



F-1 International Student Application 2020-21

Eligibility

F-1 academic program international students must be:

1. Proficient in English
2. Between ages 14 - 18
3. Entering grades 9 - 12
4. Have not finished high school in home country
5. Able to pay tuition and cost of living expenses

A complete application includes:

- International student application form
- Copy of passport photo ID page
- Copy of Birth Certificate, Passport, Government Documentation to verify "City of Birth".
- Transcripts from the past 3 years of schooling, translated to English with specific course descriptions. If you are applying for 12th grade and plan to graduate with AAPS, please provide 8th grade transcript as well.
- Demonstration of English proficiency. Please include a score report from TOEFL, ELTiS, IELTS, ACT, SAT, WIDA or other approved standardized assessment.
- Essay of introduction. Please include a 100-200 word typed or handwritten statement of motivation and goals for studying in Ann Arbor. Please refer to page 4 for details.
- Letter of recommendation from principal, English teacher, or other teacher at current school (in English).
- Health appraisal form signed by a medical provider
- Certified Immunization Record (in English. Student must meet State of Michigan immunization requirements.
- Affidavit of financial support, signed by parent/sponsor; must submit a bank statement or certificate of deposit in English showing US dollar equivalents (this is required when applying for a visa and entering the US).
- Power of Attorney IF the student is living with a friend or relative in Ann Arbor. If the student is coming through one of our approved providers, then the program will require this document from the local host family.
- Agreement signed by student and parent acknowledging district guidelines for international students

Please submit all application materials together by email or mail to:

Jennifer Nemecek
International Education Coordinator
nemecekj@aaps.k12.mi.us

By mail to: Jennifer Nemecek
International Education Coordinator
1515 S. 7th Street
Ann Arbor, MI 48103 USA

Student Information		
Enter student's full name as it appears on his or her passport		
First Name:	Middle Name:	Last Name:
Nickname/Preferred Name:		Suffix/Generation (Jr., III):
Date of Birth (MM/DD/YYYY):	Gender (Male/Female/Other):	
Age:	Country of Citizenship:	
Country of Birth:	City of Birth:	
Grade entering: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th If enrolling in 12 th grade, do you intend to earn a HS diploma from AAPS? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please provide 4 years worth of grades including the equivalent to 8th grade.		
Term: <input type="checkbox"/> Academic Year 2020-21 <input type="checkbox"/> Semester 1 (Sept – Jan) <input type="checkbox"/> Trimester 1 (Skyline ONLY Sept – Nov) <input type="checkbox"/> Semester 2 (Late January - June). Only available on a case by case basis when space is available.		
Mailing address (in home country)		
Number and street name:		Apt/Unit#:
City:	Country:	Zip Code:
Student email:		Student cell phone:
Skype or WeChat username:		



Family Information

Parent/Guardian 1 Full Legal Name:

Relationship to Student:

Student lives with this parent: ____ YES ____ NO

Name of Employer/Occupation:

Cell Phone:

Home Phone:

Work Phone:

Email address:

Parent/Guardian 2 Full Legal Name:

Relationship to student:

Student lives with this parent: ____ YES ____ NO

Name of Employer/Occupation:

Cell phone:

Home phone:

Work phone:

Email address:

Siblings (names and ages):

Host Family Information

Host Parent 1:

Relationship to student:

Name of Employer/Occupation:

Cell phone:

Home phone:

Work phone:

Email address:

Host Parent 2:

Relationship to student:

Name of Employer/Occupation:

Cell phone:

Home phone:

Work phone:

Email address:

Children/others living at home (names and ages):

Address:

City:

State:

Zip code:



Schooling Information		
Name of school currently attending:		
Dates attended:	Grades attended:	
Address:		
City:	State/Province:	Zip code:
Country:	Phone number:	Fax:
Have you attended school in the US before? ____ Yes ____ No		
If yes, name of school:		
Address, city, state:		
Dates attended:	Grades attended:	
Type of Visa (J-1, F-1, O, M, P, etc.)		
Have you ever had a long-term suspension or expulsion from school? ____ YES ____ NO		
Have you received any Special Education Services? ____ YES ____ NO		
What is your first language? _____		
What is the primary language used in your home? _____		
If English is not your native language, how many years have you studied English?		
Please list all languages that you speak:		
1) _____	<input type="checkbox"/> native speaker	<input type="checkbox"/> advanced <input type="checkbox"/> intermediate <input type="checkbox"/> beginner
2) _____	<input type="checkbox"/> native speaker	<input type="checkbox"/> advanced <input type="checkbox"/> intermediate <input type="checkbox"/> beginner
3) _____	<input type="checkbox"/> native speaker	<input type="checkbox"/> advanced <input type="checkbox"/> intermediate <input type="checkbox"/> beginner

Hobbies, Activities and Interests
What do you enjoy doing outside of school?
List any musical or artistic talents you have (e.g. singing, playing an instrument, calligraphy, drawing, etc.):
List any sports you play:
List any groups you belong to or participate in (e.g. clubs, volunteer organization, scouts, etc.):
List any other interests, activities or hobbies you have (e.g. literature, computers, etc.):
What is your favorite school subject?
What future careers interest you?
Have you ever traveled outside your country? ____ YES ____ NO If yes, where?
Have you ever lived outside your country? ____ YES ____ NO If yes, when and where?

Additional Information

Please submit the following with your application:

Transcripts

Provide your transcripts from the current year and past 2 years of schooling (3 years total), translated to English with specific course titles (ex. Algebra, Geometry, Chemistry, World History instead of mathematics, science or social studies).

English proficiency

Attach your results from an approved English proficiency assessment: TOEFL, ELTiS, IELTS, ACT, SAT, WIDA.

