



# Denver Lutheran High School



**3201 W. Arizona Avenue**  
**Denver, Colorado 80219**  
**Phone-303-934-2345**

*"Let your light so shine before men. . ." Matthew 5:16*

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Recognized as a . . .  
*National Exemplary School*  
*Christus Award Winner*

## INTERNATIONAL STUDENT PROGRAM

In order for an international student to be considered for admission to Denver Lutheran High School, the Application for Admission must be completed **AND** the following documents, written in English, must be submitted:

1. I-20 Work Sheet
2. Temporary Custody Agreement signed by natural and host parents
3. Student Letter – please attach photo of student
4. Parent Letter
5. Release Forms
6. Evidence of required, current immunizations, in English
7. Official transcripts from student's home school and an English translation of the same documents
8. Proof of English language ability –
  - evidence that student has successfully completed a minimum of three years of English language instruction
  - score of 48 or higher on the Secondary Level English Proficiency Test (SLEP)

The documents mentioned above must be submitted **with the Application for Admission**. If the student's application is accepted, the immigration I-20 form will issued.

I-20 WORK SHEET

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
First name Middle Family Surname

Date of Birth \_\_\_\_\_ Student is currently \_\_\_\_\_ years old  
Day Mo Year

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Expected Grade \_\_\_\_\_ Type of Visa ( F-1, J-1, etc) \_\_\_\_\_

Proficiency of English Language \_\_\_\_\_ Years Studied \_\_\_\_\_ SLEP test score \_\_\_\_\_  
Good Fair Poor

Organization sponsoring student (if applicable) \_\_\_\_\_

Date of arrival in United States \_\_\_\_\_ Expected stay \_\_\_\_\_ years

Parents' Name \_\_\_\_\_

Parents' Address \_\_\_\_\_  
complete street address and apartment number  
\_\_\_\_\_ city provence/state country

Parents' Work – Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone number \_\_\_\_\_

Means of Support – Family funds from abroad \$ \_\_\_\_\_

Funds from another source \$ \_\_\_\_\_

Specify source \_\_\_\_\_

Host Family Name(s) \_\_\_\_\_

Host Family Address \_\_\_\_\_  
Street city state zip code

Host Family home phone number \_\_\_\_\_

## STUDENT LETTER

Directions: This letter is an important part of your application. Letter must be typed or printed in the space below by you, in English, with no assistance. Introduce yourself. Tell why you want to attend Denver Lutheran High School and what you expect from this experience.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

## PARENT LETTER

Directions: Your letter is an important part of your student's application. Letter must be typed or printed in the space below by you, in English. State why you want your student to attend Denver Lutheran High School and what you expect your student to gain from this experience. Please give any information that might help us understand your student's personality and background.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE FORMS** for Student \_\_\_\_\_

**MEDICAL RELEASE**

We grant the school where the student will be studying and the host family with whom student will live, at their discretion and if necessary, at the cost of the participant or guardians – in the case of expenses exceeding the coverage of the insurance policy covering the student – the power to place student under the care of a local medical doctor for treatment.

We also grant the school where the student will be studying and the host family with whom student will live necessary permission to act as legal guardians and “in loco parentis” in any situation, especially in emergencies, whether medical or other, including the possibility of permission for surgical operations or other treatment.

We also authorize the school where the student will be studying and the host family with whom student will live to return student to country of origin at his/her cost to submit to medical treatment, if this is deemed necessary after consultation with medical authorities. We confirm that at the time of signing this document, the student enjoys good health and that student’s health record enclosed herewith is true and complete.

We also grant the school where the student will be studying and the host family with whom student will live permission to act on our behalf in anything pertaining to possibly representation before the local authorities. This authorization shall be valid for the duration of the school program.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**TRAVEL RELEASE**

We do hereby authorize the high school and/or Host Family to act as our agents to determine our student’s travel for the length of the school program. It is understood that this authorization is given in advance only when the student is traveling and supervised by a Host Parent or by a representative of the school. We understand that the student may not travel unsupervised. Please note that the school does not condone or encourage the driving of any automobile in the United States by international students except as part of an approved Drivers Education Course **AND** with the approval of the host family.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**SEE REVERSE SIDE FOR LIABILITY RELEASE → → → →**

## LIABILITY RELEASE

The Undersigned, as parents or legal guardians of \_\_\_\_\_, a student in a program of exchange studies directed by The Colorado Lutheran High School Association, on behalf of ourselves and our successors or legal representatives, renounce any claim against The Colorado Lutheran High School Association, its employees, agents, or school where the student may be assigned, or any person intervening in the program, that may arise due to injury, damage, sickness, accident, delay, unusual circumstances or expenses due to strikes, war, atmospheric conditions, quarantine, government restriction, or regulations, or those derived from acts of omission of airlines, shipping companies, transportation in general, hotels, restaurants, or any other services given by companies, individuals or anyone related with the aforementioned.

We understand that our student will be subject to the authorities and teachers of the school, uphold the rules and standards of conduct set by the school, and maintain respectful relations with the teachers and classmates for the duration of the program. We also understand that the school reserves the right to terminate program participation for the violation of any program rules as determined by the school. If this decision is ever taken, the student and student's parents or legal guardians will have no right to refunds.

