

Name of Applicant _____
Home City _____ Country _____
Sex: Male _____ Female _____
Applying for School Year 20__-20__
Applying for Grade __9 __10 __11 __12
Referred by: _____

INTERNATIONAL STUDENT APPLICATION FOR ADMISSION

WISCONSIN VALLEY LUTHERAN HIGH SCHOOL

601 Maple Ridge Road
Mosinee, WI 54455
P. 715-693-2693 * Fax. 715-693-5962 * www.wvlhs.org



Instructions for applying:

1. Complete this form by supplying all information. Application to WVLHS will not be considered complete until all required materials are submitted. Please refer to Admission Requirements page for documentation required, as well as Opportunities page for financial requirements.
2. Send completed form and all required material electronically to Administrator, Mr. David Beringer, at dberinger@wvlhs.org or mail to:
WI Valley Lutheran High School
International Admissions
601 Maple Ridge Road
Mosinee, WI 54455 USA

Date application received by WVLHS _____
Non-refundable application fee included _____

Year applying for: 20__-20__
Applying for Grade: __9__10__11__12

Attach Recent
Photo Here

Applicant's Name

Family Name (in English) _____

Family Name (in native language) _____

First Name (in English) _____

First Name (in native language) _____

Address

(in English) _____

Address

(in native language) _____

English Name (if any) _____

Home Telephone Number _____

Email _____

Date of Birth ____/____/____
MM DD YYYY

Country of Birth _____

Country(ies) of Citizenship _____

Nationality _____

Language(s) spoken _____

Religion _____

Sex: Male__ Female__

Passport Number _____

Type of Visa held (if any) _____

Applicant's current school _____

School Address _____

Telephone Number _____

Date Entered _____

Month Year

Is School Public? ___ Private? ___

Father's Name (in English) _____

(in native language) _____

Address (if different from the applicant's) _____

Home Telephone _____

Mobile Telephone _____

Occupation and Title _____

Company Name _____

Mother's Name (in English) _____

(in native language) _____

Address (if different from the applicant's) _____

Home Telephone _____

Mobile Telephone _____

Occupation and Title _____

Company Name _____

Preferred email address for contacting parents: _____

Preferred FAX number for contacting parents: _____

STUDENT'S LIFE

1. Tell about your family: sisters, brothers, grandparents, etc. _____

2. Which subjects are of greatest interest to you? _____

3. What are your favorite activities or interests outside of school? _____

4. Of the qualities you possess, which one would you like people to admire most? Why?

5. What do others appreciate most about you? _____

6. Have you taken the Secondary Level English Proficiency (SLEP) test? Yes ___ No ___

If Yes: Date Taken: _____ Score: _____

Have you taken a TOEFL test? Yes ___ No ___

If yes: Date Taken: _____ Score: _____

7. List two or three things you hope to gain from studying in our school _____

8. Realizing you may change your mind, what do you see yourself doing when you finish your education? _____

9. To whom should correspondence (grade reports, communications, etc.) be sent?

_____ Parents—address listed on page 1.

_____ Other—list information on page 3.

Other contact:

Name of Agency _____

Contact Person at Agency _____

Mailing Address _____

Phone: _____ Fax: _____

Email: _____

List any allergies the student has to food, animals, medicines, etc. _____

12. Do you need a host family? Yes _____ No _____

13. Attach a photo of you and family or friends below.

CONFIDENTIAL
PRINCIPAL OR COUNSELOR RECOMMENDATION

_____ is a candidate for admission to Wisconsin Valley Lutheran High School in the United States. The admissions committee would like your evaluation of this student and any observations you think might be helpful. Please answer in English. Thank you for your time and cooperation.

1. How long have you known this student? _____

2. In what level or range academically does the student fall compared to the other students at your school?
Bottom 10% ___ 10-25% ___ 25-50% ___ 50-75% ___ 75-90% ___ Top 10% ___

3. What do you perceive as the student's strengths?

4. To your knowledge, has the applicant ever been suspended, dismissed, or involved in any serious disciplinary action?

5. Are you aware of any areas in which the student may need assistance: academic or social?

6. Additional comments that will assist in our admissions decision.

7. Please check one of the following:
 I recommend the applicant.
 I recommend the applicant with reservation for the following reasons:
 I do not recommend the applicant for the following reasons:

Signature of school principal/counselor

School

Address

Phone

Fax

Date

Please send to: WI Valley Lutheran High School
International Admissions
601 Maple Ridge Road
Mosinee, WI 54455 U.S.A.

