



LANCASTER MENNONITE

International Student Application

FOR SCHOOL USE ONLY:

Application Received: _____

Application Completed: _____

Deposit Received: _____

Accepted

Denied

Please provide the following with this application:

- \$300 application fee
- Copy of middle school and high school transcripts (with English translation and official school seal)
- Copy of passport or visa
- Two (2) reference forms from principal and/or teachers
- English proficiency test score (TOEFL, TOEFL Jr, SLATE or IELTS)
- Copy of immunization record (with English translation)
- Financial documentation (bank statement showing ability of parent/guardian to pay tuition)

School Year Entering (check one box):

- Fall Semester
 Spring Semester

Family is (check one box):

- New to LM
 Returning to LM
 Current LM Family

Student is (check one box):

- First-time Applicant
 Former LM Student
 Previous Applicant

STUDENT INFORMATION (as listed on passport)

Surname or family name: _____ Given name: _____

Home address: _____
(Street Address)

(City) (State/ Province/ District) (Country) (Postal Code)

Student telephone: _____ Student e-mail: _____

Country issuing passport: _____ City of birth: _____

Current grade: _____ Grade applying: _____ Campus (check one box): Hershey Lancaster

Birthdate: _____ Age: _____ Gender: _____
(Month) (Day) (Year)

Racial/Ethnic background (for statistical reporting purposes only: *please choose one*):

- African Asian Hispanic European/Caucasian Indian Middle Eastern Central/South American

Student's **high school** co-curricular interests (choose all that apply):

- | | | | |
|------------------------------------------------------------|----------------------------------------|------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Chess | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Choir | <input type="checkbox"/> FFA/Agriculture | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Tech Crew |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Drama | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Band/orchestra (instrument) _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Volleyball | |

REASONS FOR CHOOSING LANCASTER MENNONITE SCHOOL

Student response: _____

PARENT INFORMATION

Marital status of student's parents: Married Separated Divorced Widowed Single Other: _____

Student resides with: Parents Mother Father Guardian Other: _____

First Parent: Mother Father

Surname or family name: _____ Given name: _____

Home telephone: _____ Cell: _____

E-mail: _____ Work telephone: _____

Employer: _____ Position/Occupation: _____

Second Parent: Mother Father

Surname or family name: _____ Given name: _____

Home telephone: _____ Cell: _____

E-mail: _____ Work telephone: _____

Employer: _____ Position/Occupation: _____

International Agency/Sponsor (if applicable):

Name: _____ Telephone: _____ E-mail: _____

Address: _____
(Street Address) (City) (Country) (Postal Code)

United States Agency/Guardian/Contact:

International students are typically required to have a U.S. agency, guardian or contact person located in the eastern United States. This person is expected to take care of the student in any emergency, and to help with any academic or behavior issues that arise. The school may contact the person listed below as part of the admissions process.

Name: _____ Telephone: _____ E-mail: _____

Address: _____
(Street Address) (City) (State) (Postal Code)

Tuition will be paid by: Parents Agency U.S. Guardian

Living Arrangements:

All international students are required to live on campus in the residence hall or with an acceptable local host family. Host families must be arranged by a local U.S. agency or a guardian in close proximity to the school. Students may not live on their own or with a group of other students. Lancaster Mennonite School does not provide host families but can refer students to local agencies to find suitable host families.

- Student is applying to board in the school residence hall. (Please complete Residence Hall Application Form)
 An agency is arranging a host family, or student will stay with family members that are in local area.

ACADEMIC INFORMATION

Special Learning Needs:

- Has the student ever needed special attention for behavior issues at home or in a group setting? Yes No
Has the student ever been suspended, expelled, or denied admission at another school? Yes No
Are the student's current classes taught mainly in English? Yes No
If YES, how many years have the student's classes been taught in English? _____
If NO, what language is being used? _____

All international students are required to submit an official English proficiency test score with their application (TOEFL, TOEFL Jr, SLATE or IELTS). Test scores will determine ESL placement and course schedule.

Recent TOEFL score _____ or TOEFL Jr score _____ or SLATE score _____ or IELTS score _____ **(attach test results)**

School History:

- The student is not currently attending school in the U.S., and requires a student visa.
 The student is not currently attending school in the U.S., but is a U.S. citizen or a U.S. permanent resident.
 The student is currently attending a U.S. school on a J-1 visa.
 The student is currently attending a U.S. school on an F-1 visa. SEVIS Number _____

Current school:

School name: _____ Grade began: _____ current grade: _____

Address: _____
(Street Address)

(City)

(Country)

(Postal Code)

Telephone: _____ Fax: _____ E-mail: _____

Previous School:

School name: _____ Grade began: _____ Last grade completed: _____

Address: _____
(Street Address)

(City)

(Country)

(Postal Code)

Telephone: _____ Fax: _____ E-mail: _____

Previous School:

