



**International
Student Application
2019–2020
(F-1 and J-1 Students)**



2019–2020
Eugene School District 4J
200 North Monroe
Eugene, OR 97402

Procedures and Guidelines for Enrolling International Students

Eugene School District 4J values the opportunities for student cultural exchanges provided by individuals and organizations, which enable international students to attend District 4J Schools. Student admittance may be requested by individuals or by district approved organizations.

Following the district application process and subsequent school approval, students may be admitted on tuition paying basis for those using a student F visa. Some students may be admitted on a tuition waiver basis, if they obtain a J visa. This is usually arranged by an international student organization.

The district maintains 32 waiver positions, which are equally divided among four high schools. Unused waivers are reassigned as needed throughout the system. Preplanning regarding the use of waivers takes place in district sponsored meeting with the approved organizations in the spring of each year.

Student information:

1. Individuals and approved organizations making application for student admittance may provide two hard copies of application materials (original and one copy) to the Student Assignment Coordinator at the 4J Education Center at 200 North Monroe Street starting April 15 for fall school participation approval. Sponsoring programs and individuals will be notified of application status by the second week in June. For alternate application dates and for school attendance starting at times other than fall, contact the Student Assignment Coordinator.
2. A recent English Language Test for International Students (ELTiS) score of 215, a Secondary Level English Proficiency (SLEP) score of 46 or Test of English as a Foreign Language (TOEFL) score of 450 (or 46 for the Internet based test), or a score of 5 on the IELTS. A copy of the language proficiency test must accompany each application.
3. Students shall not be over eighteen years of age on the first day of attendance.
4. Students shall not have graduated from any secondary school program or the equivalent.
5. Students must reside with a host family within the Eugene School District 4J attendance boundary and attend the host family's neighborhood high school.
6. Students who enroll in a Eugene School District 4J high school on an F visa will be restricted from competing in team sports under OSAA guidelines (See page 10).
7. In order to qualify for course credit, a student must be enrolled for a minimum of one trimester
8. Should a student apply to attend for less than one trimester that student will be considered a visitor. Therefore, the student will not be formally enrolled, and will not have to complete the international student application. The international student program does not become actively involved with such visits, but it will assist in these matters when requested to do so.
9. Students will not be permitted to operate a motorized vehicle or aircraft of any description, i.e. automobile, motorcycle, scooter, etc, during the period of the visa, except during the behind the wheel portion of a driver's training class under the conditions approved by the Student Assignment Coordinator.
10. As per the Model School Policy as set forth by CSIET, International exchange students have all rights and privileges accorded to community students—except the right to a diploma.



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Important Guidelines

Language Proficiency Guidelines

Eugene School District 4J has established the following requirements for language proficiency levels for *all* international and exchange students who will be requesting placement in our school district.

The **ELTiS**—English Language Test for International Students, **SLEP**—Secondary Level English Proficiency, the **TOEFL**—Test of English as a Foreign Language, and the **IELT**—International English Language Test, are the only tests that will be accepted.

1. **ELTiS:** The minimum ELTiS test score is 215
2. **SLEP:** The minimum SLEP test score is 46
3. **TOEFL:** The acceptable TOEFL score is 450 and above or 46 and above for the Internet-based test.
4. **IELT:** The acceptable IELT score is 5.

A copy of the test must accompany the student application that is submitted to the Student Assignment Coordinator at the address above.

Please note: Rotary students do not have to provide English Proficiency documentation.

Visa Information for F-1 students only

Applying to attend is the first step towards enrolling in a 4J school. Please read the guidelines below. These guidelines are provided to assist you in knowing what will come next. They are not necessarily a complete list of all the steps needed to apply for and receive placement in a 4J school. Please also read the restrictions to F-1 students who wish to play sports, on page 10 of this application.

1. Complete this application and submit it to the Student Assignment Coordinator. Use the checklist on page 6.
2. Pay tuition, in full, for one, two or three trimesters of study.
3. Upon receipt of a complete application and tuition, the Student Assignment Coordinator will issue an I-20 and a letter of acceptance and send it to you along with receipt of tuition payment.
4. You should apply for the F-1 visa in your country of citizenship or permanent residence. To confirm what your local U.S. embassy or consulate requires for F-1 visa applications, visit its website. (For links to U.S. embassy and consulate websites, see usembassy.state.gov.) On the website, learn how to schedule an appointment, how many times you can apply for a visa, what specific documents are required and what procedures you must follow.