CONFIDENTIAL
TEACHER/ADVISOR/CLASS MASTER RECOMMENDATION

_____ is a candidate for admission to Wisconsin Valley Lutheran High School in the United States. The admission committee would like evaluation of this student and any observations you think might be helpful. Please answer in English. Thank you for your time and cooperation.

Number of years the student has studied English: ____

Please rate the applicant in the following areas:

| | | | |
|------------------------|-----------|----------------------------------|-----------|
| Work ethics/motivation | 1 2 3 4 5 | Relationships with peers | 1 2 3 4 5 |
| Honesty and integrity | 1 2 3 4 5 | Cooperation with adults | 1 2 3 4 5 |
| Maturity | 1 2 3 4 5 | Reactions to suggestions/asdvice | 1 2 3 4 5 |
| Responsibility | 1 2 3 4 5 | Reactions to criticism | 1 2 3 4 5 |
| Concern for others | 1 2 3 4 5 | Ability to meet commitments | 1 2 3 4 5 |
| Leadership ability | 1 2 3 4 5 | General school citizenship | 1 2 3 4 5 |

1=Unacceptable 2=Below Average 3=Average 4=Good 5=Superior

Student's Language Ability: Please circle the appropriate area below:

| | | | | |
|----------------------|-----------|------|------|------|
| Reading | Excellent | Good | Fair | Poor |
| Writing | Excellent | Good | Fair | Poor |
| Speaking | Excellent | Good | Fair | Poor |
| Grammar | Excellent | Good | Fair | Poor |
| Comprehension | Excellent | Good | Fair | Poor |

STUDENT'S CHARACTER: (please supply brief comments about the following)

Maturity _____

Responsibility _____

Creativity _____

Self Motivation _____

Sociability _____

Ability to adapt _____

COMMENTS: Please comment about the Applicant's attendance record, study habits, and attitude in class: _____

Teacher's name _____

Teacher's signature _____

Date _____

Name and Address of School _____

Please send to: WI Valley Lutheran High School
601 Maple Ridge Road
Mosinee, WI 54455
U.S.A.

Request for Release of School Records

To:

Name of Student_____ Grade_____

I authorize the release of my child's transcript, test scores and any related records, reports, and evaluations, and request that they be included with my child's application to Wisconsin Valley Lutheran High School. I also ask that you release updated transcripts and test scores to Wisconsin Valley Lutheran High School as they may be requested.

Parent or Guardian's Signature_____

Date_____

Wisconsin Valley Lutheran High School
601 Maple Ridge Road
Mosinee, WI 54455 U.S.A.
Phone:715-693-2693 FAX:715-693-5962

Student Insurance Record

Date: _____

I am willing to have my son/daughter participate in the inter-scholastic activities sponsored by Wisconsin Valley Lutheran High School. I give my consent for

_____ to play during the 2013-2014 school year

and have provided my son/daughter with adequate insurance in one of the following

ways: (Please check one)

_____ - My own personal or family insurance. Name and address of the company (in English):

_____.

Insurance ID# _____ (if applicable)

Insurance Member # _____ (if applicable)

Insurance Group # _____ (if applicable)

_____ - By obtaining insurance from the WIAA.

I also will not hold the Board of Directors of Wisconsin Valley Lutheran High School,

any of its staff, nor the Wisconsin Valley Lutheran High School Association, Inc.

responsible for the payment of any bills incurred because of accident or injury to my

son/daughter due to participation in inter-scholastic athletics.

_____ Signature of Parent or Guardian

Application Checklist

APPLICATION FORM AND FEE

Return the completed form with a \$100 (US currency) non-refundable application fee to:
WI Valley Lutheran High School
International Admissions
601 Maple Ridge Road
Mosinee, WI 54455 USA

TRANSCRIPT

A transcript of your courses, credits, and grades from the past three (3) years is very important to our review process. Please request that a copy (in English) is sent with your application. The enclosed Request for Release of School Records may be used for this purpose. Ask your parents to sign the form and submit it to your school.

RECOMMENDATIONS

Information from at least two teachers will be used for admissions and placement decisions. Each form should be returned with your application.

TESTING

Please include the results of a Secondary Level English Proficiency (SLEP) test with your application. This test helps us to determine placement.

PROOF OF ABILITY TO PAY

Please include a copy of bank statement showing parents ability to pay for the student's education at Wisconsin Valley Lutheran High School.

| | |
|----------------------|-----|
| Office Use Only: | |
| Academic: Registrar | ___ |
| Acad. Dean | ___ |
| Behavior: Supervisor | ___ |
| Administrator | ___ |