

LIMA CENTRAL CATHOLIC

#LeadServeExcel
720 S. Cable Road
Lima, Ohio 45805
2016-2017



INTERNATIONAL STUDENT GUIDE

Welcome to International Student Admissions at Lima Central Catholic (LCC)! Applying to our school as an international student is easy. We are here to assist you with your application and we will do our best to make it a pleasant experience for you. We look forward to meeting each new student.

Please remember that all documents submitted must be in English or accompanied by a certified English translation and should be clearly legible. All documents must be submitted to the School Admissions Director. Documents should not be sent via facsimile; school must receive original documents.

Please read very carefully!

Know the English Language

International students should have the ability to function in a classroom where instruction is provided only in English.

English as a Second Language (ESL)

At this time LCC does not offer any ESL classes

Record of Your Grades or Marks

Student must have a minimum Grade Point Average (GPA) of 2.0 to be considered for enrollment. Record of your grades or marks from most recent report card and last year's report card must be submitted in English or accompanied by a certified English translation.

Immunization Record

An updated immunization record must be submitted with application. Student must also submit results from a current tuberculosis test.

Tuition and Fees

Arrangements for tuition and fees must be made on or before the student's first day of school. The total fees are \$18965 which includes tuition, host fees, coordinator fees, school fees and fundraising fees (which can be reimbursed).

School Uniforms

Uniforms may be purchased through **Lion's Clothing**. The uniform store is in Delphos, Ohio. Host parents will take students to purchase uniforms and students are expected to pay for their uniform. Uniform is not available to purchase from LCC. Student must be in uniform by the end the first week of school.

HOW TO APPLY FOR ADMISSIONS *Only completed applications will be reviewed.*

SLEP Placement Test (Middle and High School Students only) SLEP Placement Test (Secondary Level English Proficiency)

All international *middle* and *high school* students are required to take the SLEP Placement Test in his/her own country and results must be sent to LCC. Results must be translated in English.

Required Documents for International Admissions To be considered for admission to LCC, the following documents are required: International Student Application for Enrollment with attached documents, record of your grades/marks from high school, immunization record, copy of passport with picture, SLEP Placement Test score, and application fee. **All required documents must be received by the school before application will be reviewed.**

School Acceptance and the I-20

When the Admissions Office receives all of the required documents, your application file will be evaluated for admission. If you are admitted to Lima Central Catholic, you will receive an admission letter. F1 Visa students will receive an I-20 form with the admission letter. Processing the request for the I-20 could take up to 14 days. The Diocese's fees for an I-20 is \$1000.

All documents must be in English or accompanied by a certified English translation and should be clearly legible. All documents must be submitted to the School Admissions Director.

ONLY COMPLETED APPLICATIONS WILL BE REVIEWED.

Use the checklist below to help with the enrollment process. **Steps to Take Before the Student Leaves His/Her Country**

- High School students: Make arrangements to take SLEP Placement Test.
- Student has taken the SLEP test in own country and results have been sent to LCC.
- Mail LCC International Admission Application with all required documents and fee (do not fax):
 - Record of your Grades or Marks
 - Immunization Card
 - Student Profile
 - Personal Reference
 - Academic Reference
 - Copy of Passport
 - \$250 Application Fee (non-refundable). This fee will go towards tuition when student is accepted.
- Student has received an acceptance letter with I-20.

Once Student Arrives In Ohio

- Important!** Call the School Admissions Director immediately to inform that the student has arrived in Ohio.
- An appointment will be made for the student to take assessment tests, if needed. An appointment will not be scheduled unless the student is in Ohio.
- An appointment may be made for the student to meet with the School Principal.
- An appointment will be made for the upper grade student to meet with the Academic Counselor. A class schedule will be issued.
- Student must be dressed in School Uniform on first day of school.

