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04938 - USA

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Student Application for Admission to Mt. Blue Campus

To be considered for admission to Mt. Blue High School, you and your child must complete this student application and upload it with the appropriate signatures and other required documentation listed below.

Part 1:

- A completed student application, in English. All the information must be true and accurate. The application must be printed, signed by the student and parent/guardian, and uploaded through the Application Upload portal.
- Student essay (included in Student Application) must be typed and signed by the student applicant. From this essay, we want a sample of your writing skills and a sense of who you are.
- An interview is required to assess English proficiency.
- Payment of a \$250 processing fee.
- Copy of High School Academic Transcript required, in English. If seeking a Mt. Blue High School diploma, a transcript that includes grade 9 is required.
- Family Album – Please include at least one picture of yourself. This may include family members and friends.
- Color copy of Passport with your picture.
- Medical Information: Medical and Vaccination Release, (medical clearance allowing the student to participate in sports and all extra- and co-curricular activities) in English; pursuant to Maine Immunization Requirements.
- Signed Parental Consent in case of an Emergency (included in Student Application).
- Payment (non-refundable unless F1 Visa is not granted) - if the student's F1 Visa is not granted, you will be refunded all monies except for a \$250 processing fee.

Part 2:

- Proof of Health Insurance.
- If a student plans to participate in athletics while at Mt. Blue Campus, they must meet the eligibility requirements of the Maine Principals' Associations and complete their online Transfer Waiver Request Form - <https://form.jotform.com/82044221900140>

Student Application for Admission

Student Information

Student's Full Name:

Name on Passport (Last/Family Name) (First/Given Name) (Middle)

Student's Preferred Name:

(Nickname/American Name)

Gender: Male Female **Nationality:**

Date of Birth: / / **Place of Birth:**
(Day)(Month)(Year)

Residential Address:

(Box, Apartment, Street name and number)

(City) (State/Province) (Country) (Postal Code)

Mailing Address:

(If different than residential) (Box, Apartment, Street name and number)

(City) (State/Province) (Country) (Postal Code)

Home Phone:

Cell/Mobile Phone:

Email:

Other:

With whom do you live?

Mother & Father Mother Father Legal Guardian

Father & Stepmother Mother & Stepfather Other (Specify):

Current School:

Grade Level: 9 10 11 12 **Home Schooled:** Yes No

Applying for grade: : 9 10 11 12 Gap Year

Applying for: Academic Year Semester Other (Specify)

Profile Languages

1. What language did you first learn to speak? What language is spoken at home?
2. What language is spoken most by your parents?
3. How many years have you studied English in school?
4. How many years have you studied English in private lessons?
5. Number of languages you speak/write/read, including your native languages?
6. Please name your native language:
7. Please name other languages you speak/write/read and the years of study/use:

Parent Information

Father/Guardian Name:

(Last/Family Name)

(First/Given Name)

Father/Guardian Address:

(If different from applicant)

Phone:

Father/Guardian Employer:

Mother/Guardian Name:

(Last/Family Name)

(First/Given Name)

Mother/Guardian Address:

(If different from applicant)

Phone:

Mother/Guardian Employer:

Emergency Contact

Please list any relatives residing within the USA

1.
(Last/Family Name) (First/Given Name) (Relationship to applicant) (Phone)
2.
(Last/Family Name) (First/Given Name) (Relationship to applicant) (Phone)

About You

Religion

1. How often do you attend services? Weekly Monthly Holidays Never
2. Would you like to continue your religious services in the U.S.? Yes Not important
3. Will you adjust to a home in a different religion? Yes No

Health & Lifestyle

4. Do you have allergies? Yes No If yes, please explain:
5. Do you have pets at home? Yes No If yes, what kind:
6. Are you able to live with pets? Yes No (most American families have pets, please provide a doctor's note if you have pet allergies)
7. Do you have dietary restrictions? (For example, vegetarian, vegan, food allergies) Yes No
If yes, please explain:
8. Are there any foods that you do not eat, such as meat, seafood, dairy? Yes No
If yes, please explain:
9. Do you smoke cigarettes? Yes No (Note: it is illegal to purchase and/or smoke for people under 21 years of age in the State of Maine)
10. Do you have any physical, mental impairments, or allergies that would limit your participation in everyday family and/or school activities? Yes No If yes, please explain:
11. How many hours do you sleep during the week?
12. How many hours do you spend in your bedroom during the week?
13. How do you deal with stress?

