

## MURRAY SCHOOL DISTRICT

### REGISTRATION REQUIREMENTS FOR NON-RESIDENT STUDENTS FROM OUTSIDE THE UNITED STATES SEEKING F-1 STATUS

1. **Send completed application to:**  
Robert McDaniel  
Director of Personnel & Student Services  
Murray School District  
147 East 5065 South  
Murray, UT 84107

Questions - call Mr. McDaniel or his assistant, Denise, at (801) 264-7487.

2. **Specific requirements include:**
  - a. Students must be 17 years or younger as of September 1<sup>st</sup> of the year intending to enroll in school.
  - b. Must be able to speak and understand English and submit proof in some form, i.e., school transcript, letter from private English instructor.
  - c. Have not graduated from high school yet/class has not yet graduated.
  - d. Must live in Murray School District and reside with a responsible family.
  - e. Tuition, as indicated on second page, paid in full before I-20 is issued.
  - f. Complete Affidavit of Support (attached).
3. **Items to be submitted for approval to issue an I-20.**
  - a. A copy of student's birth certificate.
  - b. Transcripts of credit/school records.
  - c. Durable Power of Attorney
  - d. Utah School Immunization Record completed (attached).
  - e. TB test done in the U.S. (can be done at Salt Lake County Health Dept.)
4. **Financial Items:**
  - a. Payment of registration fee: \$20 (paid when picking up the I-20) **NON-REFUNDABLE.**
  - b. Payment of additional registration fees at the school (minimum \$50 fee).
  - c. Proof of major medical and repatriation insurance for student.
  - d. Payment of I-901 processing fee (see attached).
5. Foreign students who reside in Murray with their parents shall be considered for graduation regardless of years attended, providing all graduation requirements are met. A foreign student on an F-1 visa (obtained with an I-20 application) may attend a public school for one year only. A foreign student completing his/her 12<sup>th</sup> grade year will receive a certificate of completion only.

**MURRAY SCHOOL DISTRICT  
ADMISSION OF NON-RESIDENT STUDENTS**

It is the policy of Murray School District to admit non-resident students to the schools of the district where individual circumstances warrant. To gain admittance, non-resident students must complete procedures outlined in the district policy. It shall be the intent of the district, where the non-resident student is from out of state or from a foreign country, to charge tuition established by the Murray District Board of Education.

**NON-RESIDENT TUITION POLICY**

53A-2-205. (1) A local school board may permit a child residing outside the state to attend school within the district. With the exception of a child enrolled under Section 53A-2-206, the child is not included for the purpose of apportionment of state funds.

(2) The board shall charge the non-resident child tuition at least equal to the per capita cost of the school program in which the child enrolls unless the board, in open meeting, determines to waive the charge for the child in whole or part. The official minutes of the meeting shall reflect the determination.

The Superintendent and Clerk of the Board will set tuition annually in compliance with the above requirements of the law based on the per capita cost of the school program. The per capita cost will be computed by the utilization of the following formula.

The most recent current expenditure per pupil (ADM) as shown in the "Annual Report of the State Superintendent of Public Instruction." Plus, the projected current year expenditures based on the percent of increases in the value of the weighted pupil unit (WPU) and rounded to the nearest \$5.00.

**PUBLIC EDUCATION FEE FOR THE 2006-2007 SCHOOL YEAR; \$5,845**

I have read and understand the above statement. I understand that tuition is charged and that I am willing to make one total payment in full.

---

**Date**

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**Signature**

**MURRAY SCHOOL DISTRICT  
FOREIGN STUDENT  
APPLICATION FOR ADMISSION**

*(PLEASE PRINT OR TYPE)*

**Student's Name: Last:** \_\_\_\_\_

**First:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**County of Citizenship:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

**Parent's Address:** \_\_\_\_\_

**City, State (Country):** \_\_\_\_\_

**Zip**

**What date is the student expected to come?** \_\_\_\_\_

**Host Family:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**In order to more adequately plan the student's academic program, how long do they plan to attend Murray schools?** \_\_\_\_\_

**Has the student graduated from high school?** \_\_\_\_\_

**How many years of school has the student completed?** \_\_\_\_\_

**PARENT AGREEMENT**

We, the parent(s) of \_\_\_\_\_ do agree to the following:

1. That the student will be placed in the home of a responsible adult who is a resident of Murray City.
2. That the financial assistance necessary for the student's enrollment in Murray Schools will be provided (school fees and non-Utah resident tuition).
3. That the student will be returned to our custody at our expense should he/she be unable to adjust and perform in the Murray City School District.
4. We have granted the host family the legal rights to provide medical care and treatment for said student.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**HOST FAMILY AGREEMENT**

We, \_\_\_\_\_, sponsors of \_\_\_\_\_ do hereby accept the responsibility of providing a home, responsible adult control, and guidance while said student is living in our home and attending the Murray City School District. We acknowledge that we have legal rights to provide medical care and treatment for the said student.

We further agree to notify the school and parents if said student should move out of our home, fail to keep the standards of home and school, fail to attend school regularly, or fail to comply with school requirements.

