



Request for Enrollment

Privately Sponsored Foreign Student

STUDENT

Current Grade: _____ Expected Grade to Enroll: _____ School Year 20__/20__

School Currently Attending: _____ Address: _____

Family Name: _____ First Name: _____ Middle Name: _____
SURNAME GIVEN

Date of Birth: ___/___/___ Country of Birth: _____ Country of Citizenship: _____
MO DAY YEAR

Arrival in United States: ___/___/___ Stay in United States will be completed: ___/___/___
MO DAY YEAR MO DAY YEAR

Proficiency of English Language: (check one) Excellent Fair Poor

ADULT SPONSOR

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

- I hereby acknowledge that I have read, understand, and agree to abide by the Douglas County School District procedures for Private Sponsorship of a Foreign Student.
- I further attest I am a legal resident of Douglas County School District and that the student listed above will reside in my home.

Signature of Adult Sponsor

Date

(OFFICE USE ONLY)

Enrollment Authorized By: _____ Date: _____

School Assigned To: _____ Enrollment Code: _____

Documents on file:

- Birth Certificate in English
- Fee
- Immunizations in English
- Insurance
- Passport/Visa
- POR
- English Equivalency Score _____
- Transcript in English