



Today's Date: _____
School Year Requesting: _____

Application

This information is used to create the I-20. Please fill it out clearly and completely

STUDENT'S INFORMATION

First/given name _____ Middle _____

Last/surname(s): _____ AKA (Nickname) _____

Date of Birth: Month _____/Day _____/Year _____ Gender Female Male

Country of Birth: _____ Country of Citizenship: _____

Student's contact information while in Provo City School District

Email: _____

Cell Phone: _____ Other _____

Grade level student is seeking to enter while in the US: 9th 10th 11th 12th

School the student is seeking to enroll at: Provo High Timpview High

Length of time the student is seeking to stay: SEMESTER LONG YEAR LONG

FOR SENIORS / 12TH GRADERS ONLY

I am seeking enrollment, as a 12th grader with the intent to graduate from Provo City School District. I will be attending as a full-time student for one school year, from August to May. I will provide a translated copy of my entire/complete high school transcript(s) upon arrival, and I will meet all the requirements for a 24 credits Utah High Diploma by the end of my school year

Student's Signature

Date

PARENT'S INFORMATION - this is to who and where the I-20 will be mailed

Name(s): _____

Complete Mailing Address: _____

City _____ Province/Territory: _____

Country: _____ Postal Code: _____ Address: _____

Is the Home Address the same: Yes No? if not, please give the home address:

Email: _____

HOST PARENT INFORMATION (REQUIRED)

Name(s): _____

Relation to the student? _____

Address _____ City _____ Zip _____

Phone _____ Email: _____



STUDENT AGREEMENT

I, _____ commit myself to the following:

- To physically attend school full time, be on time, & to achieve at the level of which I am capable. (No full time Internet classes that replace the regular classes will be allowed).
- To accept and keep the requirements and standards of the school that I will attend.
- To abide by Local, State and Federal laws.
- To remain in the home and under the authority of the host family.
- I understand that any violation of these commitments may terminate my opportunity to attend at Provo School District and my student visa may be revoked, and require that I need to return home.

Student's Signature

Date

PARENT AGREEMENT

As parents of the above-named student, we agree to the following:

- That my student will be placed in a home of a responsible adult who resides in the Provo City.
- That the financial assistance necessary for the student's enrollment in Provo City School District will be provided such the non-Utah resident tuition (per capita cost), any and all school fees, and all school meals as acquired by my student.
- That the student will be returning to our custody at our expense should he/she be unable to adjust and perform in the School District, not follow school policy and rules, or violate the law.
- We have granted to the host family, through a signed Power of Attorney the legal rights to provide medical care and treatment for our student.

Parent's Signature

Date

Parent's Signature

Date

If your family/student will be working with a 3rd party (an agency and/or an acquaintance) to process the application, please fill out and sign the following:

RELEASE AUTHORIZATION

Name of the Agency and or Individual: _____

Contact Information: (phone, email) _____

I hereby authorize Provo City School District to release information in my student records. I understand that the recipient of the record(s) will use said documents(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other part or agency without my expressed written consent.

PARENT'S Signature

Date



Host Family Agreement

Dear Host Family,

Please read through the following items so that you may be familiar with the agreements signed by both the parents and the student you will soon be hosting.

Parents agree to the following:

- That my student will be placed in the home of a responsible adult who resides in the Provo City.
- That the financial assistance necessary for the student’s enrollment in Provo City School District will be provided such as all school fees & non-Utah resident tuition.
- That the student will be returning to our custody at our expense should he/she be unable to adjust and perform in the School District, not follow school policy and rules, or violate the law.
- We have granted to the host family, through a signed Power of Attorney the legal rights to provide medical care and treatment for our student.

Student commits to the following:

- To physically attend school full time, be on time, & to achieve at the level of which I am capable. (No full time Internet classes allowed).
- To accept and keep the requirements and standards of the school that I will attend.
- To abide by Local, State and Federal laws.
- To remain in the home and under the authority of the host family.
- I understand that any violation of these commitments may terminate my opportunity to attend at Provo School District and my student visa may be revoked, and require that I need to return home.

