



Los Angeles Unified School District  
**Pupil Services**  
**Foreign Students Admissions Office**



## APPLICATION FOR FOREIGN STUDENT ADMISSION – J1 STUDENTS

Academic School Year: 2019-2020                       Fall Semester     Spring Semester     Both  
 School/s Requested: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

### STUDENT INFORMATION

**Estimated Date of Entry to U.S.A.:** \_\_\_\_\_

Last Name (Family Name)		First Name	Middle Name	Suffix	Date of Birth (month, date, year)
Gender <b>M F</b>	Country of Birth		Country of Citizenship		Grade Requested
Address in Home Country					
City		Province/Territory	Postal Code	Country	
Student's Email Address (if applicable)			Student's Phone Number in Home Country		

### FAMILY INFORMATION IN HOME COUNTRY

Father's Last Name (Family)		First Name	Mother's Last Name (Family)		First Name
Address <input type="checkbox"/> Check if information is the same as above					
Home Phone	Home Email Address		Father's Cell Number	Mother's Cell Number	
Emergency Contact Name	Relationship		Contact Number	Email Address	

### HOST CAREGIVER OR CONTACT PERSON INFORMATION IN THE UNITED STATES

The Student will live with: (Please Check)                       Host Family

Name(s):			Relationship to student:		
Address		City	State	Zip	Home Phone
Home Email Address	Work Phone Number		Cell Phone Number		Cell Phone Number

### AGENCY INFORMATION (if applicable) – All agencies must be currently listed on the California Attorney General's Registry of International Student Exchange Visitor Placement Organizations (ISEVPO) in order to place students within the LAUSD.

Name of Agency		Local Contact Person/Representative			
Address of Local Contact		City	State (Country)		Zip Code
Address of National Headquarters		City	State (Country)		Zip Code
Phone Number of Local Contact	Email Address of Local Contact	Phone Number of National Office		Agency Website	

<b>Is the student proficient in English?</b>	<b>(Circle one) YES NO</b>
<b>Has the student completed a high school program or equivalent?</b>	<b>(Circle one) YES NO</b>
<b>Does this student have any special physical or academic needs?</b>	<b>(Circle one) YES NO</b>
<b>Is the student currently under expulsion from another school/program?</b>	<b>(Circle one) YES NO</b>



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**Los Angeles Unified School District**  
**Parent/Guardian Publicity Authorization and Release**

Dear Parent/Guardian:

The Los Angeles Unified School District requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your pupil has participated in his/her education program. Your authorization will enable us to use specially prepared materials to (1) train teachers and/or (2) increase public awareness and promote continuation and improvement of education programs through the use of mass media, displays, brochures, websites, etc.

1. Name of Pupil (please print) 2. Birthdate (please print)

3. Name of Parent (please print)

- a. I, as a parent of guardian, of the above named pupil fully authorize and grant the Los Angeles Unified School District and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named pupil on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
- b. I understand and agree that use of such Recordings will be without any compensation to the pupil or the pupil's parent or guardian.
- c. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
- d. I understand and agree that the Los Angeles Unified School District and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
- e. I hereby release and hold harmless the Los Angeles Unified School District and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the pupil and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

\_\_\_\_\_  
**My signature shows that I have read and understand the release and I agree to accept its provisions.**

4. **Signature of Parent/Guardian** 5. **Date Signed**

6. **Address (Number, Street, Apartment Number)**

7. **City** 8. **State** 9. **Zip Code**

10. **Telephone**

**Granting of permission is voluntary. Please return completed form to school.**

11. **Principal**

12. **School**

**Approved as to form by the  
Office of the General Counsel.**

This form shall not be amended without written approval of both the Office of the General Counsel and the Office of Communications/Public Information