School name: _____ Grade began: _____ Last grade completed: _____

Address: _____
(Street Address)

(City)

(Country)

(Postal Code)

Telephone: _____ Fax: _____ E-mail: _____

*The grade level of any student transferring from an international school will be officially determined after reviewing school records from grades 9 to 11. If credits have been earned at another school, a review of the official transcripts must be reviewed to determine what credits will be transferred to Lancaster Mennonite. **International students are required to complete a minimum of four semesters (two years) at Lancaster Mennonite School to earn an LM diploma.***

FAITH BACKGROUND

Family religion: _____ If Christian, church name: _____

How long has the student attended this church? _____

Pastor's name: _____ Pastor's telephone: _____

Church/Pastor address: _____
(Street Address) (City) (Country) (Postal Code)

PERMISSION TO USE STUDENT NAME OR PHOTO

LM often recognizes student achievements and activities in media such as the school magazine, website, news releases, brochures, etc. where the student's name and photo may be used.

If parents **DO NOT** give permission to the school to use the student's name and photo, please check the following box.

I DO NOT give permission to use the student's name and photo in media and news releases produced by Lancaster Mennonite.

PARENT/STUDENT COVENANT WITH THE SCHOOL

The signatures on this international application form indicate an understanding that acceptance to Lancaster Mennonite is both a privilege and a responsibility. The undersigned forms a covenant with the school to:

- Share the responsibility for learning and decision-making.
- Support the school's standards and disciplinary procedures.
- Recognize the right of the school to dismiss any student or to dissolve the relationship with any parent who does not cooperate satisfactorily or remain supportive of the school, its standards and its disciplinary procedures.
- Use appropriate channels for communication about issues of concern.

ADDITIONAL IMPORTANT INFORMATION

- All International students are covered by Student Accident and Sickness Insurance while studying at Lancaster Mennonite. You will be billed for this insurance along with your tuition.
- Pennsylvania law does not allow a student to be admitted to any school in Pennsylvania without required immunizations. Please have your physician enter exact dates of all immunizations and attach an official seal. Before beginning classes, each student must also submit a physical examination form completed by a physician.
- LM students are expected to maintain satisfactory school attendance and conduct.
- LM students, regardless of age, are not permitted to possess or use alcohol, tobacco, tobacco products or illegal drugs. Use of these items can result in suspension or expulsion from Lancaster Mennonite.
- LM students, regardless of age, are not permitted to travel during the school year without a responsible, approved adult chaperone. (Trips home and to official U.S. contact person are exceptions.)

SPECIAL HEALTH CONCERNS

Please mark any health conditions the student has or has had:

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency inhaler needed at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type? _____ Date of last seizure: _____
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 Diet restrictions: _____
Cardiac condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, gym restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Shellfish <input type="checkbox"/> Other allergies: _____
Drug allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: _____
Depression/anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other medical conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: _____
Serious illness, injury, hospitalization or operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date: _____ Describe: _____ Still under treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Restrictions on physical activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____
Restrictions on Diet/Food:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe: _____
Any additional details from above: _____		

Medications (taken at home or in school):

Name: _____ Dose: _____ Time: _____ Reason: _____

Name: _____ Dose: _____ Time: _____ Reason: _____

Name: _____ Dose: _____ Time: _____ Reason: _____

Name: _____ Dose: _____ Time: _____ Reason: _____

glasses contact lenses hearing aids ear tubes other devices: _____

Date of last Tetanus booster (Tdap) _____

- Please attach translated copy of all immunizations.

Permission to Treat:

As the student’s parent/legal guardian, I/we authorize Lancaster Mennonite staff or host parent to seek necessary medical treatment for emergency, accident, illness, medical visit, counseling, or need for immunization during his/her enrollment at Lancaster Mennonite School.

I/we will not hold LM responsible for the results of any treatment in said emergency, accident, illness, or need for immunization. I understand that medical insurance is provided by the school to help cover costs of sickness/accidents, and I/we accept full financial responsibility for any medical attention needed for my/our child.

I give permission to the physician selected by the program to order x-rays, routine tests and treatment related to the health of my child for both routine healthcare and in emergency situations. I give my permission to the physician to hospitalize or secure proper treatment for my child. I also understand that LM staff will make every effort to contact me in an emergency treatment situation.

I agree that providers who treat my child may release medical or other records of my son/daughter while they study in the US to LM representatives, host parents, and/or the U.S. placement organization, and may talk to program representatives about my child’s health status.

SIGNATURES

The following signatures affirm that the preceding information in this application is true and correct, including the indicated responses to the Permission to Use Student Name or Photo and the Parent/Student Covenant with the School.

Father/Guardian:

Printed Name: _____

Signature: _____

Date: _____

Mother/Guardian:

Printed Name: _____

Signature: _____

Date: _____

Printed Name of Student: _____

Signature _____ : Date: _____