5. After you receive the I-20 form from the Eugene School District 4J, follow your U.S. embassy/consulate's instructions to schedule an interview for your F-1 student visa. It is important to apply for your student visa as soon as possible.

6. Pay your I-901 SEVIS fee as soon as possible after receiving your I-20. I-901 fees can be paid online at <http://fmjfee.com/>.

7. Prepare your application documents to bring to the visa inter-view. To confirm the specific requirements and procedure for applying for an F-1 visa in your country, be sure to consult the website of the U.S. embassy or consulate where you will apply.

Your new SEVIS I-20 form from the Eugene School District 4J. After you read the guidelines on the form, be sure that you print your name, sign, and date the form at item 11 using blue ink. (To apply for a visa, you must use the I-20 from the school you plan to attend.)

Proof of admission (your acceptance letter).

Proof of payment of the I-901 SEVIS fee. Bring the receipt of fee payment with you to the interview.

Two photographs. The photographs must meet USCIS specifications (“passport-style” photos, in color, full frontal view of your face to mid-chest, 2 inches square) and must be no more than one month old. You may find additional specifications at travel.state.gov/passport/guide/composition.

Valid passport. Your passport must be valid at least six months into the future when you arrive in the U.S.

Financial support documents that are recent and that show you have sufficient funds to cover your fees, and living expenses during the period in which you intend to study.

Documents proving your intent to return to your home country after you complete your year of study. This may include proof of property, family, or other ties to your community.

8. At the interview, remain calm and answer all of the visa officer's questions to you openly and honestly. You will need to demonstrate the following:

You intend to return to your home country after completing your program, and you do not intend to immigrate to the U.S.

You have a residence in your home country that you do not intend to abandon.

You have sufficient funds to support yourself for the duration of your program.



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International Student Application for Enrollment

Student Name	
Birthdate	
Age	Gender
Home Address	
Country of Birth	
Country of Current Residence	
Number of years of school completed	
Number of years required in home country	
Indicate knowledge of <i>spoken</i> English language	
Good <input type="checkbox"/>	Fair <input type="checkbox"/>
Poor <input type="checkbox"/>	None <input type="checkbox"/>
Indicate knowledge of <i>written</i> English language	
Good <input type="checkbox"/>	Fair <input type="checkbox"/>
Poor <input type="checkbox"/>	None <input type="checkbox"/>
Dates of Expected Stay	
Grade as Exchange Student	
Please circle 1 Trimester 2 Trimesters 3 Trimesters	
For Office Use Only:	
Tuition Paying	
Tuition Waiver	
1 to 1 Exchange (J-Visa)	

Name of Exchange Program
Telephone Number
Address of Exchange Program
Local Representative's Name
Representative's Phone Number
Representative's e-mail
Host Family Name
Host Family Address
Host Family Telephone
Host Family e-mail
Host Family High School
I/we accept responsibility for the above-named student under the guidelines of the sponsoring exchange program and in compliance with Eugene School District 4J Policies and Regulations.
Signature of Host Family
Please Attach:
<input type="checkbox"/> Immunization Records (English translation)
<input type="checkbox"/> Health Records
<input type="checkbox"/> Transcripts (English translation)
<input type="checkbox"/> Language Proficiency Test <i>with</i> score
<input type="checkbox"/> Personal Statement from student



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Checklist for International Student Applicants

Student Name
School Year
Grade While Attending 4J Schools
Semester
Name of Exchange Program
Local Representative's Name
Address
Representative's Phone Number
Representative's e-mail
Host Family Name
Host Family Address
Host Family Telephone
Host Family e-mail
Host Family High School

Application Information Includes:

- Two copies of application packet including:
 - Transcript (in English)
 - Personal Statement (why do you want to spend a year abroad)
 - SLEP/TOEFL/IELT language test (copy of test *with* score)
 - Eugene School District 4J Application Form with Host Family Signature
 - Immunization Records (in English)
 - TB Certificate—if Applicable Recent
 - Physical Examination
- Student not over 18 years old
- Student *has not graduated* from high school or equivalent

Please include this form with both student application packets



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Parents/Guardians Guide to Oregon Immunization Requirements

What Does the Law Require?

