Exchange Student Worldwide Medical Insurance plan administered by Myers-Stevens & Toohey & Co. Inc. Cost: Determined by insurance company.

Athletic Fees: American Football Fee: \$75 Other Sports: \$50 for each sport, including cheerleading. Individual costs will be based on student's enrollment in sports program.

8th grade field trip: approximately \$300-400 in total. (These are special trips for 8th grade students only and involves travel and overnight accommodations.)

Wednesday Hot Lunch: The Hot Lunch Program is offered each Wednesday. Participation is optional.

Miscellaneous Costs: \$250.00 (These include costs such as quarterly field trips (bowling, school sweatshirts, bibles, assignment notebooks, etc.)

All fees except the registration fee are refundable until July 1, 2018.

Room and Board are agreed upon with the Host family. A suggested amount of \$850.00 per month is recommended for all housing expenses. This is to be worked out with the individual families as each has their own unique way of handling family expenses. Depending on the International Region and individual family needs, the host family may work with the exchange family to negotiate adequate funds.

MEDICAL INFORMATION AND RELEASE

This permission authorization is valid from August 25, 2017 through June 30, 2018, inclusive.

Student Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother's name _____ Work/Cell phone _____

Father's name _____ Work/Cell phone _____

Nearest relative or friend (easiest to contact)

_____ Home phone _____ Work phone _____

_____ Home phone _____ Work phone _____

Insurance Company _____

Policy number _____

Contact person (if applicable) _____

Medical Information

Allergies: _____

Medicine Allergies: _____

Food Allergies: _____

Date of last Tetanus shot: _____

Personal medical information:

Restrictions:

In the event that I cannot be reached in an emergency, I hereby give permission to the physician and/or hospital and it's medical staff selected by _____ to hospitalize, secure proper anesthesia, or to order injection or surgery for _____.

Name of son/daughter

Signature of parent

Date

Notarized by: _____ on _____

Title

My Appointment Expires: _____

ASSUMPTION PARISH SCHOOL

INTERNATIONAL STUDENT PROGRAM

APPLICANT INFORMATION FORM

2017-2018

PRIMARY RESIDENCE:

Home Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Information:

Name: _____
(include last name if different than family name)

Relationship to student: Mother Father Guardian

Home Phone: _____ Cell Phone: _____

(Please check the box of primary phone number)

Email: _____ Occupation: _____

Name: _____
(include last name if different than family name)

Relationship to student: Mother Father Guardian

Home Phone: _____ Cell Phone: _____

(Please check the box of primary phone number)

Email: _____ Occupation: _____

Marital Status: • Married • Single • Divorced/Separated

HOST FAMILY RESIDENCE:

Home Address:

Street: _____

City: _____ State: _____ Zip Code: _____

HOST PARENT Information:

Name: _____
(include last name if different than family name)

Relationship to student: Mother Father Guardian

Home Phone: _____ Cell Phone: _____

(Please check the box of primary phone number)

Email: _____ Occupation: _____

**Assumption Parish Catholic School
International Student Program
I-20 Information**

Please complete and return to school. Data will be entered directly with the SEVIS website by a school official.

Family Name (surname): _____

Student's First Name: _____

Middle Name: _____ Suffix: _____

Date of Birth (MM/DD/YYYY) (____)-(____)-(____) Gender: Male Female

Country of Birth: _____ Country of Citizenship: _____

Social Security Number: _____

Father's Name: _____ Email: _____

Mother's Name: _____ Email: _____

Home Address: Address 1 _____

Address2 _____

City: _____

Province/Territory: _____

Postal Code: _____

Country: _____

U.S. Address Host Family Name: _____

Address 1 _____

Address2 _____

City: _____

State: _____ Zip Code: _____

Anticipated date of arrival: _____

Attach Picture of Family and student/fijación foto de la familia y estudiante