



# NISKAYUNA CENTRAL SCHOOL DISTRICT

Niskayuna High School  
1626 Balltown Road • Niskayuna, New York 12309

Bryan Mattice  
[bmattice@niskyschools.org](mailto:bmattice@niskyschools.org)  
Coordinator, International Scholars Program

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## INTERNATIONAL STUDENT APPLICATION

### Personal Information:

1. \_\_\_\_\_  
Last Name    First Name    Middle Name
2. \_\_\_\_\_  
Home Address   Street    City    Zip    Country
3. \_\_\_\_\_  
E-mail    Date of Birth    Passport #
4. \_\_\_\_\_  
Home Telephone Number    E-mail address    Mobile Number

### Family Information:

5. **I live with**                      \_\_\_\_\_ Mother  
    \_\_\_\_\_ Father  
    \_\_\_\_\_ Stepmother  
    \_\_\_\_\_ Stepfather  
    \_\_\_\_\_ Brother (s)  
    \_\_\_\_\_ Sister (s)

6. **Father (or male guardian)**

\_\_\_\_\_

Last Name    First Name

\_\_\_\_\_

Occupation    Employer

\_\_\_\_\_

Business Phone    E-mail







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### 11. Emergency Information

If we are not able to contact your parents, please tell us whom we can contact in case of an emergency.

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Last Name	First Name	Home Telephone Number
Relationship		E-mail

### 12. Academics (Official transcripts must be translated into English)

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Name of school	Address
Telephone number	Principal/Headmaster

What kind of school do you currently attend?     Public     Private

Where do you live during the school year?     Home     School     Relatives

How many years of pre-university study exist in your country's school system? \_\_\_\_\_

Estimate your proficiency in English:

Speaking:	Excellent	Good	Limited	Poor
Reading:	Excellent	Good	Limited	Poor
Writing:	Excellent	Good	Limited	Poor

List the English proficiency test you have taken and your score on that test:

Proficiency test \_\_\_\_\_ Score \_\_\_\_\_

\*The applicant must submit two letters of recommendation from current teachers. One letter must be from the applicant's teacher of English attesting to his/her level of competence in spoken and written English.

### 13. Niskayuna Academics:

Below, please check the courses you would be interested in studying should you be accepted to the International Scholars Program. Keep in mind that all students are required to take coursework in Science, Social Studies, Mathematics, English, and Physical Education appropriate with their previous education in these core subjects. In addition, your selections (check all that apply) does not guarantee a student's placement in these courses; it simply serves as a guide to the application committee to better understand your academic goals and interests. (Continued on following page)



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### Traditional Core Subjects (English, Mathematics, Science, Social Studies)

- English  
 Mathematics  
 Science  
 Social Studies

Niskayuna offers over 60 courses at accelerated or advanced levels of study. If you are interested in more challenging core subject coursework, please indicate which might interest you below:

- English Honors       AP English       AP Statistics       AP Calculus  
 Pre-Calculus Honors       Algebra II Honors       Biology Honors       Earth Science Honors  
 Chemistry Honors       Physics Honors       AP Biology       AP Chemistry  
 AP Physics       AP World History       AP U.S. History       AP Economics  
 AP Government       Global History Honors       U.S. History Honors

### Elective Courses

- Art and Design       Business       Engineering  
 Family and Consumer Sciences       Music

### Language Courses

- Chinese       French       German       Latin  
 Spanish

### Concurrent (Multi-Year) Study Program / College in the High School Courses

Through Niskayuna's partnership with *Schenectady County Community College*, F-1 students may apply, and if accepted, to study at Niskayuna High School for **up to three years**. This is a unique opportunity rarely offered by U.S. public high schools, but is made possible through our College in the High School course offerings.

Please indicate if you would be interested in our F-1 concurrent (multi-year) study program:

- Yes       No       Maybe



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Should you study with our concurrent (multi-year) program, please indicate what courses you might be interested in:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business Organization             | <input type="checkbox"/> Business Law        | <input type="checkbox"/> Accounting                         |
| <input type="checkbox"/> Marketing                         | <input type="checkbox"/> Forms of Writing    | <input type="checkbox"/> Professional and Technical Writing |
| <input type="checkbox"/> Child Psychology                  | <input type="checkbox"/> French V (Advanced) | <input type="checkbox"/> Spanish V (Advanced)               |
| <input type="checkbox"/> AP Biology                        | <input type="checkbox"/> AP Chemistry        | <input type="checkbox"/> AP Physics                         |
| <input type="checkbox"/> Nanoscale Science and Engineering |  |   |

### 14. Special Interests:

What musical instruments do you play? How long have you played? How often do you practice?

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What sports do you play? How long have you played? How often do you practice?