Grades K–12 must be either fully immunized or receiving shots according to the recommended schedule.

- An accurate record must be provided to the school at the time of attendance which shows a student has received a minimum of one dose of each of the following vaccines:

Diphtheria/Tetanus

Polio

Measles, Mumps, Rubella

Varicella (or approximate date of disease)

Hepatitis B

or

- Signed religious or medical exemption.

As a Parent, What Must I Do to Meet These Requirements?

Provide month and year dates for each dose of vaccine perceived on the attached Certificate of Immunization Status (CIS) form.

and/or

Provide evidence in the CIS form that your child is exempt from being immunized for the following reasons:

Medical (Physician’s signature and reason for exemption)

Religious (Parent’s signature)

How Many Doses of Each Vaccine Does a Fully See Immunized Student Require?

See immunization requirements below:

Diphtheria/Tetanus containing vaccine (DTP, DT, Td or DTaP)

Five doses, unless:

1. The 4th dose was received at or after 4 years of age, in which case only 4 doses are required; or
2. If the 1st dose of DTp or DT was received at or after the 1st birthday and the 3rd dose was received at or after the student’s 4th birthday, the student is complete with three doses; or
3. The 3rd dose was received at or after the student’s 7th birthday. If so, the student is complete with three doses.

Polio

Four doses, unless:

1. The 3rd dose was given at or after the 4th birthday in which case the student is complete with three doses; or
2. The student is 18 years of age or older. Polio vaccination at or after the 18th birthday is not required.

REQUIREMENTS CONTINUED ON NEXT PAGE



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Parents/Guardians Guide to Oregon Immunization Requirements

How Many Doses of Each Vaccine Does a Fully See Immunized Student Require?

CONTINUED FROM PREVIOUS PAGE

See immunization requirements below:

Varicella (Chicken Pox)

Two doses given between the ages of 12 and 18 months unless the child has had the disease. Vaccinate all children older than 12 months including all adolescents who have not had the disease.

Measles, Mumps and Rubella (MMR)

Two doses: one given at 12 to 15 months of age and the second at 4 to 6 years of age, unless:

1. If a dose was given before 12 months of age, the child must be revaccinated between 12 and 15 months with at least 4 weeks between the two doses, and again between 4 to 6 years of age.

Hepatitis B

Vaccinate all children 0 through 18 years of age. Three doses in the following schedule:

1. At least four weeks between doses 1 and 2, and at least eight weeks between doses 2 and 3. Overall, there must be more than 16 weeks between doses 1 and 3.

Hepatitis A

Vaccinate children older than 2 years old who live in areas with consistently elevated rates of hepatitis A, as well as children who have specific risk factors.

1. Dose 1 may not be given earlier than 2 years of age.
2. Dose 2 is given a minimum of 6 months after dose 1.



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Competing in Sports and other OSAA regulated events

Before filling out the information to play sports, please read the following important information.

The Oregon School Activities Association places certain requirements on International student eligibility to compete in OSAA-sanctioned events, which include sports. Please read the guidelines below. For more information, please call the Eugene School District 4J offices to be put in touch with the Athletic Director or International Student Exchange program coordinator.

It is a Fundamental Rule of the Association that a student must attend the high school in the high school attendance boundary within which the Joint Residence of the student and the student's parents is located. Exception to this Fundamental Rule are to be narrowly construed.

A transfer/residency requirement prohibits foreign students, other than students who are participants in an established foreign exchange program accepted for listing by the Council of Standards for International Educational Travel (CSIET), from displacing other students from athletic and activities opportunities.

Exceptions to Fundamental Rule

A student from a foreign country who is on a CSIET approved program is eligible for one year from the date of enrollment if the following criteria are met:

(1) The student is attending a school in the attendance boundary where the host family resides.