Essay of Introduction

Please write a brief essay (100 – 200 words) in English to introduce yourself and explain your motivation for studying at Ann Arbor Public Schools. Topics you may want to write about include your family, your personality, your hometown, your school, what you do for fun, and your plans, hopes and dreams for the future. This essay will be shared with your principal, counselor and teachers at your AAPS high school. You may submit photos of yourself, your family and home.

Letter of Recommendation – CONFIDENTIAL

Student: Please ask a teacher or principal at your current school to complete and submit this evaluation on your behalf.

_____ (Student's Name) is applying to study at Ann Arbor Public Schools in Michigan, USA. We appreciate your honest evaluation of the student and his/her abilities. Thank you!

Student's English Ability	Excellent	Good	Fair	Poor
Reading				
Writing				
Speaking				
Listening Comprehension				

Student's Academic Performance and Character	Strong	Average	Weak
Actively participates in class			
Works well with others			
Follows school and classroom rules			
Completes assignments on time			
Puts effort into studying and assignments			
Maturity			
Tolerance of differences			
Self-motivation			
Adaptability			

Please comment on your overall evaluation of this student and his/her ability to have a successful academic and social experience in the United States. Attach additional pages as necessary.

Signature _____ Printed Name _____ Date _____

Title/Position _____ School Name and Address _____

Please submit this form to:

Jennifer Nemecek International Education Coordinator nemecekj@aaps.k12.mi.us	By mail to: Jennifer Nemecek International Education Coordinator 1515 S. 7th Street Ann Arbor, MI 48103 USA
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Affidavit of Financial Support - CONFIDENTIAL

Student Name _____

Last

First

Middle

Program term (check one):

<input type="checkbox"/>	Academic year (10 months)
<input type="checkbox"/>	Semester (5 months)
<input type="checkbox"/>	Trimester (3-4 months)

Estimated program costs:

	YEAR	SEMESTER	TRIMESTER
Tuition	\$10,000	\$5,000	\$3,333
Living expenses	\$5,000	\$2,500	\$1,667
Other (Health insurance)	\$1,000	\$500	\$350
TOTAL	\$16,000	\$8,000	\$5,350

Ann Arbor Public Schools is required by U.S. government regulations to obtain documentation proving that international students on F-1 academic program visas have adequate financial resources for the duration of their program. By signing this affidavit of support, I will provide financial support for all educational, living, and other expenses for the above named student during the term indicated.

Signature of Parent/Guardian/Sponsor: _____ Date: _____

Printed full name of Parent/Guardian/Sponsor: _____

Relationship to student: _____

Please submit this form with an official bank statement in English showing US dollar equivalents equal to or exceeding the amount above. Only liquid account types (checking/savings/money market account) are accepted. Student will need a copy of these documents for the visa interview.

Please submit this form to:

Jennifer Nemecek International Education Coordinator nemecekj@aaps.k12.mi.us	By mail to: Jennifer Nemecek International Education Coordinator 1515 S. 7th Street Ann Arbor, MI 48103 USA
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**POWER OF ATTORNEY FOR THE CARE OF CHILD
APPOINTMENT**

KNOW ALL PERSONS BY THESE PRESENTS:

We _____ (“Father”) and _____ (“Mother”), jointly referred to as “Parents” or “Principals” maintaining an address at _____ hereby make and appoint _____ (“Attorney-in-Fact”) maintaining an address at _____ as our true and lawful agent and Attorney-in-Fact for us and in our name and in our behalf to act as the guardian of our minor child:

_____ (Name) born on _____

The above-named Attorney-in-Fact shall have the power and authority to act entirely *in loco parentis* and to do all acts necessary or desirable for maintaining the health, education, and welfare of our above-named child/children including, but not limited to, the powers to:

1. Provide for, approve, authorize, and decline any health care at any hospital or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and, if necessary, disclose the contents of any medical records; execute any consent, release, or waiver of liability required by medical, dental, or other health authorities incident to the provision of medical, surgical, or dental care to our child/children. Health care shall include, but not be limited to, the administration of anesthesia, X-ray examination, and performance of operations, diagnostic, and other procedures.
2. Determine the education needs of our child/children and to register and enroll our child/children in any educational programs, schools, and extracurricular activities; review any school records of the child/children; allow or child/children to participate in activities and events offered by any group, organization, or educational facility.
3. Maintain the customary living standard of the child/children including, but not limited to, provisions of living quarters, foods, clothing, entertainment, and other customary matters.
4. Pursuant to Michigan Law, MCL 700.5103(1) this temporary Power of Attorney expires 180 days after date of execution, and therefore is in effect from (date) _____ until (date) _____.

Father’s Signature

Mother’s Signature

Witness #1 (Signature)

Witness #2 (Signature)

Witness #1 (Printed Name)

Witness #2 (Printed Name)

Address

Address

ACCEPTANCE

I/we, _____ and _____ (custodian/guardian name), hereby declare that I am a U.S. citizen or permanent resident of the U.S. and over the age of 25 years. I hereby declare that I am capable and willing to handle the power of attorney responsibilities for the above mentioned student during his/her stay here in the United States. I further accept this appointment as power of attorney and accept the responsibility for the care, custody, control, and further agree to provide proper and necessary subsistence for the support and maintenance of the minor child and to abide by all federal, state, and local laws, including rules and regulations of Ann Arbor Public Schools. I/we also agree to inform the school of enrollment when the child is no longer under my/our control or my/our charge.

Signed: _____ and _____

Address: _____

STATE OF MICHIGAN)
)ss: COUNTY OF _____

On _____ personally appeared before me, a notary public,
_____ and _____, who acknowledged that he/she/they
executed the above instrument.

Notary Public