Student Motivation

14. What is your favorite subject?

15. What is your least favorite subject?

16. Do you participate in clubs? Yes No If yes, please explain:

17. Do you participate in organized sports? Yes No If yes, what kind?

18. Do you volunteer? Yes No If yes, please describe what you do:

19. Do you play an instrument? Yes No If yes, please describe:

20. Which sports are you hoping to join at Mt. Blue High School? Check all that apply.

Fall	Winter	Spring
Football	Basketball	Baseball
Cross Country	Alpine Skiing	Softball
Soccer	Nordic Skiing	Boys Lacrosse
Field Hockey	Wrestling	Girls Lacrosse
Cheering	Competition Cheering	Tennis
		Track & Field

21. Which clubs would you like to participate in at Mt. Blue High School? Check all that apply.

Robotics	Future Business Leaders	Interact (Rotary)
Book Talk	For the Future	International Club
Civil Rights	Poetry	Math Team
Improv Comedy	National Honor Society	Student Government
Chamber Singers	Franklin County Fiddlers	Mt. Blue Voices
Jazz Band	Mt. Blue Theater Company	

22. Give three words that a teacher would use to describe you.

23. Give three words that a friend would use to describe you.

24. List one goal that you have for your year at Mt. Blue High School.

25. How do you expect to achieve your goal?

26. What universities are you planning to attend after high school?

27. What do you like to do in your free time? Check all that apply.

<input type="checkbox"/>	Walk	<input type="checkbox"/>	Run	<input type="checkbox"/>	Hand crafts	<input type="checkbox"/>	Play cards
<input type="checkbox"/>	Hike	<input type="checkbox"/>	Shop	<input type="checkbox"/>	Cook	<input type="checkbox"/>	Garden
<input type="checkbox"/>	Biking	<input type="checkbox"/>	Read	<input type="checkbox"/>	Bake	<input type="checkbox"/>	Sing
<input type="checkbox"/>	Swim	<input type="checkbox"/>	Go to the movies	<input type="checkbox"/>	Play video games	<input type="checkbox"/>	Theater
<input type="checkbox"/>	Ski	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Play board games	<input type="checkbox"/>	Time with friends
<input type="checkbox"/>	Listen to music	<input type="checkbox"/>	Study	<input type="checkbox"/>	Draw	<input type="checkbox"/>	Dance
<input type="checkbox"/>	Play a musical instrument	<input type="checkbox"/>	Sleep	<input type="checkbox"/>	Paint	<input type="checkbox"/>	Watch television
<input type="checkbox"/>	Meditate	<input type="checkbox"/>	Podcasts	<input type="checkbox"/>	Social media	<input type="checkbox"/>	Journal/write
<input type="checkbox"/>	Photography	<input type="checkbox"/>	Watch sports	<input type="checkbox"/>	Play sports	<input type="checkbox"/>	

26. Please describe your other interests.

27. What are your favorite things to do?

28. What would you like to learn?

29. Please write three words that best describe your nature/temperament?

30. Tell us about who you are without mentioning your last/family name.

31. Have you participated in any criminal offense? Yes No

32. Have you participated in any incident leading to suspension or expulsion? Yes No

33. Have you received any other disciplinary infractions? Yes No

34. If you answered yes to any of the questions (31 – 33 above) please explain in detail below:

Student Letter

Please write a letter to your host family:

- Using your first name only, describe yourself in general
- Tell us a little about yourself – talk about your life in your country, your family, your hobbies
- Explain why you want to study abroad

By checking here, I acknowledge that this essay is my own work and that I did not receive any assistance.

Permission For Care of My Child

Student Name: _____ **Date of Birth:** ____ / ____ / ____ **Gender:** **M** **F**
(Last/Family Name) (First/Given Name) (Day)(Month)(Year)

Fill out the information in the lines above. Have your parent or legal guardian sign the form.

Permission for Care (Statement to be signed by your parent)

My son/daughter has my permission to take part in the Mt Blue Campus International Student Program. As the applicant's parent or legal guardian, I authorize the participating organization or the host family in the U.S. to act for me in any emergency, accident, illness or need for immunization. I will not hold the organization responsible for the results of any treatment in said emergency, accident, illness or need for immunization. In the event my son/daughter has a recurrence of any previous illness or anything contracted before leaving home, I, the undersigned authorize the participating organization to release my child to my care in my country. I will not hold the organization responsible for any debts incurred in connection with this permission.

I give permission to the physician selected by the program to order x-rays, routine tests and treatment related to the health of my child for both routine healthcare and in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia or emergency surgery for my child. I also understand that Mt Blue Campus will make every effort to contact me in any such case.

In addition, I agree that providers who treat my child may release medical or other legal records of my son/daughter in the U.S. to program representatives of Mt Blue Campus and/or the U.S. host family, and may talk to program representatives about my child's health status. I give permission to photocopy this form.

PRINT NAME OF A PARENT OR LEGAL GUARDIAN: _____
(Last/Family Name) (First/Given Name) (Middle Name)

RELATIONSHIP TO STUDENT: _____

SIGNATURE OF A PARENT OR LEGAL GUARDIAN: _____

DATE: ____ / ____ / ____
(Day)(Month)(Year)

Citizenship & Passport

Country of legal permanent residence:

County of citizenship (matching the Passport to be used):

Passport Number:

Passport Expiration Date: / /
 (Day)(Month)(Year)

Note: As a general rule, Passports should have at least six (6) months of validity beyond the program end date.