

Hamilton High School
3700 S. Arizona Ave.
Chandler, AZ 85248
(480) 883-5000

Foreign Student Admissions I-20 Packet Checklist

- Completed and signed HHS Application for I-20
- 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
- Student Immunization Record:
 - 3 Tetanus, Diphtheria and Pertussis (most recent vaccine must be within the last 5 years)
 - 3 Polio vaccines
 - 2 MMR vaccines (first on or after first birthdate)
 - 3 Hepatitis B vaccines
 - 1 Meningococcal vaccine
 - 1 Varicella (Chicken Pox). Students beginning the vaccine at 13+ years of age need two doses at least four weeks apart. As of 9/1/11, students from out of state/country will need to show laboratory evidence of immunity or the required immunizations.
- Open Enrollment Application (Only if Hamilton is not Host Parent/Guardian's home school)
- Copy of Host Guardian Identification – Driver's License or Passport
- Verification of Address for Host Parent-Guardian – Utility bill, etc.
- Proof of Medical Insurance
- Affidavit of Support
- Copy of Bank statement. International students must present satisfactory evidence of adequate funds available to meet financial obligations at Hamilton High School.
- Bank or Institution payable to Hamilton High School
 - * in the amount of \$7,482 U.S. dollars for a full school year OR
 - * in the amount of \$3741 U.S. dollars for one semester.

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

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I - 20 Application

Student Information

Date Of Application: _____

Student Surname (Last/Family) First/Given Name Middle Name

Date of Birth Sex Country of Birth Country of Citizenship

Father Last Name, First Name Mother Last Name, First Name

Address Address

Country, Postal Code Country, Postal Code

Student Email: _____ Estimated Date of Entry to U.S.A.: _____

Last School Attended: _____
Name of School Location of School

Is Student Proficient in English? (Circle one) YES NO
Has the student completed a high school program or equivalent? (Circle one) YES NO
Does the student have any special physical or academic needs? (Circle one) YES NO

Anticipated cost of living expenses for the student for the school term requested: \$ _____

Source of funding for these costs: Student's personal funds: \$ _____

Other Source (Specify): \$ _____

\$ _____

Total Funds (must equal cost):

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 Apt. No

City, State, Zip Code

City, State, Zip Code

Home Telephone Cell or Work Phone

Home Telephone Cell or Work Phone

SCHOOL INFORMATION

Prospective Host Guardian’s School or Residence: _____

If Hamilton High School is not the school of residence, please fill out a boundary exemption form

Grade Level Requested (Circle One): 9 10 11 12 (Note: Grade will be determined by age and transcript review)

Person Completing this Form – Required	Agency or Person Securing Host Guardian
_____ Last Name, First Name	_____ Last Name, First Name of Representative
_____ Agency Name or Relation to Student	_____ Agency Name
_____ Address	_____ Address
_____ City, State Zip	_____ City, State Zip
_____ Phone Number	_____ Phone Number
_____ Email Address	_____ Email Address

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**FOREIGN STUDENT ADMISSIONS
AUTHORIZATION FOR ADULT TO ACT AS GUARDIAN**

I, (We) _____ and/or _____
Name of Legal Parent Name of Legal Parent

do hereby state that I am (we are) the natural or legal parents 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 matters,
Additional Host Guardian/ Agency Name

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 Arizona Education Code . 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 Arizona that the above information is true and correct.

Dated this _____ day of _____, 20____ at _____
Number Month Year Location of Signing

Print Natural/Legal Parent Name

Print Natural/Legal Parent Name

Signature

Signature

Witnessed by: _____ Date: _____

THIS DOCUMENT MUST BE OFFICIALLY NOTARIZED
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 Hamilton High School or have an approved Boundary Exemption through the Chandler Unified School District. The prospective host guardian is willing to receive, maintain and support the student names above and has assured the U.S. government that the student will not become a public charge in the United States. Any prospective change of guardian or student residence must be reported immediately to Hamilton’s Foreign Student Admission’s 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 by the high school counselor and the completion of all graduation requirements within the student’s term of study as determined by school officials. This includes meeting the standards of the AIMS Exam.

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 Hamilton’s 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 upon approval of an adjustment of status to an immigrant
- 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, processing fee and refund policy. I understand that tuition will NOT be refunded for any semester that the student was in attendance, and that all processing fees are non refundable.

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

Print Parent Name

Print Parent Name

Signature

Signature

Print Prospective Host Guardian Name

Print Prospective Host Guardian Name

Signature

Date

Signature

Date

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Affidavit of Support

The affidavit of support is made by me for the purpose of assuring the U.S. Government that such student will not in any way become a public charge in the event he/she is admitted to the United States.

STUDENT

NAME IN FULL _____
DATE OF BIRTH _____

PARENT OR SPONSOR

NAME IN FULL _____
DATE OF BIRTH _____

ADDRESS _____

EMAIL ADDRESS _____
CELL PHONE _____
RELATION TO STUDENT _____

I the undersigned, swear that I will be fully responsible for all the expenses including the round-trip air fare, tuition fees, living expenses and other miscellaneous expenses, required by the student during his/her stay in the United States.

I swear under penalty of perjury under the laws of the State of Arizona that this information is true and accurate and that the student t will not use the non-immigrant visa from the United States gained by the I-20 issued from Hamilton High School to receive any public, tax-supported benefits.

DATE _____

PARENT SIGNATURE _____