Guardian

- Guardian must complete Finals Form (online) and complete any other required documents to complete the student's enrollment process.
- If the student is interested in joining an athletic team, please let the School Admissions Director know.
 - Because we are a member of the OHSAA: students from countries and provinces outside the United States are ineligible for interscholastic athletics. Unless they are part of an approved foreign exchange program contained in the Advisory List of International Educational Travel and Exchange Programs published by the Council of Standards for International Educational Travel. Students are eligible for a maximum of one school year.
- You may be asked to attend an International Student Orientation Meeting.

If you have any questions, please contact us by email: tthompson@apps.lcchs.edu

Or by telephone: 419.204.7001
Monday – Friday, Eastern 9:00 a.m. – 3:30 p.m.

All Documents can be sent to:
Lima Central Catholic HS
Attn: Mrs Trudy Thompson
Foreign Exchange Coordinator
720 S. Cable Rd
Lima, Ohio 45805
USA



Lima Central Catholic 2016-2017 International Student Admission Application

720 S. Cable Rd Lima, Ohio 45805

Today's Date _____

___ Full Academic Year ___ One Semester Only

Entry Date: ___ August 2016 ___ January 2017

Will student be returning for the next academic school year: 2017-2018 ___ Yes ___ No

I-20 Needed ___ Yes ___ No I-20 Transfer Needed ___ Yes ___ No (Submit copy)

Submit \$250 Application Fee with this application (non-refundable).

Make check payable to: Lima Central Catholic High School

School will not accept application and documents via facsimile (fax). Mail originals.

Submission of application does not constitute school acceptance.

Place Student
Passport Photo

Here

PLEASE PRINT

Student Last Name _____ **First Name** _____

American First Name (optional) _____

Street Address _____

Postal Code: _____ City: _____ State _____

Country: _____ Telephone: _____

(Country Code City Code Home Number)

Student Email Address: _____

Date of Birth: ___/___/___ Age: _____ Gender: F M Nationality: _____

Student understands that he/she must speak English at all times at Lima Central Catholic? ___ Yes ___ No

In the past, has the student studied the United States? ___ No ___ Yes If yes, where _____

What grade level is student currently attending? _____ Country of Citizenship: _____

Is student in good standing at current school? ___ Yes ___ No If no, please explain _____

Name of current school _____

Has the student ever repeated/skipped a grade? ___ Yes ___ No If yes, what grade? _____

Has the student used any illegal drugs, alcohol, or tobacco? ___ Yes ___ No

If yes, please explain _____

Does the student have any medical conditions? ___ Yes ___ No If yes, please explain: _____

Does the student request an American Diploma this year or in future years? ___ Yes ___ No If yes, a follow-up meeting will need to be scheduled with guidance and registration

How did you hear about Lima Catholic High School? _____

Grade applying for at LCC: 9th ___ 10th ___ 11th ___ 12th ___

Father's Last Name: _____ **First Name:** _____

Street Address: _____

Postal Code: _____ City: _____ State: _____

Telephone: _____ Occupation: _____
(Country Code City Code Home Number)

Mother's Last Name: _____ **First Name:** _____

Address same as father

Street Address: _____

Postal Code: _____ City: _____ State: _____

Telephone: _____ Occupation: _____
(Country Code City Code Home Number)

Father Signature _____ Date _____

Mother Signature _____ Date _____

AGENCY/AGENT (if applicable)

Agency Name _____

Agent Name _____

Phone Number (_____) _____ Email _____

HOST FAMILY (family student will be living with in Ohio)

Student needs LCC to assist finding a host family. (LCC hosting fees are \$1,000/month)

*Host families do have background checks and are good citizens of the LCC community

Host Family (leave this section blank if you need LCC to find a host family)

Father _____ Mother _____

Address _____ City _____ Zip _____

Home Phone _____

Father Work Phone _____ Cell Phone _____

Mother Work Phone _____ Cell Phone _____

Host Parent Email Address that is checked frequently: _____

Name of church host family attends _____

Who should be receiving student's progress reports, report cards, and other mailings? _____

Foreign languages student has studied?

1. _____ Years Studied _____

2. _____ Years Studied _____

3. _____ Years Studied _____

Please check all that apply. If a student cannot read, write or understand English at a high level, they will struggle in their classes.

