



REAL INNOVATION
LIMITLESS OPPORTUNITY
LEWISVILLE INDEPENDENT SCHOOL DISTRICT

2019 - 2020
Foreign Exchange
PROCEDURES and STUDENT
REQUEST FOR ENROLLMENT

- 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.)



FOREIGN EXCHANGE PROGRAM STANDARDS

Registration Procedures

Foreign exchange programs are an integral part of the school experience and should provide a cultural experience for both the foreign student and the community. In order to protect the interests of our patrons, students, and to ensure the integrity of the foreign exchange initiative, LISD has established these standards. They apply to not-for-profit programs involving a one-year home stay experience for high school students from foreign countries coming to the United States and this community. All foreign exchange programs petitioning participation in LISD will be considered providing the standards set forth in this document are maintained.

Acceptance as an LISD recognized institution will be at the discretion of the LISD Board of Trustees or its designee and is subject to change and review if any agency is not in compliance with the specified criterion. Each participating foreign exchange program must register annually with the Lewisville Independent School District. Acceptance in one school year does not constitute acceptance in the following school year; students will only be accepted for the current school year. *No foreign exchange student will be registered in LISD unless the sponsoring organization has been registered and approved by the LISD Board of Trustees as an accredited agency. Only private, not-for-profit program sponsors will be considered. The standards for acceptance as well as the registration procedures are included in the body of this document. LISD standards are based on the established guidelines of the Council for Standards of International Education Travel (CSIET) and the United States Information Agency (USIA) regulations. Exchange companies must be accepted for full listing on the current CSIET List of Approved Organizations.*



GUIDANCE AND COUNSELING

Thank you for your interest in partnering with LISD in our Foreign Exchange Program. We value the richness of the education experience that foreign exchange provides.

In order to fully expedite the time sensitive application process, please be advised incomplete Foreign Exchange Packets will not be reviewed. Once a complete packet has been submitted, it will be reviewed by Monya Crow, Director of Guidance and Counseling.

Foreign Exchange packets will only be reviewed during LISD's hours of operation. Please ensure you allow ample time for your applications to be processed.

If you have any questions, please contact my office at 972-350-4768.

Sincerely,

Monya Crow
Director of Guidance and Counseling
CrowM@lisd.net



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 _____
 Academic Year _____ Foreign Exchange Company _____
 Foreign Exchange Contact Name _____ Phone Number _____
 Host Family _____

Lewisville I.S.D. has provisionally accepted the above student for the 2019-2020 academic school year.

Signature	Date
<u>Monya Crow</u>	<u>Director of Guidance and Counseling</u>
Printed Name	Title
<u>lubkes@lisd.net</u>	<u>972-350-4768</u>
Email	Phone Number

Student Request for Enrollment LISD Foreign Exchange Student 2019 - 2020

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

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

FOR OFFICE USE 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

Texas State Assessment Guidelines

LISD Foreign Exchange Students

2019 - 2020

In accordance with House Bill 3 passed by the 81st 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.

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

Agency (Please Print)

Agency Phone Number

Agency Representative (Please Print)

Signature of Agency Representative

Parent/Guardian/Host Family Signature

Date

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

Tuberculosis Testing

LISD Foreign Exchange Students 2019 - 2020

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.

2019 – 2020 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 ¹ (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses						3 dose primary series and 1 Tdap / Td booster <i>within the last 5 years</i>	3 dose primary series and 1 Tdap / Td booster <i>within the last 10 years</i>					<p>For K – 6th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday.</p> <p>For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.</p> <p>For 8th – 12th grade: 1 dose of Tdap is required when 10</p>
Polio ¹	4 doses or 3 doses												<p>For K – 12th grade: 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the 3rd dose was received on or</p>
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses												<p>For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1st birthday. Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella</p>
Hepatitis B ²	3 doses												<p>For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax[®]) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax[®]) must be clearly documented. If Recombivax[®] was not the vaccine received, a</p>
Varicella ^{1, 2, 3}	2 doses												<p>The 1st dose of varicella must be received on or after the 1st birthday.</p>
Meningococcal ¹ (MCV4)							1 dose						<p>For 7th – 12th grade, 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11th birthday. Note: If a student received the vaccine at 10 years of age, this will satisfy the</p>
Hepatitis A ^{1,2}	2 doses												<p>The 1st dose of hepatitis A must be received on or after the 1st birthday.</p>

↓ Notes on the back page, please turn

Rev.

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 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