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Describe any other interests, hobbies or activities you are involved in:

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What are your career plans?

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Do you have a pet? Are you willing to live with a family that has a pet?

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Have you ever traveled to the U.S. on a J-1 or F-1 visa?  Yes  No

Explain: \_\_\_\_\_

### 15. Placement Information

Do you have any health restrictions, physical handicaps, or limitations to participating in school activities that your host family should be aware of?  Yes  No

If so, please explain: \_\_\_\_\_

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Do you have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please list the allergies below and any treatment used, including medications.

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Smoking by students is prohibited. Can you live with other people who smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any dietary restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

### 16. Required Immunizations:

#### Kindergarten – Grade 4

- **DTaP (Diphtheria and Tetanus):** 5 doses with the last dose at age 4 or older (only exception is if 4th dose is after age 4)
- **IPV (Polio vaccine):** 4 doses (unless 3rd dose received at 4 years of age or older)
- **Hepatitis B:** 3 doses, 1st dose may be given at birth or anytime thereafter. Dose 2 must be received at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than 24 weeks of age.
- **MMR (Measles, Mumps and Rubella vaccine):** 2 doses, 1st dose on or after 1st birthday; must have 28 days between doses 1 and 2 of measles vaccine
- **Varicella (Chickenpox):** 2 doses, 1st dose on or after 1st birthday

#### Grade 5

- **DTaP (Diphtheria and Tetanus):** 5 doses with the last dose at age 4 or older (only exception is if 4th dose is after age 4)
- **IPV (Polio vaccine):** 3 doses
- **Hepatitis B:** 3 doses, 1st dose may be given at birth or anytime thereafter. Dose 2 must be received at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than 24 weeks of age.
- **MMR (Measles, Mumps and Rubella vaccine):** 2 doses, 1st dose on or after 1st birthday, must have 28 days between doses 1 and 2 of measles vaccine.
- **Varicella (Chickenpox):** 1 dose on or after 1st birthday

#### Grades 6-10

- **DTaP (Diphtheria and Tetanus):** 3 doses
- **Tdap (Diphtheria and Tetanus booster):** 1 dose, not required until the student turns 11 years of age; a dose of Tdap received at 7 years of age or older will meet this requirement
- **IPV (Polio vaccine):** 4 doses (unless 3rd dose received at 4 years of age or older)



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- **Hepatitis B:** 3 doses, 1st dose may be given at birth or anytime thereafter. Dose 2 must be received at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than 24 weeks of age. Or, 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years of age
- **MMR (Measles, Mumps and Rubella vaccine):** 2 doses, 1st dose on or after 1st birthday, must have 28 days between doses 1 and 2 of measles vaccine
- **Varicella (Chickenpox):** 2 doses, 1st dose on or after 1st birthday
- **Meningococcal conjugate vaccine (MenACWY):** Grades 7, 8, 9- 1 dose

### Grades 11 & 12

- **DTaP (Diphtheria and Tetanus):** 3 doses
- **Tdap (Diphtheria and Tetanus booster):** 1 dose
- **IPV (Polio vaccine):** 3 doses
- **Hepatitis B:** 3 doses, 1st dose may be given at birth or anytime thereafter. Dose 2 must be received at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than 24 weeks of age. Or, 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years of age
- **MMR (Measles, Mumps and Rubella vaccine):** 2 doses, 1st dose on or after 1st birthday, must have 28 days between doses 1 and 2 of measles vaccine
- **Varicella (Chickenpox):** 1 dose, 1st dose on or after 1st birthday
- **Meningococcal conjugate vaccine (MenACWY):** Grade 12: 2 doses or 1 dose if the dose was received at 16 years or older.

Applicants must provide proof of all required immunizations. The immunization record must be signed and dated by a physician.

### **17. Medical records:**

Applicants must submit a complete medical report signed and dated by their physician. To access the form, see:  
<http://www.p12.nysed.gov/sss/documents/ReqNYSSchoolHealthExamForm.pdf>

### **18. Consent for medical treatment must be signed and dated by natural parent.**

I hereby grant consent for my son/daughter to receive emergency medical treatment as authorized by a host parent or responsible school official.

Parent signature \_\_\_\_\_

Date \_\_\_\_\_





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**19. Payment Schedule**

Total cost of the program is \$23,000 US per year.

Cost breakdown: Tuition: \$15,000US

Housing: \$6,000US

Administrative Fee: \$2,000US

-The first payment of \$15,000US is due upon acceptance on June 1.

-The final payment of \$8,000US is due on August 31.

**20. Personal Photos**

-Please attach to this application a recent photograph of yourself and a photo of your family. You may choose to attach additional photos (friends, pets, home, city) if you wish.