We accept the right of the school to, directly or indirectly, cancel, change or substitute in emergencies, or whenever normal circumstances change, those parts of the program who alterations may be considered necessary. Also, to change, before and after departure, the cost of the program to meet unexpected changes in airfares, price of transportation in general, monetary devaluation, etc. We understand that should there be a geographic move of the student for any reason, the cost of transportation shall be borne by the student.

The student agrees to accept the rules of conduct imposed by the host family, to participate in the family life as much as possible, and to treat all members with respect. The host family reserves the right to terminate participation in the program.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**TEMPORARY CUSTODY AGREEMENT**

TO WHOM IT MAY CONCERN:

This is to certify that I am the parent or legal guardian of \_\_\_\_\_  
Student name

and I authorize and direct the following person(s) to act as temporary guardian on my behalf and to exercise care and custody in all school matters affecting said student.

Guardian name \_\_\_\_\_ Relationship \_\_\_\_\_

Guardian's Address \_\_\_\_\_  
street  
\_\_\_\_\_  
city state zip code  
phone number \_\_\_\_\_

This student shall permanently reside at the address of the temporary guardian while attending Denver Lutheran High School during the school year \_\_\_\_\_

Comments regarding living arrangements:

\_\_\_\_\_  
Signature of parent/guardian Date

\_\_\_\_\_  
Signature of temporary guardian Date

\_\_\_\_\_  
Signature of parent/guardian Date

\_\_\_\_\_  
Signature of temporary guardian Date

**MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION  
Kindergarten through Grade 12, 2009-10**

| VACCINE   | Number of Doses | Grades K-12 (5-18 Years of Age)   |
|---|-----------------|---|
|   |                 | <i>Vaccines administered ≤ 4 days before the minimum age are valid</i>  |
| <b>Pertussis</b>  | 5/6             | 5 <b>DTaP</b> or if dose 4 was administered ≥ the 4 <sup>th</sup> birthday, the requirement is met. (DTaP is only licensed for children under 7 years of age). 1 <b>Tdap</b> for students entering 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> & 10 <sup>th</sup> , 11 <sup>th</sup> , 12 <sup>th</sup> grades. (Tdap is only licensed for students 10 or 11 years of age and older).   |
| <b>Tetanus/Diphtheria</b>   | 3 to 5          | 5 <b>DT</b> or if dose 4 was administered ≥ the 4 <sup>th</sup> birthday, the requirement is met. A student 7 to 9 years old who has had only a 2 doses of DTaP or DT (before the age of 7 years) can meet the tetanus/diphtheria requirement by receiving a dose of Td if it is given ≥ 6 months after the 2 <sup>nd</sup> dose. ( <b>Tdap</b> should be given to students ≥ 10 or 11 years to complete the tetanus/diphtheria requirement if possible).   |
| <b>Polio</b><br><i>A laboratory test showing immunity is acceptable.</i>  | 4               | If the 3 <sup>rd</sup> dose was administered ≥ 4 <sup>th</sup> birthday, only 3 doses are required.   |
| <b>Measles/Mumps/Rubella (MMR)</b><br><i>A laboratory test showing immunity is acceptable.</i>  | 2               | For school certification, the 1st dose cannot be administered more than 4 days before the 1 <sup>st</sup> birthday. The minimum interval between dose 1 and dose 2 is ≥ 28 days.  |
| <b>Varicella (Chickenpox)</b><br><i>Documentation of disease from a health care provider (physician, RN or PA) is required or a laboratory test showing immunity is acceptable.</i> | 1 or 2          | For school certification, the vaccine cannot be administered more than 4 days before the 1 <sup>st</sup> birthday. 2 doses are required for children entering K, 1 <sup>st</sup> and 2 <sup>nd</sup> grades. 1 dose is required for 3 <sup>rd</sup> through 9 <sup>th</sup> grades.   |
| <b>Hepatitis B</b><br><i>A laboratory test showing immunity is acceptable.</i>  | 3               | The second dose should be administered at least 4 weeks after the first dose, and the third dose should be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered no sooner than 24 wks or 6 months of age. The 2-dose series is acceptable for ages 11-15. 2 doses can only be accepted using the approved vaccine for the 2-dose series with proper documentation (name of the vaccine, dosage, dates, and interval). |

**You must provide one of the following to your child's school in order to comply with the law:**

1. A completed Certificate of Immunization certifying that the student has received minimum immunizations as indicated above.
2. If a student's Certificate of Immunization is not up to date, the parent, guardian, or emancipated student has 14 days after notification to provide documentation that the next required immunization was administered and submit a written plan for completion of any additional required immunizations. If the plan is not completed, the student shall be expelled or suspended from school for non-compliance. Exception to this is a shortage of vaccine.
3. Statement of Exemption to Immunization Law printed on the reverse side of the Colorado Department of Public Health and Environment Certificate of Immunization:
  - a) a **medical** exemption signed by licensed physician stating that the student's physical condition is such that immunizations would endanger life or health or is otherwise medically contraindicated; or
  - b) a **religious** exemption signed by the parent, guardian, or emancipated student that the student adheres to a religious belief opposed to immunizations; or
  - c) a **personal** exemption signed by the parent, guardian, or emancipated student that the student adheres to a personal belief opposed to immunizations.

**Immunization requirements will be strictly enforced for all students.** Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902.



**To learn where to obtain immunizations free or at low cost call the Family Health Line at 303-692-2229 or 1-800-688-7777.**