



International F-1 Visa Program Student Admissions Process – 2025-2026

Welcome to the Chino Valley Unified School District International Program admission process. In order to be considered for admission into the program, the completion of District forms A-H and the submission of the attachments listed on the International Program Application Checklist are required.

The 2025-2026 school year will begin on August 4, 2025 and end on May 21, 2026. Students participate in registration and orientation approximately one week before the first day of school. Receiving the I-20 and applying for the F-1 visa with the American Embassy or Consulate may take several weeks, so families are advised to begin the process early.

With the submission of this application students are applying for acceptance into the District's F-1 visa program for a full course of study in which you will be majoring in High School/Secondary Diploma Program for a period of 10 months. During this time students may complete some or all the District graduation requirements, dependent upon the transcript evaluation and ability to complete California state and Chino Valley Unified School District high school diploma requirements.

English proficiency is a requirement for enrollment.

The estimated cost for a 10-month program will be:

Non-refundable application fee - due upon submission of completed application.	\$350
Tuition fee - I-20 will be issued after tuition is received.	\$15,000
Completion of pending immunizations (if applicable.)	varies
Health insurance - coverage for the full school year is required and may be provided by the parent/guardian and/or the host guardian.	varies
Estimated living expenses including room, board and transportation.	\$15,000
Extra and co-curricular school activities, school supplies, tutoring, college counseling and applications, test preparation and any other school-related expenses (if applicable.)	varies

Please note that the totals listed above do not include fees charged by agencies or agents assisting students with the application, enrollment, homestay and other services.



International Program Application Checklist

Applicants must provide ALL the following documents to be considered for admission:

- ☐ Typed student information (form A)
- ☐ Typed contact information (form B)
- ☐ Typed student short answer (form C)
- ☐ Student conduct agreement (form D)
- ☐ Copy of student Health and Immunization Record with English translation, including student's full name and date of birth
 - Refer to appendix 1 for detailed information (attachment #1)
- ☐ Tuition Policy and I-20 Delivery (form E)
 - Copy of the parent/guardian's bank certification confirming the student's ability to fund the 10-month program of study, including cost of living (attachment #2)
- ☐ Copy of the student's current passport (attachment #3)
- ☐ Copy of school transcripts with English translation (attachment #4)
- ☐ Typed senior profile (form F + attachment #5)
 - *Required from students applying for grade 12 ONLY
- ☐ \$350 application fee
- ☐ Video chat interview

After acceptance:

- ☐ Caregiver Authorization Affidavit (form G)
- ☐ Authorization for Adult to Act as Custodial Parent (form H)
- ☐ Copy of the student's insurance card or policy (attachment #6)
 - *Must be U.S. based health insurance
- ☐ \$15,000 tuition payment
 - *Must be submitted by applicant's parent/legal guardian – **no third-party payment**

The International Program Office will inform parent/guardians when the student application has been approved. Before the I-20 can be issued, the District must receive the tuition fee of \$15,000 in full, payable to Chino Valley Unified School District. **Tuition payment must be submitted by applicant's parent/legal guardian – no third-party payment.** Accepted forms of payment:

- U.S. bank personal check
- U.S. cashier's check/money order
- Electronic payment using Flywire (for payments sent from a location outside the U.S. only)

Receipt of this application does not automatically imply acceptance. For admission consideration, submit the completed application, attachments, and the \$350 non-refundable application fee to:

Chino Valley Unified School District
Alternative Education Center
Dr. Preston Carr, International Program Director/DSO
15650 Pipeline Ave. Chino Hills, CA 91709
909-628-1201 x5700
Preston_Carr@chino.k12.ca.us



Form A
Student Information
TYPE THIS FORM

Date: _____

Family/Last Name: _____ Given/First Name: _____

English Name: _____ Birthdate: _____ Current Age: _____ Male Female

Email Address: _____ WeChat/WhatsApp ID: _____

Country of Birth: _____ Country of Citizenship: _____

City of Birth: _____ Attach a Current Photo: _____

Foreign Address: _____ City: _____

Province/Territory: _____ Country, Postal Code: _____

Passport Number: _____ Passport Expiration Date: _____

Student is Proficient in English (required): Yes No New Student Transfer Student

Current Grade: 8 9 10 11 12 Grade Entering: 9 10 11 12

Student has completed a high school program or equivalent? Yes No

**International students are not permitted to repeat grade levels in CVUSD. Additionally, international students must complete the entire year/two semesters in their current grade level prior to arrival in CVUSD.*

Current School: _____

School Address: _____

School Phone: _____ School Website: _____

Does student have any learning disabilities/special needs? Yes No

If yes, please explain: _____

Does student have any physical disabilities/special needs? Yes No

If yes, please explain: _____

Does student have any health problems/allergies and/or take any medications? Yes No

