

# Texas Association of Private and Parochial Schools

## Foreign Student Application

In addition to United States citizens, many TAPPS schools provide an opportunity for students from other countries to matriculate. The International Students present a unique opportunity for TAPPS in that both Foreign Exchange and Foreign resident students may attend schools approved by the Department of Homeland Security. In order to maintain a level field of competition for all schools, TAPPS has developed the guidelines and regulations presented in Section 102 of the TAPPS By-Laws for International Students. In this manner, TAPPS supports the International ministries of our member schools.

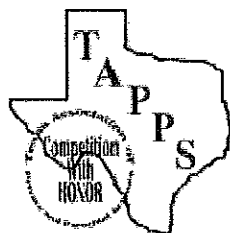
**Foreign Exchange Student**

A Foreign Exchange Student must be certified through a Council on Standards for International Education Travel (CSIET) United States Foreign Exchange Program and may remain in the United States for less than one calendar year.

**Foreign Resident Student**

A Foreign Resident Student is not a citizen of the United States. This student may have entered the United States on an F1 or J1 visa or been approved by the United States government as a Permanent Resident.

Date of Submission

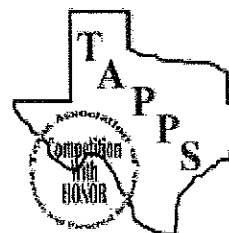


TAPPS City

TAPPS School

Person submitting information

E-mail



Student's Full Name

(as it appears on Passport and Birth Certificate - do not use nicknames)

Student's Address

(Permanent address in Home Country)

Persons living at permanent address

(Mother, Father, etc.)

Student's Date of Birth

Student's Gender

## Family Information

Father's Full Name

Father's Present Employer

Father's Occupation

Mother's Full Name

Mother's Present Employer

Mother's Occupation

Did student's parents move to the United States with the student?

Student Grade Level in Home Country

Student Grade Level at TAPPS School

Has student repeated any grade?

Will student be repeating a grade at TAPPS school?

Date of Application to TAPPS School

Date of First Attendance at TAPPS School

## Educational Background

Home Country and United States

	First Secondary School	Second Secondary School	Third Secondary School	Fourth Secondary School
School Name				
School City				
Telephone Number				
Administrator				
Date of First Attendance				
Date of Last Attendance				
Grades Attended				
Who paid for education?				

# School Selection

Date student first contact with TAPPS school

Name of first contact at TAPPS school

Who made the arrangements for first trip to TAPPS school?

Relationship to student?

Who paid for this trip?

Relationship to student?

Who selected the TAPPS School?

Other than family, who was influential in the selection?

How was the TAPPS School selected?  
(be as specific as possible in space provided)

Why was the TAPPS School selected?  
(be as specific as possible in space provided)

Explain student involvement in selection process?  
(be as specific as possible in space provided)

If TAPPS school was recommended to family, specifically who made the recommendation?

Basis of the recommendation for this TAPPS School

Relationship to this TAPPS School

Relationship to family or student

## Athletic Participation

Prior to arrival in the United States has the student ever	Yes	No	Date	Contact Person	Institution
Communicated with any coach or person about athletic participation in the United States?					
Discussed athletic participation in the United States with any coach or person in Home Country?					
Communicated with any agent or sports representative or consultant about athletic participation in the U.S.?					
Discussed athletic participation in the United States with any corporate representative?					
Attended any sports camps in the United States?					
Attended any athletic camps in home or other country?					
Been selected for, tried out for or participated on any national team prior to or during the current year?					

Has student ever	Yes	No	Contact Person	Organization	Explanation *
Been nationally ranked in a sport?					
Been provided lodging by a sports team or program?					
Been provided meals by a sports team or program?					
Been provided travel expenses by a sports team, or individual?					
Received compensation for participation on a sports team?					
Received merchandise or other items of benefit for participation in a sports team or competition?					
Received payment of educational expenses for participation on a sports team or program?					
Competed with or against a team whose players were being paid for participation on a sports team?					
Agreed to pay any individuals or organizations money in the future for past or present assistance?					

\* If necessary, please provide additional information or explanation on separate page.

## Student Living Arrangements while in the United States

Host Family / Guardian Full Name

Host Family / Guardian Address

Host Family / Guardian Phone

Host Family / Guardian E-mail

What is the relationship of host family to the student?