**21. Parental Statement**

-Please give a profile of your son/daughter explaining why you want him or her to participate in the International Scholars Program.

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### STATEMENT OF AGREEMENT

We understand and accept that the Niskayuna Central School District, in making its selections and placements, does not discriminate on the basis of race, color, national origin, sexual orientation, religion or gender. Individuals with disabilities will be accommodated to the best ability of the Niskayuna Central School District. We also understand that Niskayuna CSD will try to house all students approved, but can only accept as many students as can be accommodated. Furthermore, we understand that Niskayuna CSD will try to accommodate preferences regarding host family placement; however, we understand that Niskayuna CSD cannot guarantee preferences. We understand that Niskayuna host families may be of any race, ethnicity, or religious background and that we must accept the host family that Niskayuna CSD selects. We authorize the release of medical and school information to Niskayuna CSD. We do acknowledge that the information we have provided in the admission packet is complete and accurate. By signing below, the student agrees to follow the Niskayuna Code of Conduct. Any serious breach of conduct may result in program cancellation or the early return of the applicant at the expense of the student's natural family. Athletic participation or eligibility is not guaranteed by acceptance to the International Students program.

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Student Signature

Date

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Parent/Guardian Signature

Date



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## RULES, AGREEMENT & RELEASE FORM

I, the exchange visitor, and my natural parents indicate by our signatures that we understand and agree to the following rules:

- 1 I will not drink alcoholic beverages including wine and beer during my stay in the U.S.
- 2 I will not acquire or take drugs or associate with anyone that takes illegal drugs. The penalty for breaking this rule is immediate return to my home country at my own family's expense.
- 3 I will not drive a car or motorcycle during my stay in the U.S.
- 4 I will attend school regularly and follow the rules of attendance and punctuality established by the school. I understand that I must do my best to succeed in all the classes I take and follow the rules of behavior set by Niskayuna. Unacceptable behavior can result in students being sent home at their family's expense.
- 5 Exchange visitors are not allowed to travel outside the local area by themselves or with other teenagers. If you are not sure what constitutes your local area, ask the International Scholars Program coordinator for clarification. Overnight travel is allowed only with your host family or with a group approved by your exchange coordinator (for example, a school field trip). If you go on an overnight trip with your host family or a school organization or club, you must notify the coordinator of your plans and receive permission.
- 6 Exchange visitors are not allowed to visit their home country during their time in the U.S. with the exception of a serious medical emergency within the immediate natural family. Permission for such a trip must be obtained by the International Scholars Program coordinator.
- 7 If a student travels outside the U.S. with the host family, he/she must always check with U.S. Immigration officials to make sure that he/she will be allowed to re-enter the U.S.
- 8 I will not hitch-hike. This is an unsafe practice.
- 9 I will not seek a job while in the U.S.
- 10 I will not smoke, vape, or use any type of tobacco product while in the U.S. Students who use tobacco are not allowed to take part in this exchange program.
- 11 I understand that it is my responsibility to inform my host family of my plans and whereabouts. The host family must know and approve where the exchange visitor is, with whom, and when the student will return home.
- 12 I understand that if I violate local, state or federal laws while in the U.S., I will be sent back to my home country at my natural family's expense.
- 13 I will return to my home country upon completion of the exchange program at the end of the school year. I may not remain in the U.S. after this time.
- 14 Natural parents are discouraged from visiting exchange students during their stay in the U.S. If natural parents do visit, they must come at the end of the student's stay in the U.S., and the International Scholars Program coordinator must be informed in advance of their visit. Exchange visitors are not allowed to have friends from their home country visit during their time in the U.S.
- 15 If an exchange visitor has close relatives in the U.S., they must keep their contact with those relatives at the same level and type of contact as their family back home. In addition, relatives should not be involved in any situation normally handled by the exchange coordinator.
- 16 Finally, exchange visitors and natural parents must respect all decisions made by the exchange coordinator of the program. I understand that I am responsible to follow all the rules of the program, and that violating any of those rules my result in early return to my home country at my natural family's expense and without refund of program fees.



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# RULES, AGREEMENT & RELEASE FORM

(Continued)

In addition, the exchange visitor and the visitor's natural parents/guardians acknowledge the following and release the exchange school and the student's host family, as follows:

- 1 Student's personal property. The student's personal property is not the responsibility of the exchange school or the host family. Any lost or stolen property of the student that is not covered by an insurance policy is the responsibility of the student and the student's natural parents/guardians. Exchange students must establish a bank account that is separate from that of their host family.
- 2 Insurance. Any medical expenses or lost/stolen or damaged property not covered by the exchange student's insurance is the responsibility of the natural parents or legal guardians of the student.

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Signature of Student

Date

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Signature of Parent

Date