If yes, please explain: _____



Form B
Contact Information
TYPE THIS FORM

Name of Agency (if applicable): _____

Name of Agent: _____

Address: _____ City: _____

State, Zip Code: _____ Email Address: _____

Office Phone: _____ Mobile phone: _____

WeChat/WhatsApp ID: _____

Father/Legal Guardian: _____

Home Address: _____ City: _____

Province/Territory: _____ Country, Postal Code: _____

Home Phone: _____ Mobile phone: _____

Work Phone: _____ WeChat/WhatsApp ID: _____

Email Address: _____ Occupation: _____

Mother/Legal Guardian: _____

Home Address: _____ City: _____

Province/Territory: _____ Country, Postal Code: _____

Home Phone: _____ Mobile phone: _____

Work Phone: _____ WeChat/WhatsApp ID: _____

Email Address: _____ Occupation: _____



Form C
Student Short
Answer
TYPE THIS FORM

Instructions: This page is to be completed by the student applicant. If preferred, the student may attach a separate sheet of paper with his/her typed short answer responses.

Briefly describe your academic and social goals (friends, clubs, sports) as a student in Chino Valley Unified School District:

Briefly describe your hobbies, interests (sports, music, art) that you enjoy as a participant or spectator:

Have you ever spent an extended time away from your family? If so, briefly describe the experience:

Being an international student means leaving a familiar way of life for a whole new world. The experience can be both exhilarating and intimidating. Successful international students not only study well in school, but they also embrace the culture of the new country. Describe how you will adapt to the American way of life (speaking English, living with a host family of a different culture, American food/diet):

Number of years you have studied English: _____

Select the campus you would like to apply to:

Chino High School, 5431 Jefferson Ave., Chino, CA 91710

Don Antonio Lugo High School, 13400 Pipeline Ave., Chino, CA 91710

Ruben S. Ayala High School, 14255 Peyton Dr., Chino Hills, CA 91709

*Subject to GPA, course requirements, English language fluency and space availability

Chino Hills High School, 16150 Pomona Rincon Rd., Chino Hills, CA 91709

*Subject to GPA, course requirements, English language fluency and space availability



Form D
Student Conduct
Agreement
HANDWRITE THIS
FORM

The Chino Valley Unified School District Board of Education believes all students have a right to be educated in a positive learning environment free of disruptions. Students shall be expected to exhibit appropriate conduct that does not infringe upon the rights of others or interfere with the school program while on school grounds, while going to or coming from school, while at school activities, and while on district transportation.

An international student may be withdrawn from Chino Valley Unified School District if there is:

- Lack of regular attendance
- Continued school failure after appropriate counseling
- Failure to comply with additional requirements for the students
- Continued actions contrary to the accepted practice of the school
- Failure to meet financial obligations
- Possession of firearms or weapons
- Theft, vandalism, possession or use of alcoholic beverages or narcotics on or off campus or at a school function
- Fighting and physical altercations
- Seriously endangering fellow students or the reputation of the school on or off campus
- Any action, by the student and/or parent, considered serious enough as determined by Administration

International students are expected to be safe, respectful and responsible at all times. This includes:

- Regardless of age, live with an approved host family or relative near the school of admission
- Use of appropriate language
- Following directions of teachers and staff
- Keeping electronic devices turned off and put away during school hours
- Being honest and maintaining academic integrity
- Being an active participant in classes
- Maintaining at least a 2.0 GPA
- Refraining from using translation devices on tests and quizzes

In addition to the above expectations, all international students must read, understand, and conform to the rules as outlined on the school website, in the student and District handbooks, and as directed by school authorities.

I understand the student expectations on this Student Conduct Agreement and failure to abide may result in the loss of school admission. Tuition is non-refundable in cases of transfer, drop out, return to home country of origin or dismissal due to student conduct or poor academic performance.

Print Student Name: _____

Student Wet Signature: _____ Date: _____



Form E
Tuition Policy and
I-20 Delivery
TYPE THIS FORM

- Federal law requires that F-1 visa students must pay the full unsubsidized cost of tuition. The amount of tuition is determined annually, and covers the duration of the traditional school year. Programs and services offered outside of the general school semesters and academic program will be priced accordingly.
- **Tuition must be submitted by applicant's parent/legal guardian – no third-party payment.**
- The entire cost of tuition and any associated fees must be paid to Chino Valley Unified School District prior to the issuance of the I-20. Wiring instructions will be sent by the International Program Office upon request to the applicant. The tuition is \$15,000 for the 2025-2026 school year.
- If a student is unable to attain the F-1 visa, the full amount of tuition will be refunded. If the student enters the country using the F-1 visa, then fails to enroll, terminates or transfers from Chino Valley Unified School District prior to the end of the 2025-2026 school year, tuition will not be refunded.
- Tuition will only be refunded to the individual that submitted payment.
- **The I-20 will only be released to the applicant and/or the applicant's parent/legal guardian – no third-party I-20 recipients are permitted.**

Applicants are required to submit current evidence that the student will have financial support for one academic year. Please fill out the information below and submit financial documentation of available funds translated into English (attachment #2). Financial support must be liquid assets such as savings or checking accounts. Investment accounts are not acceptable.