____ Student cannot read English.

____ Student cannot speak English.

____ Student does not understand English when spoken to.

____ Student reads a little English.

____ Student speaks a little English.

____ Student understands a few words in English when spoken to.

____ Student reads English very well.

____ Student speaks English very well.

____ Student understands English very well when spoken to.

____ Student is fluent in reading, speaking, and understanding English.

____ English comes very natural to the student. Student thinks in English.

Comments:

Please attach a current picture here
and at least 2 current photos of you and your family.

Student: Please tell us, in English, why you want to attend school in the United States of America: (to be written by student only)

1. **Attach letter from Parents to host family:** (describe your child's personality and interest, expectations and relationships. We ask that you be very honest in your letter, and comment on your child's strength and weaknesses.)
2. **Attach hand written letter from student to host family:** (Include comments about your hopes and expectations for your stay. Describe how you will share your culture. Tell us about your natural family as well as your personality, hobbies, and interests.)



PARENT AGREEMENT

ACKNOWLEDGEMENT OF ELIGIBILITY

Lima Central Catholic – International Students

Please read the following agreement carefully. Your signature(s) indicates that you agree with the terms.

1. I have investigated and reviewed the program at Lima Central Catholic (hereafter referred to as LCC). I agree with the vision, goals, discipline, uniform dress code, curriculum, and program as a whole.
2. I am aware that LCC is a Christian Schools, teaching Jesus Christ as Lord and Savior.
3. I understand that LCC does not tolerate obscenity, profanity, defamation of God's Word, disrespect toward staff members, fellow students or continual disregard of school policies.
4. There are times when it's necessary for teachers or administration to provide discipline, for the student and the entire school, and as such I support the policies and regulations of LCC. I recognize these policies and regulations may change from time to time to meet the needs of the school's purpose and mission.
5. I agree that if for any reason my child does not respond to the school environment or policies, I will do all I can to reinforce it. If, after nine weeks, the student is not responding favorably, I will remove the student from TCS. No refunds.
6. **I understand that damage to school property by a student including, but not limited to, text books, school facilities, desks, chairs and equipment will be repaired or replaced at a cost to the parent.**
Parent initials _____
7. **I am aware that the school does not provide student medical insurance and that it is the parent's responsibility. I understand that LCC is not responsible financially in any way for this student.** Parent initials _____
8. **I will fulfill my financial commitment to pay Enrollment Fees.** Parent initials _____
9. **I agree to pay the tuition assessed by LCC at the rates in effect prior to the student's first day of school.**
Parent initials _____
10. I will execute and deliver to LCC, at its request any and all documentation necessary or convenient for LCC to obtain from any school, academy, institute, or other educational institute and any and all information, data, records, documentation, or other materials relating in any way to my child's current or previous education.
11. LCC may capture, photograph, record, video, take, use, reuse, publish and republish my child's appearance, likeness, depiction, voice, or form, by means of photographic equipment, portraits, videos, DVD, CD-ROM, audio recording, computers, and any other techniques, or media, and to publish, republish, use or reuse any printed matter in conjunction therewith (collectively, the "Works"). My child and I irrevocably disclaim any right whatsoever we might have or claim to have to the copyright in the Works. My child and I irrevocable assign any rights whatsoever we may have in the Works to LCC in perpetuity.
12. I understand that LCC has a Uniform Dress Code and the student shall abide by this dress code at all times.
13. I understand that all International students must speak English only while on school campus and during any school activities on or off campus.
14. I understand that all International students must dine and interact with English-speaking students while at school.
15. I understand that once the academic year ends, the student's I-20 status terminates unless student has re-enrolled at LCC.
16. I understand that LCC does not employ a nurse or doctor.
17. Early Withdrawal Policy: If a student is withdrawn from LCC voluntarily after the start of the semester, parents are responsible to pay for tuition through the end of the current semester. Refunds will not be given for that semester.
18. I pledge and agree to statements one through seventeen above. Failure of parents or children to comply with the above commitments will forfeit the student's privilege of attendance.