- (2) The student satisfies the OSAA age requirement.
- (3) The student has not completed the equivalent of twelve years of education (excluding kindergarten).
- (4) The student has not previously attended a high school in the United States.
- (5) Neither the school the student attends nor any person affiliated with the school has had any input in the selection of the student.
- (6) The host family is not a member (paid or voluntary) of the school's athletic department nor the coach/director of the non-athletic activity.
- (7) The student is not a "direct placement". A student is considered to be a "direct placement" for the purposes of this rule if the student was placed in a specific high school and/ or with a specific host family as a result of a request from the student or the student's family.
- (8) The student has not been terminated from the CSIET program.



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Annual Interval History Form

Student Name	Birthdate (mmddyyyy)
Address	PhoneNumber

Parent or Guardian Permit

I want my () son or () daughter to have the privilege of participating in competitive school athletics. My child, _____, therefore, has my permission to compete in all sports approved by the Board of Education of the local school district and to be transported according to district transportation policy.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that there are risks of injury when participating in athletics and the District assumes no financial obligation for any injury that may occur. I am advised that students are held responsible for all player's equipment owned and issued by the school.

Insurance Arrangements

Please check one:

- My son or daughter is covered by insurance purchased at school for the 20_____/20___ school year. Check below:
 - School-Time Plan (does not cover interscholastic athletics grade 9–12)
 - Twenty-four-hour insurance Plan (does not cover interscholastic athletics grade 9–12) Health Care Plan
 - Interscholastic Tackle Football Plan Other Interscholastic Sports Twenty-four Dental Plan
- My son or daughter is fully covered by insurance carried by Parent or Guardian, and the school will not be liable for any injury that occurs during athletic activities or travel for activities.

Name of Company with which insured _____

Signature of Parent or Guardian _____ Date _____



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Athletic Permission Form All Sports

Student Name	Birthdate (mmdyyy)
Address	PhoneNumber

In order to better promote an understanding between the home and the athletic departments of our high schools, we are asking you to read this District 4J Athletic Form of rparents and discuss it with your son or daughter.

It should also be understood that several obligations must be met prior to his/her participation.

1. A physical examination completed (good for two years once they are issued).
2. Each sport the student participates in requires an Annual Interval History Form and Athletic Permission Form.
3. The student must purchase an ASB card for \$30.
4. A \$150 sports participation fee (if the student participates in more than three sports, the third is free).
5. All participants must have insurance, either their own, or that provided by the district.

ATHLETIC TRAINING RULES

Alcohol/Non-Prescribed Drug Use Policy

The use of alcohol or non-prescribed drugs is prohibited. It is the position of the Eugene School District that athletes who find themselves in jeopardy because of a substance abuse problem should receive professional assistance.

If an athlete voluntarily requests assistance from school officials with regard to an alcohol or drug use problem and has not previously committed an alcohol/non-prescribed drug use offense, there shall be no discipline of the student provided that:

- a. The athlete meets with the school substance abuse counselor or other appropriate professional person and follows his or her recommendations; and
- b. there are no subsequent incidents of either alcohol or non-prescribed drug use.

In the instance where the student has failed to voluntarily request assistance as described above and is determined by a school official to have used either alcohol or non-prescribed drugs, the student will face the following consequences:

First Offense—Three calendar-week suspension from participation in athletic competition (could attend all practice sessions); mandatory meeting(s) with the school substance abuse counselor or other appropriate professional person and a willingness to follow his or her recommendation for treatment. Failure to comply with the recommendation after the first offense shall be punished as if the student committed a second offense.

Second Offense—Full suspension from the athletic program for the remainder of the sports season, and mandatory follow-up session(s) with the substance abuse counselor or other appropriate professional person. Reinstatement of the student into the athletic program is contingent upon the athlete complying with the recommendations made by the substance abuse counselor or other appropriate professional person and his or her approval for reinstatement.

