



**REAL INNOVATION  
LIMITLESS OPPORTUNITY**  
LEWISVILLE INDEPENDENT SCHOOL DISTRICT

**2022-2023  
Foreign Exchange  
STUDENT APPLICATION**

- Program Standards and Procedures
- State Assessment Guidelines
- Immunizations Guidelines
- Immunization Chart
- Provisional School Acceptance Form
- Request for Enrollment

**(Please read carefully, as some things have changed.)**

# Student Request for Enrollment LISD Foreign Exchange Student 2022-2023

Student Name \_\_\_\_\_ Country \_\_\_\_\_

Host Family (full names) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

LISD Campus zoned for \_\_\_\_\_ Current Grade \_\_\_\_\_

Foreign Exchange Agency \_\_\_\_\_

Name & E-mail Address of Contact \_\_\_\_\_

Phone Number of Contact \_\_\_\_\_

**Check all items included in you packet: (In addition to LISD Foreign Exchange request for enrollment packet)**

- Cover list of applicant file contents**
- Transcript**
- Birth certificate / passport**
- Host family information**
- Provisional school acceptance form**
- Immunization record**
- Texas state assessment guidelines**

All complete applications and questions must be emailed to

Stacey Lubke, LISD Guidance and Counseling

Email: [lubkes@lisd.net](mailto:lubkes@lisd.net)

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

FOR OFFICE UESE ONLY

Date Reviewed \_\_\_\_\_

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Conditional Approval \_\_\_\_\_ (Proof of missing immunizations below is required prior to enrollment. Proof must be submitted to Monya Crow prior to enrollment.)

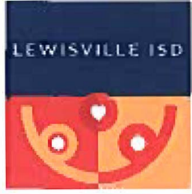
(Campus: DO NOT enroll if immunizations are incomplete. Contact Monya Crow)

Immunizations still needed:

\_\_\_\_\_

\_\_\_\_\_

Lewisville ISD Director of Guidance and Counseling



# GUIDANCE AND COUNSELING

## School Acceptance Form- Addendum to Foreign Exchange Agreement

All placements for Foreign Exchange in LISD are provisional acceptance until the immunizations have been received. Immunizations should be completed and sent to Monya Crow, LISD Director of Guidance, no later than 10 business days prior to the start date of the school.

Student \_\_\_\_\_ Country of Origin \_\_\_\_\_  
School Name \_\_\_\_\_ Foreign Exchange Company \_\_\_\_\_  
Academic Year \_\_\_\_\_  
Foreign Exchange Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Host Family \_\_\_\_\_

Lewisville I.S.D. has provisionally accepted the above student for the 2022-2023 academic school year.

Signature  
Monya Crow  
Printed Name

lubkes@lisd.net  
Email

Date  
Director of Guidance and Counseling  
Title

972-350-4768  
Phone Number

# **Texas State Assessment Guidelines**

## **LISD Foreign Exchange Students**

### **2022.2023**

In accordance with House Bill 3 passed by the 81<sup>st</sup> Texas Legislature, all foreign exchange students must follow the State of Texas Assessment of Academic Readiness End of Course (STAAR™ EOC) testing requirements as outlined below.

All students enrolled in the following courses will be required to take the STAAR™ EOC assessments: English I, English II, Algebra I, Biology and U.S. History.

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I have read and understand the Texas State Assessment Guidelines for Foreign Exchange Students.

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Agency (Please Print)

---

Agency Phone Number

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Agency Representative (Please Print)

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Signature of Agency Representative

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Parent/Guardian/Host Family Signature

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Date

**Return signed form with Student Enrollment form and other student documents.**

# Tuberculosis Testing

## LISD Foreign Exchange Students 2022-2023

All students entering LISD schools for the first time who have immigrated from another country, with the exception of Canada, Australia, New Zealand and \*Western Europe shall provide prior to enrollment a certification of screening for tuberculosis. This examination shall be made by or under the direction of a licensed physician (M.D/D.O) and must be ***made not more than 90 days prior to enrollment into district schools***. The test must show no disease, or if the student has TB, documentation of treatment and a statement of admissibility from United States health care provider must be submitted.

If a TB test is performed at the time of enrollment and results are pending, the student may attend school in the absence of any signs and symptoms of illness. The test must be read by the administering agency and the results documented and turned into the school nurse.

In the event of a positive reading, the DCHD will be contacted to evaluate the appropriate actions and work with the medical authority to determine treatment and school attendance recommendations.

