



International Admissions Process & Checklist

International Admissions Checklist

1. Online Application
2. Application Fee \$50
3. English Language Test Requirement
4. Family Information Verification Form
5. Affidavit of Support
6. Copy of Passport
7. Transcripts from previous two years
8. Immunization Record
9. Host Family Agreement (if needed)
10. Guardian Agreement (if needed)
11. International OLu Commitment Fee (Registration Fee) \$1675 (non-refundable and non-transferable)
12. Copy of Visa (if currently studying in the US)
13. Copy of I-20 (if currently studying in the US)
14. SEVIS Transfer Request Form (this form is only to be completed by international students currently studying in US)

Step 1: Create a username and password through Orange Lutheran's admissions portal to complete the online application and submit \$50 application fee.

Step 2:

1. Log in to the admissions portal to complete the Admissions Checklist. *A list of the required documents that must be submitted through the portal is listed on the left of this page.*
 - **Family Information Verification Form** MUST be completed and signed by a parent. Scanned copy can be emailed directly to international@lhsoc.org

Step 3: After an online application and all documents have been received, the admissions team will reach out to you to schedule an interview and placement test (if needed).

Step 4: Students will be notified of admission decision via phone or email within two weeks.

Step 5: Accepted students will then have 10 days from being accepted to complete and pay the OLu commitment form and fee online.

Step 6: Once the OLu commitment fee (registration fee) has been paid, the international admissions officer will mail the student their I-20.

- For transfer students, Orange Lutheran's I-20 will be issued after the student's SEVIS record is released from their current school.

Please send your inquiries or documents to:
international@lhsoc.org



2020-2021 FINANCIAL INFORMATION SHEET

Fees subject to change annually.

INTERNATIONAL TUITION AND FEES

Tuition	\$30,200
Mandatory Health Insurance	\$750
Non-Refundable Registration	\$1,700
\$30 Late fee will be assessed on all past due amounts.	
Credit cards will be accepted on all Tuition and Fee payments with a 2.85% convenience fee.	

Incidental expenses and fees depend on your student's involvement. A sample fee schedule may include the following:

iPad	Starting at \$329, depending on model
Books	Approximately \$100-\$300
Bus routes	Depending on route, approx. \$55-\$150 per month
Sports/Performing Arts	\$500- \$1500 per activity
Academies	\$100 -\$500
Class supply fees	Ranging from \$60-\$200



ENGLISH LANGUAGE TEST REQUIREMENT

In order for international students to do well academically in a fully immersed English language studies environment, they should be able to read, write, understand, and speak in English at a moderate academic level. Students applying to attend Orange Lutheran are required to submit ONE of the following test scores in order to be eligible for admission:

TOEFL iBT

Minimum score = 73

TOEFL Junior

Minimum score = 800

iTEP SLATE

Minimum score = 4.3

IELTS

Minimum score = 6.0

Duolingo

Minimum score = 95



FAMILY INFORMATION VERIFICATION FORM

THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT. SCANNED COPY CAN BE EMAILED DIRECTLY TO INTERNATIONAL@LHSOC.ORG OR PRINTED AND RETURNED TO THE ADMISSIONS OFFICE.

STUDENT INFORMATION

Legal Name: The spelling of your legal name and date of birth must match your passport.

_____, _____, _____ **Preferred Name:** _____
Last (Family) Name First Name Middle Name English Nickname

Entering Grade: _____ **Gender:** (M/F): _____ **Date of Birth** (mm/dd/yyyy): _____

Country of Citizenship: _____ **Visa Type:** F1 F2 J1 J2 Other: _____

Student E-mail (Required): _____

Student Cell Phone: _____

PARENT INFORMATION (FATHER)

Legal Name: _____, _____
Last (Family) Name First Name

Primary Language: _____

Foreign Home Address: _____

E-mail (Required): _____

Cell Phone (Required): _____

PARENT INFORMATION (MOTHER)

Legal Name: _____, _____,

Last (Family) Name

First Name

Primary Language: _____

Foreign Home Address: _____

E-mail (Required): _____

Cell Phone (Required): _____

ADDRESS INFORMATION

Home Country Permanent Address (Outside of U.S.):

Street (Include Street #, Building #, Room # if applicable) City Province/State Country Postal Code

Home Address in U.S. (if applicable): _____

Street

City

State

Postal Code

Student currently lives at this U.S. address: Yes No Student will live here while attending OLu: Yes No

While attending OLu, the student will live with: Father Mother Relative Host Family

Orange Lutheran Guardian/Host Family Policy: Students must reside with an approved (by OLu) guardian or host family who must be over the age of 25 years old and a U.S. citizen (or an active U.S. Visa holder), even if the student is 18 years or older. The guardian/host family must provide a valid I.D. and reliable contact information to OLu. Students may not change guardian/host family without approval from OLu.

