



**Foreign Student Admissions Office  
I-20 Packet Checklist**

- Completed and signed MVUSD Application for I-20 (3 pages)
- Authorization for Adult to Act as Custodial Parent - MUST BE NOTARIZED
- Copy of Student Birth Certificate - TRANSLATED INTO ENGLISH
- Copy of Student Passport
- Student Transcripts or Record of Courses Taken - TRANSLATED INTO ENGLISH
- Administrative Recommendation - COMPLETED, SIGNED AND STAMPED BY SCHOOL ADMINISTRATOR
- Copy of Host Guardian Identification - Driver's License or Passport
- Student's Report of Health Examination - TRANSLATED INTO ENGLISH
- Wire transfer Payable to MVUSD (see page 9)
- Student's Immunization Record - Including Pertussis\* - **Required prior to school admission**
- Submit all forms listed above electronically to [foreignexchange@murrieta.k12.ca.us](mailto:foreignexchange@murrieta.k12.ca.us)
- Print all forms listed above and mail to address listed below

**The I-20 Form Will NOT be issued unless ALL requirements are met.  
NO EXCEPTIONS**



# Murrieta Valley Unified School District

## I-20 Application

**STUDENT INFORMATION**

DATE OF APPLICATION:

Student Surname (Last Name)

First/Given Name

Middle Name

Date of Birth

Sex

Country of Birth

Country of Citizenship

Parent/Guardian Last Name, First Name

Relationship to student

Address

Correspondence Address if different from residence

City, Province

City, Province

Country, Postal Code

Country, Postal Code

Student Email

Estimated Date of Entry to U.S.A.

Last School Attended

Location of School

For student: Please briefly explain your reason for wanting to attend school in Murrieta.

Is Student Proficient in English (required)

 YES NO

Has the student completed a high school program or equivalent?

 YES NO

Does this student have any special physical or academic needs?

 YES NO



## HOST GUARDIAN AND OTHER GUARDIAN CONTACT INFORMATION

Host Guardian Last Name, First Name

Other Guardian Last Name, First Name

Home Address Apt. No.

Home Address

City, State, Zip code

City, State, Zip Code

Home Telephone Phone

Cell or Work Phone

Home Telephone Phone

Cell or Work Phone

### SCHOOL INFORMATION

Prospective Host Guardian's School of Residence:

Requested School of Enrollment:

Grade Level Requested  9  10  11  12

(Note: Grade will be determined by age and transcript review)

Prospective School Start Date:

Prospective School End Date:

#### **Person Completing this Form - Required**

Last Name, First Name

Agency Name or Relation to Student

Address

City, State, Zip

Phone Number

Email Address

#### **Agency or Person Securing Host Guardian**

Last Name, First Name of Representative

Agency Name

Address

City, State, Zip

Phone Number

Email Address

**AFFIDAVIT OF UNDERSTANDING - MUST BE SIGNED BY PARENTS AND HOST GUARDIANS**

The student must live with the host guardian identified by the parent on the Authorization to Act as Custodial Parent form at the address identified on this application. This guardian must live within the boundaries of the MVUSD and the student must attend a MVUSD school. The prospective host guardian is willing to receive, maintain and support the student named above and has assured the U.S. government that the student will not become a public charge in United States. Any prospective change of guardian or student residence must be reported immediately to the Foreign Student Admissions Office. These changes may require additional documentation or result in loss of school placement or termination of SEVIS status.

Attendance to public school grades 9-12 in the United States by F-1 students is limited to twelve months aggregate. Student must be attending school full time. A high school diploma is NOT guaranteed and is dependent on the units accepted from the transcript evaluation completed at the high school of attendance and the completion of all graduation requirements within the student's term of study as determined by school officials.

If the student fails to abide by the laws pertaining to F-1 student attendance, the student's status in the SEVIS system may be changed or terminated. Students/guardians must consult with the Foreign Student Admissions Office Designated School Official (DSO) under the following conditions:

- \* Prior to dropping below a full course of study for any reason
- \* Report any address changes within 10 days of the change
- \* Report any change in sources of financial support
- \* Report any change in program of study or academic status
- \* Notify the DSO prior to traveling outside of the United States and receive a new I-20
- \* Notify the DSO upon applying for change of nonimmigrant status
- \* Notify the DSO if they intend to transfer to another program

I have received a copy of and understand the F-1 Foreign Student Admission Information, including the tuition, and refund policy. I understand that tuition will NOT be refunded for any semester (full or partial). If the student transfers after the first semester without attending any day of the second semester, the tuition amount for the second semester will be refunded, less the cost of a \$500 processing fee. If the student attends one day of the second semester, the tuition will not be refunded.

The tuition will only be refunded to the person or agency that submitted the wire transfer. This person must complete the Request for Refund Form.

I certify under penalty of perjury under the laws of California that the information above is true and correct.

Print Parent Name

Print Parent Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

Print Prospective Host Guardian Name

Print Prospective Other Guardian Name/Agency

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date



**MURRIETA VALLEY UNIFIED SCHOOL DISTRICT  
FOREIGN STUDENT ADMISSIONS  
AUTHORIZATION FOR ADULT TO ACT AS GUARDIAN**

I, (We) \_\_\_\_\_ and/or \_\_\_\_\_  
Name of Legal Parent/Guardian Name of Legal Parent/Guardian

do hereby state that I am (we are) the natural or legal parents/guardians of \_\_\_\_\_  
Name of Student

a minor, age \_\_\_\_\_, born on \_\_\_\_\_ . I (We) authorize \_\_\_\_\_  
Date Host Guardian Name

and \_\_\_\_\_ to act on my (our) behalf in all educational decisions and  
Additional Host Guardian/Agency Name

matters, including, but not limited to registration and enrollment, authorizing absences, field trips, acknowledging notifications and signing other authorizations including, but not limited to, medical decisions and treatment in accordance with provisions of California Education Code 49407 and/or 49409. I have read and understand the Foreign Student Information including the tuition, processing fees and refund policy. I certify under penalty of perjury under the laws of California that the above information is true and correct.