I verify that my child is transferring from _____, _____
(Name of School) (City)

Father/Legal Guardian Signature _____ Date _____

Printed Name _____

Mother/Legal Guardian Signature _____ Date _____

Printed Name _____



INTERNATIONAL STUDENT PROFILE

Lima Central Catholic High School

Help us get to know you!

To be completed by students entering grades 9 – 12 in his/her own handwriting.

Please Print

First Name _____ Last Name _____

American First Name (optional) _____

How would you describe your relationship with your parents: Excellent Good Fair Poor

List three words that best describe yourself: _____

What is your favorite movie? _____

What is your favorite book? _____

What is your favorite website? _____

Who are your heroes? _____

During free time, what is your favorite thing to do? _____

Who do you admire? _____ Why? _____

Tell us about your best friends, what are they like? _____

List your pets and their names _____

List some of your talents _____

What is your favorite subject in school? _____ Why? _____

What subject is your least favorite? _____ Why? _____

Describe what you like most about your favorite teacher _____

Have you, for any reason, been in trouble with school authorities or the police? Yes No

•If yes, explain: _____

Student Profile continued...

Have you ever had difficulty with teachers or students in a previous school? Yes No ·

•If yes, explain: _____

Have you ever been expelled or suspended from school? Yes No ·

•If yes, explain: _____

Do you plan to attend college in the United States? Yes No Not Sure ·

•If yes, what college? _____

➤ Major _____

•If no, what are your plans after you graduate?

Do you attend church? ___ Yes ___ No If yes, name of your church _____

What religion are you? _____

*Check any activity in which you participate in your home country
(check at least 3).*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> American football | <input type="checkbox"/> Art/Painting | <input type="checkbox"/> Arts & Craft | <input type="checkbox"/> Backpacking |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Biking | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Church activities | <input type="checkbox"/> Community work | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Fishing | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> History | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Martial arts |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Museums | <input type="checkbox"/> Music | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Picnics | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Raising Animals | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Riding Horses | <input type="checkbox"/> Sailing/boating | <input type="checkbox"/> School activities | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Snow sports | <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Table tennis | <input type="checkbox"/> Tennis | <input type="checkbox"/> Theater | <input type="checkbox"/> Track and Field |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Visiting relatives | <input type="checkbox"/> Walking | <input type="checkbox"/> Watching TV |
| <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Writing |

Other:

Please list any other specific interests, hobbies and activities and any awards or commendations:

Do you Play in a band?

Yes No

Do you play in an orchestra?

Yes No

If yes, what instrument(s)?

Do you participate in any competitive sports?

Yes No

If yes, what sport(s)?

How often do you attend church?

Are you active in any church groups?

Would you be willing to attend church with your host family?

Yes No

Do you smoke?

Yes No

For your information: The purchase and/or smoking of cigarettes for persons under age 18 is illegal in most parts of the USA. LCC has rules prohibiting the use of alcohol and tobacco which must be followed by the student.

Are you allergic to animals?

Yes No

If yes, what animals?

If you are allergic, is your allergy controlled by medications?

Yes No

Are you allergic to medications?

Yes No

If yes, what medication?

How many years have you studied English?

List the chores for which you are responsible at home:

Should you be accepted into Lima Central Catholic, will you promise to abide by the rules and expectations of the school and to use your influence to protect the reputation of Jesus Christ and this school? Yes No

I understand that I am required to speak English at all times at LCC and while attending school related events such as sports games, etc.

Student Signature _____ Date _____

Printed Name _____

Address to Mail the I-20

Name: _____

Street Address: _____

Postal Code: _____ City: _____ State: _____

AUTHORIZATION TO TREAT A MINOR

I, (We) the undersigned parent(s), or legal guardian of: _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of and acute general hospital holding a current license to operate a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician is the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. The insured allows release of any medical records from the insurance company directly to his/her exchange organization for the purpose of evaluation and/or claim payment. Furthermore, we (parents/guardian) want to assure you that we will reimburse any expenditures not covered by the accident and sickness insurance policy of the exchange organization.