U.S. GUARDIAN OR CONTACT PERSON INFORMATION (If applicable)

Completing the information below will authorize Orange Lutheran to release student's information in order for them to assist with the admissions process.

Name(s): _____ Relationship to Student: _____

E-mail: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

Street

City

State

Zip Code

AGENCY INFORMATION (If applicable)

Completing the information below will authorize Orange Lutheran to release student's information in order for them to assist with the admissions process.

Name of Agency: _____ Contact Person: _____

E-mail of Contact Person: _____

Cell Phone: _____ Work Phone: _____

Agency Address: _____

Street

City

State

Postal Code

FINANCIALLY RESPONSIBLE PERSON (Required)

Name: _____ Relationship to Student: _____

E-mail (Required): _____

Cell Phone: _____ Home Phone: _____

Address: _____

Street

City

State

Country

Postal Code

I certify that all information supplied in this form is true and accurate. I understand that the school reserves the right to select or reject any applicant.

Father's Name: _____ Signature: _____ Date: _____

Mother's Name: _____ Signature: _____ Date: _____



AFFIDAVIT OF SUPPORT

Lutheran High School of Orange County is required by the United States Immigration and Customs Enforcement (ICE) to assure that all I-20 students are able to pay for tuition, fees, and living expenses while studying in their academic program as an international student. Signing this form indicates that you understand this policy and that you will be able to meet your financial obligation to the institution of Lutheran High School (LHSOC).

Student's Full Name: _____ Student's DOB: _____

SPONSOR'S STATEMENT:

This is to certify that I, _____, will be fully
(Sponsor's Name)

responsible for all tuition, fees, and expenses of _____
(Student's Name)

during his/her studies at LHSOC.

Sponsor's Signature: _____ Date: _____

Relationship of Sponsor to the Student (check one): () Parent () Guardian () Other _____

Address of Sponsor: _____

Telephone #: _____ E-mail: _____

IMPORTANT:

A statement from a bank or official government office must be attached to this document verifying that the above-mentioned student has sufficient funds.

Attach Bank Certificate with at least \$40,000 USD to verify ability to support

IMMUNIZATIONS REQUIRED

STUDENT'S NAME: _____ **Date of Birth (mm/dd/yyyy)** _____

1. Please fill out the form below with the dates the shots/disease occurred based on your immunization paperwork/card/.
2. You also need to provide your immunization paperwork/card from a health facility/doctor. It must have an official stamp.
3. Provide an English translation of your immunization card.
4. Please obtain all the required immunizations before departure from your home country. You will not be allowed to attend classes until this requirement has been met.

IMMUNIZATION NEEDED:

- A. Four doses of polio vaccine (TOPV) (**3 doses** acceptable if one given after child's 2nd birthday)
- B. Four doses of Diphtheria, Tetanus, and Pertussis - DPT, Td, Dt, or DTap for ages 7-17 (**3 doses** acceptable if one was given after child's second birthday)
- C. **Two** doses MMR (**1 dose** acceptable if given after first birthday)
- D. **Three** doses of Hepatitis B vaccine (2 doses acceptable if the 2-dose Hepatitis B vaccine formulation was used and both doses were given between ages 11-15; Doctor must document that it was the 2-dose Hepatitis B formulation)
- E. **One** dose of Varicella vaccine (**2 doses** required if first dose issued after thirteenth birthday. Had disease is also acceptable if verified by doctor)
- F. **(NEW LAW) One** dose of Booster shot of Tdap, DTP or DTP (for Pertussis) is **required** after child's 7th birthday. **Td does not meet this requirement.**

VACCINE	DATES (MM/DD/YYYY)				
A. TOPV/OPV or IPV (Polio)	1st ___/___/___	2nd ___/___/___	3rd-Complete if after second birthday ___/___/___	4th ___/___/___	
B. DTP/DTaP/DT/ Td (Diphtheria, Tetanus, and Pertussis)	1st ___/___/___	2nd ___/___/___	3rd-Complete if after second birthday ___/___/___	4th ___/___/___	
C. MMR (Measles, Mumps, Rubella)	1st- Complete if after first birthday ___/___/___	2nd ___/___/___			OR had disease; doctors' signature _____
D. Hepatitis B	1st ___/___/___	2nd ___/___/___	3rd ___/___/___		
E. Varicella (Chickenpox)	1st ___/___/___	2nd Required if first shot given after 13th birthday ___/___/___			OR had disease; doctors' signature _____
F. Pertussis Booster Tdap (Whooping cough)	1st After 7th birthday ___/___/___				