Name of Financial Institution (Bank): _____

If student is accepted, I will provide tuition payment via: U.S. bank personal check U.S. cashier's check/money order
EI Electronic payment using Flywire (for payments sent from outside the U.S. only – instructions will be provided)

The applicant and/or the applicant's parent guardian will collect said I-20 in-person by appointment with the International Program Office.

-OR-

Email the I-20 directly to the applicant (instructions will be provided upon receipt of tuition payment)

I certify that the information and documentation provided is complete and accurate. Furthermore, I take responsibility for the student's financial, travel and living arrangements. I read and understand the tuition policy. I also understand that providing false or misleading information can result in the denial of the student's application, or if admitted, in the student's dismissal from Chino Valley Unified School District and/or deportation from the U.S.

Print Parent/Legal Guardian Name: _____

Parent/Legal Guardian Wet Signature: _____ Date: _____



Instructions: This page is to be completed by students applying for **grade 12** and want to earn a **high school diploma ONLY**.

In order to certify your previous school coursework for a high school diploma with Chino Valley Unified School District, attach the following information as it pertains to your grade 9, 10 and 11 transcripts (attachment #5):

1. The number of hours spent in each course each term

- The school of origin can provide this information, such as a bell schedule

2. Descriptions for each course, detailing the topics studied

- Possible sources include a course catalog or syllabus

School activities (journalism, drama, dance, choir, band, etc.): _____

Extracurricular activities (off-campus activities such as volunteer work, part-time job, etc.): _____

Leadership (officer in any organization – either on or off-campus): _____

Hardships/obstacles you have overcome: _____

Special interests and talents you possess: _____

Awards and honors you have received: _____

Future plans (college major and career): _____



Form F
Senior Profile – page 2
TYPE THIS FORM

List your standardized test scores below with highest scores to date:

SAT I: Date Taken _____ Verbal _____ Math _____ Writing _____

SAT II: Subject/Score/Date _____ Subject/Score/Date _____ Subject/Score/Date _____

ACT: Date Taken _____ Total Composite Score _____

TOEFL: Date Taken _____ Reading _____ Listening _____ Speaking _____ Writing _____ Total _____

IELTS: Date Taken _____ Reading _____ Listening _____ Speaking _____ Writing _____ Total _____

List in PRIORITY ORDER your preference in colleges/universities:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____



ALL IMMUNIZATIONS MUST BE SIGNED & STAMPED BY A DOCTOR OR CLINIC

IMMUNIZATIONS MUST BE TRANSLATED IN ENGLISH.

**THE STUDENT MAY NOT ATTEND ANY CLASSES UNTIL ALL IMMUNIZATIONS ARE CURRENT
ACCORDING TO THE GUIDE BELOW.**

Parents/Guardians – Are Your Kids Ready for School?

REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY



Please bring your child's immunization records with you at the time of registration. You may view and print a digital copy of your child's California vaccine record at: [MyVaccineRecord.CDPH.CA.gov](https://myvaccinerecord.cdph.ca.gov)

Students Entering Transitional Kindergarten or Kindergarten Need Records of:

- ☐ **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap or Td) — 5 doses**
4 doses OK if one was given on or after 4th birthday;
3 doses OK if one was given on or after 7th birthday.
- ☐ **Polio (IPV or OPV) — 4 doses**
3 doses OK if one was given on or after 4th birthday. Oral polio vaccine (OPV) doses given on or after April 1, 2016, do not count.
- ☐ **Hepatitis B — 3 doses**
- ☐ **Measles, Mumps, and Rubella (MMR) — 2 doses**
Both doses must be given on or after 1st birthday.
- ☐ **Varicella (Chickenpox) — 2 doses**

New and Transfer Students Entering TK/K-12th Grade Need Records of:

- ☐ **All immunizations listed above**
For 7th-12th graders: at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
Hepatitis B vaccine is required for any grade, except for entry into 7th grade.

Students Starting 7th Grade Need Records of:

- ☐ **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
- ☐ **Varicella (Chickenpox) — 2 doses**

What other immunizations should I ask my health care provider about?