If other, please explain.

Was the Host Family appointed legal guardian of the student in a United States Court of Law?

If no, please explain and attach Affidavit of Guardianship.

Did the parent or guardian move to the United States with the student?

If yes, please explain.

What is the relationship of host family to the TAPPS School?

How did the family first make contact with the host family? (be specific)

Amount being paid Host Family for lodging?  Amount being paid Host Family for board?

If none to either lodging or board, please explain.

Has Host Family previously hosted students?  Number of students presently hosting

Please list all previous TAPPS students hosted by this family in last 5 years. Attach separate sheet if necessary.

Year	Student Name	School
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 350px; height: 25px;" type="text"/>	<input style="width: 330px; height: 25px;" type="text"/>
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## Student Financial Aid

Is the student receiving financial support, aid or tuition waiver from the TAPPS school?

If yes, please explain details including process of application for and determining amount of aid

Is the student receiving financial support, aid, or tuition assistance from any other party?

If yes, please explain details including process of application for and determining amount of aid

Is the student receiving financial support, aid or any funds for any athletic activity?

If yes, please explain details including process of application for and determining amount of aid

What means of support does the student have outside of financial aid?

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## Foreign Exchange Program Information

Full Name of Sponsoring Agency

Is this Agency shown on the **CSIET** web site as an approved agency for the current school year?

Name of person who made first contact with the TAPPS school.

Name of person who arranged room and board

Relationship of person arranging room and board to TAPPS school

Name of local contact for sponsoring agency

Relationship of local contact to TAPPS school

E-mail of local contact for sponsoring agency

Highest grade completed in Home Country

Last date attended high school in Home Country

# Student Interests

Fall Activities	Winter Activities	Spring Activities	Fine Arts
<input type="checkbox"/> Cross Country	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Academic / Speech
<input type="checkbox"/> Fall Soccer	<input type="checkbox"/> Swim and Dive	<input type="checkbox"/> Golf	<input type="checkbox"/> Art
<input type="checkbox"/> Football	<input type="checkbox"/> Winter Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Music
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Track and Field	
		<input type="checkbox"/> Tennis	

By signature below, we affirm that we have completed and reviewed the responses to the questionnaire above and agree that the information is correct. I understand that if we have given false or misleading answers to these questions, I will jeopardize my participation in TAPPS Extra-Curricular Activities. In addition, we understand that \_\_\_\_\_ is not eligible to participate in TAPPS Varsity Extra-Curricular activities until approved by the TAPPS Foreign Student Committee.

Parent Name:

Parent Name:

Parent Signature:

Parent Signature:

Student Signature:

Date of Signature:

Witness Name:

Witness Signature:



By signature below, we affirm that we are the host family for the student listed in the above. We have reviewed the responses regarding our guardianship and are in agreement with the information presented.

Host Name:

Host Name:

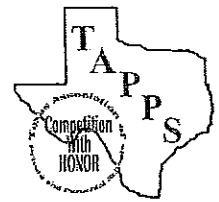
Host Signature:

Host Signature:

Date of Signature:



# Texas Association of Private and Parochial Schools



## Authorization and Consent of Legal Guardian

Student Name

Nickname (if any)

- I hereby testify that I have legal custody of the above named child.
- I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with the said temporary guardian.
- I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious and recreational activities and undertakings.
- I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for x-rays, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state in which treatment is to occur.
- This authorization is effective commencing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expiring on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
- For the duration that the temporary guardian cares for my child, the costs associated with my child's maintenance, living expenses, medical and dental expenses shall be allocated and paid as follows:  
\_\_\_\_\_
- Under the penalty of perjury under the laws of the state of \_\_\_\_\_, I attest to the truthfulness, accuracy, and validity of the foregoing statements.

Parent Name

Parent Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED and SWORN before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Texas

\_\_\_\_\_  
Printed Name of NOTARY PUBLIC

### CONSENT OF TEMPORARY GUARDIAN

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under the penalty of perjury under the laws of the state of \_\_\_\_\_, I attest to the truthfulness, accuracy, and validity of the foregoing statement.

Guardian Name

Guardian Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED and SWORN before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of Texas

\_\_\_\_\_  
Printed Name of NOTARY PUBLIC