Signature of Physician: _____ Date: _____

Official Seal/Stamp Here



HOST FAMILY AGREEMENT

STUDENT INFORMATION:

First Name:

Last Name:

Birthdate:

I, _____, the parent/guardian of _____,
(parent/guardian name) (student name)

a student at Lutheran High School of Orange County, do hereby declare that my student has been given my permission to live with the adults stated at the bottom of this document. In addition, I declare the following statements:

- 1) I understand that the student must live in the same house with an adult over 25 years old at all times.
- 3) I understand that the student must call the host family for permission to leave school if sick.
- 4) I understand that it is my responsibility to communicate with the Host Family concerning any and all expectations and restrictions regarding my student while living in their home.
- 5) I understand that LHSOC accepts no responsibility for any such decisions made or not made between the Host Family and student.
- 6) I understand that LHSOC does not represent or endorse any home stay placement company or Host Family.
- 7) I understand that I, Parent or Guardian, must notify LHSOC of any and all changes in living arrangements before they occur.

Parent or Guardian Signature: _____ Date: _____

HOST FAMILY INFORMATION

Name: _____

Address: _____

Phone Number: _____

Email Address: _____



GUARDIAN AGREEMENT

STUDENT INFORMATION:

First name: _____ Last Name: _____
Birthdate: _____

INSTRUCTIONS:

1. The parent of an international student shall select an adult guardian, who is at least 25 years of age, who lives within a reasonable distance of Orange Lutheran (OLu) and who will agree to the responsibilities as described in this Agreement.
2. The parent is to fill in his/her portion of the Guardian Agreement and give to the Guardian for completion.
3. The Agreement must be fully completed and returned to OLu before the student may attend school.

As the biological parent of the student, I hereby authorize _____ (Guardian) to take care of and assume responsibility for my child as I would do if personally present. In the event the guardian is unable to fulfill his or her duties, I will immediately secure the services of another individual to serve as guardian. I assume responsibility to Orange Lutheran High School for any financial obligations, including medical care, reasonably and necessarily incurred on behalf of the above student while he/she is a student at OLu.

Parent Signature: _____ Date: _____

GUARDIAN RESPONSIBILITIES:

As the Guardian of _____ (student's full name), I agree to the following while the student attends OLu:

1. I assume responsibility for the student during the school year and regularly scheduled vacations from school.
2. I assume responsibility to keep in direct contact with OLu regarding conflicts, problems, or other issues that may need to be addressed.
3. I will provide OLu with a copy of my official driver's license.
4. I assume responsibility for ensuring that the student resides in my home at all times or in a host family approved by myself and/or the student's parents. (HOST FAMILY AGREEMENT FORM)
5. I agree, should the student choose to move into a new residence, to notify OLu within 48 hours of the occurrence and fill out a new Host Family Agreement Form.

GUARDIAN INFORMATION:

Name: _____ Relationship to Student: _____

Address: _____

Email Address: _____ Phone #: _____

Guardian Signature: _____ Date: _____



SEVIS F-1 TRANSFER IN REQUEST FORM

This form is to be completed by international students currently in F-1 status with an I-20 at another institution in the United States and is for the purpose of transferring the student's I-20 SEVIS record to Lutheran High School of Orange County.

PART I: To be completed by student:

Student's Last Name: _____ First Name: _____

Date of Birth: ____ / ____ / ____ Country of Birth: _____

Country of Citizenship: _____ SEVIS ID Number: _____

Address where the I-20 should be mailed:

Do you intend to travel outside the U.S. before beginning your studies at Lutheran High School of Orange County?

No

Yes Dates: From _____ to _____

If you answered yes above, will you need to apply for a renewal of your F-1 visa to return to the U.S.?

Yes No

PART II: To be completed by the Designated School Official, DSO, at the current school:

Student SEVIS ID # _____ Date: _____ / _____ / _____

School Name: _____

Address: _____

To the best of your knowledge, has the student noted above maintained lawful F-1 status according to DHS regulations and eligible for transfer? Yes No If not, why? _____

What “release date” have you and the student agreed upon for the SEVIS record to be transferred to us? (Please note that the release date should be the end of your current academic term or later.)

Release date: _____

Transfer the Student’s SEVIS record to Lutheran High School of Orange County (SEVIS Code: LOS214F01750000)

Name of International Student Advisor/P/DSO: _____

Telephone: _____ E-mail: _____ Date: _____

Signature of International Student Advisor/P/DSO _____

Please return this form to:

Emily Middleton-Hunter, DSO
International Admissions Officer
emily.middleton-hunter@lhsoc.org
Phone: (714) 998-5151 x621