Please read through the agreement below, which discusses the Host portion, and submit it to the Student Services Office. Please keep a copy of this agreement with contact information. Should you have any questions or concerns, please feel free to contact our office Monday - Friday between 8:00 am to 5:00pm. Liz M Robles 801-370-4640/Lauren Schoenwald 801-374-4802
280 W 940 N Provo UT 84604 801-374-4838

We (I),

Sponsor(s) of _____ do hereby accept,

- The responsibility of providing a home
- Provide responsible adult control
- Provide guidance while said student is living in our home and attending the Provo City School District.
- We acknowledge that we have legal rights to provide medical care and treatment for the said student through a completed Durable Power of Attorney,
- We further agree to notify the school and parents if said student should move out of our home,
- We agree to notify the school and parents if the student fails to keep the standards of home and/or, fail to attend school, fail to comply with school, or violate State and/or Federal requirements.
- We agree to the payment of any and all school fees related to the above-mentioned student if not covered by the student’s family through a completed Durable Power of Attorney.
- We agree to assist the school and the student in achieving a successful school experience.
- We agree to do the withdrawal process at the school of enrollment upon completion of the program or early termination of the stay of the student.

Host Parent Signature

Date

Host Parent Signature

Date

DURABLE POWER OF ATTORNEY (Under U.C.A. § 53A-2-201) (Complete all the parts in red)

The undersigned Grantor(s) is the custodial parent(s) or legal guardian(s) of

(Name of the student) _____
a minor child ("student"). Pursuant to Subsection 53A-2-201 (3), Utah Code 1995, Grantor(s) hereby designates

(Host parents' name(s)) _____,

living at (complete US address) _____

as the Custodian(s) of the Student, and grants to said Custodian(s) a Durable Power of Attorney with full authority to take any appropriate action in the interest of the Student, including authorization for education or medical services. Such action shall have the same force and effect, and shall bind the undersigned Grantor(s), their heirs and assigns, to the same degree as would have been the case had the action been taken by the Grantor(s).

Grantor(s) agrees to assume full responsibility for payment of any fees or other charges relating to the Student's education in Provo City School District. The Durable Power of Attorney shall not be affected by the disability of the principal and shall remain in effect until the earliest of the following:

- a. The Student reaches the age of 18, marries, or is emancipated;
- b. The following date: _____;
- c. This Durable Power of Attorney is revoked or rendered inoperative by the Grantor(s), the Custodian(s), or a court of law.

THIS POWER OF ATTORNEY DOES NOT CONFER LEGAL GUARDIANSHIP

GRANTOR (S) - PARENT(S):

SIGNATURE (parent)

SIGNATURE (parent)

State of _____
County of _____

On this _____ day, 20____, personally appeared before me _____
notary public, personally appeared

_____ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she/they signed it voluntary for its stated purpose.

NOTARY PUBLIC _____
MY COMMISSION EXPIRES _____

=====
CUSTODIAN(S)- HOST FAMILY:

The undersigned, whose relationship to the Student is, _____ accepts the designation as

Custodian(s) of Student: _____

and agrees to take all action necessary for the health and welfare of the student, including authorization for educational or medical services and full cooperation with the public school district where the Student may be enrolled. The undersigned also agrees to assume responsibility for any fees or other charges relating to the Student's education in the district and, if application is made for fee waivers, will provide all financial information requested by the district for purposes of determining eligibility for fee waivers.

SIGNATURE (host parent)

SIGNATURE (host parent)

State of _____
County of _____

On this _____ day, 20____, personally appeared before me _____
notary public, personally appeared

_____ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she/they signed it voluntary for its stated purpose.

NOTARY PUBLIC _____
MY COMMISSION EXPIRES _____