When you visit your health care provider for back-to-school immunizations, make sure to also ask about other vaccines that help keep your child healthy, including **hepatitis A, COVID-19, and the annual flu vaccine**. Preteens and teens should also get the **human papillomavirus (HPV) vaccine** to protect against certain cancers and **meningococcal vaccines**.

Learn more about [vaccines your child needs according to their age](https://bit.ly/CDCVaccinesByAge) (bit.ly/CDCVaccinesByAge) and [where you can get your child immunized](https://bit.ly/Where2BVaxed) (bit.ly/Where2BVaxed).

**AUTHORIZATION FOR ADULT TO ACT
AS CUSTODIAL PARENT**
TEMPORARY CUSTODIAL RESPONSIBILITY

Student Information			
Student's Name			Date of Birth
School			
Health Insurance Co.		Policy No.	
Health problems, if any			
List Allergies, if any		List medications student is currently taking	

Natural Parent/Legal Guardian Information			
Mother/Guardian Name			
Father/Guardian Name			
Address		City, State, Zip	
County			
Primary Telephone		E-mail Address	

Caregiver's Information (Host Family)			
Caregiver Name			
Address		City, State, Zip	
County			
Primary Telephone		E-mail Address	

Emergency Contact Person			
First and Last Name		Phone, E-mail	

I hereby state that I am the natural parent/legal guardian of the above-stated child, and authorize the above-named caregiver, to act on my behalf for the time period specified above, in all school matters such as, but not limited to, signing absence verifications, approving field trips, acknowledging notifications, and signing other authorizations, including, but not limited to, medical decisions and/or treatment while attending school or participating in school-related activities.

Executed this _____ day _____, 20 ____, in the city/country of _____

Signature of Natural Parent/Legal Guardian

Attach a copy of the signatory's passport or photo ID to verify signature.



CAREGIVER AUTHORIZATION AFFIDAVIT GUIDELINES

Student Information			
Student Name		Date of Birth	
Phone Number			
Natural Mother/Legal Guardian Name			
Natural Father/Legal Guardian Name			
Caregiver Name (Host Family)			

Guidelines	
	<p>1. Verify the Caregiver Authorization Affidavit (Family Code 6550) information listed in sections one through eight.</p> <p>Note: Caregiver must fill out a separate affidavit for each student enrolling into the school district.</p>
	<p>2. Review the “Warning” information and the penalty for perjury under the laws of the State of California for information that is incorrect or untrue listed on the Caregiver Authorization Affidavit.</p>
	<p>3. Caregiver Authorization Affidavit only allows the caregiver to the following:</p> <ul style="list-style-type: none"> • School enrollment • Work permit request • Emergency medical treatment • Access to student records by the caregiver
	<p>4. Caregiver must sign and date the bottom of this form acknowledging school site personnel has explained and reviewed the Caregiver Authorization Affidavit.</p>
	<p>5. Make three (3) photocopies of the Caregiver Authorization Affidavit:</p> <ul style="list-style-type: none"> a. Original copy will be placed in the student’s cumulative folder. b. Second copy is returned to the caregiver to keep for his/her records. c. Third copy, including this form, will be submitted to the Chino Valley Unified School District’s Custodian of Records in Student Support Services and placed in the District’s Caregiver Authorization Affidavit Notebook.

Caregiver's Signature (Host Family)

Date

CAREGIVER'S AUTHORIZATION AFFIDAVIT

(Family Code 6550)

NOTICES:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. The caregiver may request enrollment of a minor in school, authorize school related medical care, request work permit, and have access to student records.
4. This affidavit addresses school residency only.

Additional Information

TO CAREGIVERS:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed, certified, or approved foster parent, to obtain resource family approval pursuant to Section 1517 of the Health and Safety Code or Section 16519.5 of the Welfare and Institutions Code in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit. The affidavit is invalid after the school, health care provider, or health care service plan receives notice that the minor no longer lives with you.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. A person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary action, for that reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.



CAREGIVER'S AUTHORIZATION AFFIDAVIT

(Family Code 6550)

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of this affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care, request work permit, and access to student records. Completion of items 5-8 is additionally required to authorize any other medical care.

PRINT CLEARLY

The student named below lives in my home and I am 18 years of age or older.

1. Name of student _____
2. Student date of birth _____
3. My name (adult giving authorization - host family) _____
4. My home address is _____
5. ☐ I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative")
6. Check one or both (for example, if one parent was advised and the other cannot be located):
 - ☐ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
 - ☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth (host family) _____
8. My California driver's license or identification card number _____
(host family)

WARNING

Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day _____, 20____, in the city of _____, California.

Printed Name (Host Family)

Signature (Host Family)