Tobacco Use Rule

The use of tobacco (chewing and smoking) is prohibited. It is the position of the Eugene School District that the use of tobacco is a health risk and that it interferes with the performance level of student athletes. Prior to the beginning of the sports season, student athletes who are tobacco users are strongly encouraged to meet with a school health official, or other appropriate professional person, concerning the dangers of tobacco use and nicotine addiction. Thereafter, if a student athlete is determined by a school official to be using tobacco during the defined sports season, the student athlete will face the following consequences:

First Offense—Three calendar-week suspension from participation in all athletic contests (must attend all practice sessions) with a mandatory meeting with a school health official concerning the dangers of tobacco use and nicotine addiction.

Second Offense—Full suspension from the remainder of the sports season. Reinstatement of the student athlete for inclusion in a subsequent sports season is contingent upon approval by the building principal (or designee).

Before any suspension is implemented, the building principal shall follow the notice and opportunity for explanation procedures of the Student Rights and Responsibilities Handbook. Those portions of the short-term suspension procedures relating to decisions to send the student home or allow the student to remain on the school premises, permitting the student to make up work, and the right to appeal to the Director of Secondary Education if dissatisfied with the decision are inapplicable.

Exceptions—If an athlete denies alcohol, drug, or tobacco use to a school official and it is subsequently determined there was use, then the first offense shall be punished as if the student committed a second offense.

 Student Signature

 Parent or Guardian Signature



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Student Physical Examination

Student Name	Birthdate (mmddyyyy)
Address	PhoneNumber

Student and Parent/Guardian: Please review all questions and answer them to the best of your ability.

Physician: Please review with the student details of any positive answers.

YES NO Don't Know

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Has anyone in the student's family died suddenly before the age of 50 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Has the student ever passed out during exercise or stopped exercising because of dizziness or chest pain? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the student have asthma (wheezing), hay fever, or coughing spells during or after exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Has the student ever broken a bone, had to wear a cast, or had an injury to any joint? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Does the student have a history of a concussion (getting knocked out) or seizures? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Has the student ever suffered a heat-related illness (heat stroke)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the student have a chronic illness or see a physician regularly for any particular problem? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the student take any prescribed medicine, herbs or nutritional supplements? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the student allergic to any medications or bee stings? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Does the student have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Has the student ever had prior limitation from sports participation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Has the student had any episodes of shortness of breath, palpitations, history of rheumatic fever or unusual fatigability? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Has the student ever been diagnosed with a heart murmur or heart condition or hypertension? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Is there a history of young people in the student's family who have had congenital or other heart disease: cardiomyopathy, abnormal heart rhythms, long QT or Marfan's syndrome? (You may write, "I don't understand these terms" and initial this item, if appropriate.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Has the student ever been hospitalized overnight or had surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Does the student lose weight regularly to meet the requirements for your sport? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Does the student have anything he or she wants to discuss with the physician? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Does the student cough, wheeze, or have trouble breathing during or after activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Does the student have asthma? |

20. FEMALES ONLY

- a. When was your first menstrual period? _____
- b. When was your most recent menstrual period? _____
- c. What was the longest time between menstrual periods in the last year? _____

(Explain any YES answers on back.)

Parent/Guardian's statement:

I have reviewed and answered the questions above to the best of my ability. I and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

I understand that this physical examination is not designed nor intended to substitute for any recommended regular comprehensive health assessment.

Signed by Parent or Guardian: _____ Date: _____

As per ORS336.479, Section 1(5) "Any physical examination required by this section shall be conducted by a physician possessing an unrestricted license to practice medicine, a licensed physician assistant, a certified nurse practitioner or a licensed chiropractic physician who has clinical training and experience in detecting cardiopulmonary diseases and defects."



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Student Physical Examination

Student Name				Birthdate (mmddyyyy)	
Height	Weight	% Body Fat (optional)	Pulse	BP ____ / ____ (__, __)	Rhythm: Regular or Irregular
Vision R 20/ ____ L/20 ____		Corrected?: Y N		Pupils: Equal Unequal	

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
LymphNodes			
Heart: Pericardial activity			
1st & 2nd Heart Sounds			
Murmurs			
Pulses: brachial/femoral			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based examination only

CLEARANCE

Cleared Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician: _____ Date: _____

Address: _____ Phone() _____

Signature of Physician: _____

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