List any Restrictions:

Allergies to Drugs or Foods:

List any Medications:

Special medications or pertinent information:

Family Physician: _____

Address: _____ City: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ City: _____ Country: _____

Telephone where Parent/Guardian may be reached:

Home: _____ Business: _____

POWER OF ATTORNEY

I/We, _____, the parent(s) of _____, ("my Children") hereby appoint _____ jointly or individually my attorney-in-fact to act on my behalf with respect to the medical treatment, care and maintenance of my Children. Either shall have full power and authority to perform the following acts:

1. To consent to the administration of medications, drugs, therapy, and other noninvasive procedures as prescribed by a licensed physician;
2. To consent to the administration of diagnostic tests and procedures as prescribed by a licensed physician;
3. To consent to the administration of invasive procedures including but not limited to surgery, intravenous nutrition and hydration, and any other such procedure as prescribed and performed by a licensed physician;
4. To admit my Children into any acute care or other appropriate facility for medical treatment, care and maintenance as my attorney-in-fact shall choose in my attorney-in-fact's absolute discretion.
5. To hold the same powers and authority as I have under the law with respect to my rights regarding the use and disclosure of individually identifiable health information or other medical records of my children. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFE 160-164.

My attorney-in-fact shall have full power and authority to perform every act, deed, matter and thing whatsoever regarding the medical treatment, care and maintenance of my Children as fully as I could do on my own behalf if personally present.

Dated: _____

Signature(s): _____

Health insurance company: _____

Parent insured: _____

Contract/identification number: _____

Child's physician name, address, telephone: _____

Child's dentist name, address, telephone: _____

POA will most likely be the host parent

PERSONAL REFERENCE

Lima Central Catholic HS - International

Name of Student _____

Today's Date _____

TO BE COMPLETED BY A: Friend of the Family, Church Teacher, Sports Coach, Boy/Girl Scout Troop Leader, Martial Arts Trainer, etc.

The student named above is a candidate for enrollment at Lima Central Catholic High School in Lima, Ohio. We would appreciate your evaluation of this student. *Your comments will be held in confidence. Your input and rapid response are appreciated, as further enrollment consideration cannot proceed until this information is available.*

How long have you known the applicant? _____

Please use the following space to describe the student and your relationship with him/her (continue on the back of this form if needed):

What is your relationship to this student _____

Signature: _____ Date: _____

Printed Name: _____

ACADEMIC REFERENCE



Lima Central Catholic High School - International Students

Name of Student _____

Today's Date _____

TO BE COMPLETED BY SCHOOL ADMINISTRATOR, COUNSELOR, OR TEACHER. The student named above is a candidate for enrollment to Lima Central Catholic in Lima, Ohio. We would appreciate your evaluation (in English) of the student. *Your comments will be held in confidence. Your input and rapid response are appreciated, as further enrollment consideration cannot proceed until this information is available.*

How long have you known the applicant? _____

Please comment on the applicant's noteworthy interests, talents, and abilities _____

In your opinion, what three words describe this applicant best? _____

From your observations, did the applicant support the values of your school? Yes No

Please rate this applicant in the following areas:

	Outstanding	Excellent	Average	Below Average	Poor	Insufficient Evidence
Reading						
Writing						
Math						
Study Habits						
Achievement						
Originality						
Integrity						
Self-Discipline						
Perseverance						
Concern for Others						
Reaction to Criticism						
Respect for Faculty						
Tolerance of Others						
Common Sense						
Energy						
Imagination						
Leadership						
Peer Compatibility						
Sense of Humor						
Self-Esteem						

Academic Reference continued...

Please describe anything unusual or exceptional about this student that you feel deserves special consideration:

Please provide your overall recommendation regarding the student's qualifications for admission to Lima Central Catholic by checking one of the following:

RECOMMENDATION: With Enthusiasm With Confidence With Reservations (explain below)

Your Name (Print) _____

Position/Title _____

School Name _____

School Address _____ City _____ State _____ Zip _____

School Phone Number _____

Signature _____ Date _____