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_ **at** \_\_\_\_\_ .  
Number Month Year Location of Signing

\_\_\_\_\_  
 Print Legal Parent/Guardian Name Print Legal Parent/Guardian Name

\_\_\_\_\_  
 Signature Signature

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS DOCUMENT MUST BE OFFICALLY NOTARIZED**

## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school **will** keep and maintain it as confidential information.

### PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME - Last, First, Middle ; BIRTH DATE - Month/Day/Year

ADDRESS - Number, Street ; City ; ZIP code SCHOOL

### PART II TO BE FILLED OUT BY HEALTH EXAMINER

#### HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audio metric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

#### IMMUNIZATION RECORD

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.

**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
<b>POLIO</b> (OPV or IPV)					
<b>DtaPDTd</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
<b>MMR</b> (measles, mumps, and rubella)					
<b>HIB MENINGITIS</b> (Haemophilus Influenzae B) (Required for child care/preschool only)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (Chickenpox)					
OTHER					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

#### RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: */please explain*

### and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you *do not* want the health examiner to fill out Part III.

\_\_\_\_\_  
Signature of parent or guardian Date

Name, address, and telephone number of health examiner

\_\_\_\_\_  
Signature of health examiner Date

**If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHOP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 BJ found at your child's school.**

## **Do all students need the pertussis (Tdap) to enroll in school?**

Pertussis (Whooping cough) was widespread in California in 2010.

Assembly Bill 354, now chaptered into California law, requires students to be immunized against pertussis.

Effective July 1, 2012, all students entering or advancing to 7th - 12 grade will be required to show evidence of receipt of a Tdap vaccine on or after their 10th birthday.

Students not meeting these immunization requirements may not attend school after the effective dates noted above.



# ADMINISTRATIVE RECOMMENDATION For Incoming F-1 or J-1 Visa Students

Student Last Name:		First Name:		Middle Name:	
Date of Birth:		Grade Requested:			
Host Guardian Address:		City:		Zip:	
Host Guardian Phone:		Is address in MVUSD:		Is student proficient in English:	
Does student have any special needs?		Visa Type:			

**Guardian:**

Thank you for submitting an application for your foreign student to attend a school within the Murrieta Valley Unified School District. The recommendation of the MVUSD school administrator is required as part of your application. **Please take this form along with all of the documents listed on the Foreign Student Admissions Office F-1 or J-1 Packet Checklist to the requested school.** If this school is not your school of residence, then the Intra-district Permit Application will need to be approved by your school of residence and the requested school.

Return this signed form as part of your complete I-20 Application Packet to the Foreign Student Admissions Office.

**Administrator: Please complete ALL sections below:**

Please review this student's records. Your recommendation below will be a factor among those considered in the application process **Do not enroll this student until officially notified by the Foreign Student Admissions Office.**

MVUSD School Name:

Name MVUSD Administrator:  Title:

Signature of MVUSD Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation of the school administrator:

**Recommended** I understand the student will attend this school from \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

**Not Recommended** Reason: \_\_\_\_\_

School Stamp Required Here





**TUITION AND REFUND POLICY FOR F-1 VISA STUDENTS**

- A. Federal law requires that all foreign students using any F Student Visa must pay the full unsubsidized cost of tuition. The amount of tuition is determined annually and covers the duration of the traditional school year. Programs and services offered outside of the general school semesters and academic program will be priced accordingly.
- B. The entire cost of tuition and any associated fees must be paid via wire transfer payable to MVUSD prior to the issuance of an I-20. Fee schedule as follows:
  - \$ 500 Processing fee
  - \$14,000 full year tuition fee
  - \$ 7,000 one semester tuition fee
- C. The MVUSD processing fee of \$500.00 is not refundable.
- D. If a student is unable to attain the F-1 Visa, the full amount of the tuition will be refunded. If the student enters the country using the F-1 Visa, then fails to enroll, terminates or transfers from the MVUSD prior to the end of the stated term of attendance, tuition will not be refunded for the current semester.
- E. If the student transfer after the first semester without attending any day of the second semester, the tuition amount for the second semester will be refunded, less the cost of a \$500 processing fee. If the student attends one day of the second semester, the tuition will not be refunded.
- F. The tuition will only be refunded to the person or agency that completed the wire transfer. This person must complete the Request for Refund Form and have a valid MVUSD vendor ID. The refund will be sent to the address on the vendor application.

I have received a copy of and understand the F-1 Foreign Student admission Information and have read and understand the above tuition, processing fee and refund policy.

\_\_\_\_\_

Print Guardian Name

\_\_\_\_\_

Sign DSO Name

\_\_\_\_\_

Date

**RECEIPT FOR TUITION AND FEES PAID** on behalf of \_\_\_\_\_  
(Student's Name)

The MVUSD Foreign Student Admissions Office acknowledges receipt of the following Wire transfer in the amount of \$\_\_\_\_\_ which includes the one time non-refundable processing fee of \$500 .

Received this \_\_\_\_\_ from \_\_\_\_\_ (Date)  
(Person or Agency)

\_\_\_\_\_

Print DSO Name

\_\_\_\_\_

Sign DSO Name

\_\_\_\_\_

Date

\_\_\_\_\_

Print Business Services Representative

\_\_\_\_\_

Signature

\_\_\_\_\_

Date