\*Andorra, Austria, Belgium, Denmark, Finland, France, Germany, Gibraltar, Greece, Iceland, Ireland, Italy, Liechtenstein, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Scotland, Spain, Sweden, Switzerland, United Kingdom and Vatican City.

## 2020 - 2021 Texas Minimum State Vaccine Requirements for Students Grades K - 12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

### IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and	Minimum Number of Doses Required by Grade												Note s
	Grades K - 6th						Grade 7th	Grades 8th -					
	K	1	2	3	4	5	6	7	8	9	10	11	
Diphtheria/Tetanus/Pertussis <sub>1</sub> (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses						3 dose primary series and 1 Tdap / Td booster within the last 5 years	3 dose primary series and 1 Tdap / Td booster within the last 10 years					<p><b>For K – 6<sup>th</sup> grade:</b> 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4<sup>th</sup> birthday. However, 4 doses meet the requirement if the 4<sup>th</sup> dose was received on or after the 4<sup>th</sup> birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4<sup>th</sup> birthday.</p> <p><b>For 7<sup>th</sup> grade:</b> 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.</p> <p><b>For 8<sup>th</sup> – 12<sup>th</sup> grade:</b> 1 dose of Tdap is required when 10</p>
Polio <sub>1</sub>	4 doses or 3 doses												<p><b>For K – 12<sup>th</sup> grade:</b> 4 doses of polio; 1 dose must be received on or after the 4<sup>th</sup> birthday. However, 3 doses meet the requirement if the 3<sup>rd</sup> dose was received on or</p>
Measles, Mumps, and Rubella <sub>1,2</sub> (MMR)	2 doses												<p><b>For K – 12<sup>th</sup> grade:</b> 2 doses are required, with the 1<sup>st</sup> dose received on or after the 1<sup>st</sup> birthday. Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella</p>
Hepatitis B <sub>2</sub>	3 doses												<p>For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax<sub>®</sub>) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax<sub>®</sub>) must be clearly documented. If Recombivax<sub>®</sub> was not the vaccine received, a</p>
Varicella <sub>1,2,3</sub>	2 doses												<p>The 1<sup>st</sup> dose of varicella must be received on or after the 1<sup>st</sup> birthday.</p>
Meningococcal <sub>1</sub> (MCV4)							1 dose						<p><b>For 7<sup>th</sup> – 12<sup>th</sup> grade,</b> 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11<sup>th</sup> birthday. <b>Note:</b> If a student received the vaccine at 10 years of age, this will satisfy the</p>
Hepatitis A <sub>1,2</sub>	2 doses												<p>The 1<sup>st</sup> dose of hepatitis A must be received on or after the 1<sup>st</sup> birthday.</p>

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**NOTE:** Shaded area indicates that the vaccine is not required for the respective age group.

- 1 Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
- 2 Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.
- 3 Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

## Exemptions

Texas law allows (a) physicians to write medical exemption statements that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child or household member, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com) under "School & Child-Care." The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

## Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified

age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Additional guidelines for provisional enrollment of students transferring from one Texas public or private school to another, students who are dependents of active duty military, students in foster care, and students who are homeless can be found in the TAC, Title 25 Health Services, Sections 97.66 and 97.69.

## Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after



September 1, 1991.



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

Texas Department of State Health Services • Immunization Unit • MC-1946 • P. O. Box 149347 •  
Austin, TX 78714-9347 • (800)  
252- 9152

## Student Host Family Change

Student Name \_\_\_\_\_ Country \_\_\_\_\_

New Host Family (full names) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

LISD Campus \_\_\_\_\_ Current Grade \_\_\_\_\_

Old Host Family Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Change \_\_\_\_\_

Organization Sponsoring Student \_\_\_\_\_

Representative \_\_\_\_\_ Phone # \_\_\_\_\_

Representative E-mail address \_\_\_\_\_

## Student School Campus Change

(with previous approval)

Student Name \_\_\_\_\_ Country \_\_\_\_\_

Current LISD Campus \_\_\_\_\_ Current Grade \_\_\_\_\_

New Campus Requested \_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
LISD Representative

## Student Withdrawal

Student Name \_\_\_\_\_ Country \_\_\_\_\_

Current Campus \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_

Authority Making Request \_\_\_\_\_

(LISD – attach documentation to back of packet)

Complete section that pertains to your situation and  
e-mail to Stacey Lubke at [lubkes@lisd.net](mailto:lubkes@lisd.net)