We agree to assist the school and the student in achieving a successful school experience.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**STUDENT AGREEMENT**

I, \_\_\_\_\_, commit myself to the following:

1. To be in school regularly and on time, to achieve at the level of which I am capable.
2. To accept and keep the requirements and standards of the school that I will attend.
3. I understand that any violation of these commitments may terminate my opportunity to attend at Murray School District and my student visa may be revoked.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## I-901, Fee Remittance for Certain F, J and M Nonimmigrants

U.S. Department of Homeland Security  
Bureau of Immigration and Customs Enforcement

### INSTRUCTIONS

This form is used to pay the fee to support the F, M, and J nonimmigrant reporting system authorized by Public Law 104-208, Subtitle D, Section 641. If you are subject to this fee and do not pay it, you will not be issued an F, M, or J nonimmigrant visa or be admitted to the United States. If you are in the United States and apply for a change of status, you are subject to this fee. If you do not pay it, your application will not be processed.

#### Fee payment is required if the applicant is:

- a. An alien seeking an F-1, F-3, J-1, M-1, or M-3 visa from an embassy or consulate abroad for initial attendance at a school approved by the Department of Homeland Security (DHS) or for initial participation in an exchange visitor program designated by the Department of State (DOS). There is an exception noted below in section j.
- b. An alien who does not need a visa to enter the United States as a student or exchange visitor, who will be applying for admission at a U. S. port-of-entry to begin initial attendance at a DHS-approved school or initial participation in a DOS-designated exchange visitor program except as specified in section j below.
- c. An alien in the United States seeking a change of status to F-1, F-3, J-1, M-1, or M-3. There are exceptions noted below in sections j and n.
- d. A nonimmigrant who was initially granted J-1 status as a participant in an exchange visitor program sponsored by the Federal government, as specified in section j below, and who is now transferring to another J program in the same category that is not sponsored by the Federal government.
- e. A J-1 nonimmigrant who is applying for a change of category from within the United States. There is an exception noted below in section j.
- f. A J-1 nonimmigrant who is applying for a reinstatement after a substantive violation, or who has been out of program status for longer than 120 days but less than 270 days during the course of his or her program. There is an exception noted below in section j.
- g. An F-1, F-3, M-1, or M-3 nonimmigrant applying for reinstatement of student status, who has been out of student status for a period exceeding the presumptive ineligibility requirement set forth in 8 CFR 214.2(f)(16)(A) or 214.2(m)(16)(A).
- h. An F-1, F-3, M-1, or M-3 nonimmigrant who has been absent from the United States for a period exceeding 5 months, was not working towards completion of curriculum in authorized overseas study, and now wishes to re-enter for a new F or M program of study in the United States.
- k. An F-1, F-3, J-1, M-1, or M-3 nonimmigrant who has previously paid the fee, or whose Form I-20 or DS-2019 for initial attendance was issued on or before August 31, 2004, and who is applying for a visa to return to the United States as a continuing student or a continuing participant of an exchange visitor program.
- l. An F-1, F-3, M-1, or M-3 nonimmigrant transferring between approved schools, changing educational levels, or applying for post-completion practical training.
- m. A J-1 nonimmigrant transferring between programs in the same exchange visitor category where no differential fee exists.
- n. A nonimmigrant applying for a change of classification from within the United States between F-1 and F-3 status or between M-1 and M-3 status.
- o. An F-1, F-3, J-1, M-1, or M-3 nonimmigrant requesting/applying for an extension of stay in a single program.
- p. An alien reapplying for a visa from an embassy or consulate abroad after having paid the SEVIS fee for a previous F-1, F-3, M-1, or M-3 visa that was denied, and who is applying again for the same type of program within 12 months of the initial denial.
- q. An alien reapplying for a visa from an embassy or consulate after having paid the SEVIS fee for a previous J-1 visa that was denied, and who is applying again for the same type J-1 exchange visitor category within 12 months of the initial denial, unless there is a fee differential.
- r. A nonimmigrant who has applied for a change of status in the United States to an F, M, or J classification, had the initial application for the change of status denied for a reason other than failure to pay the SEVIS fee, and is applying for a motion to re-open the case within 12 months of the original denial.

#### Documents needed to fill out this form:

- F-1, F-3, M-1, and M-3 status only: Form I-20 (Certificate of Eligibility for Nonimmigrant Student Status) issued to you by the DHS-approved school you will attend.
- J-1 status only: Form DS-2019 (Certificate of Eligibility for Exchange Visitor [J-1] Status) issued to you by the designated exchange visitor program in which you will participate.

#### Fee payment not required if applicant is:

- i. An F-2, J-2, or M-2 dependent.
- j. A J-1 participant in an exchange visitor program sponsored by the Federal government. A program sponsored by the Federal government is identified by a program number of G-1, G-2, or G-3.

**Instructions:****This form must be completed in English.**

Item Number:

- 1-3. Enter your name exactly as it appears on your Form I-20 or DS-2019.
4. Enter the street address to where your payment receipt should be sent. Include apartment number and Post Office (P.O.) box, if applicable.
5. Enter the city where your payment receipt should be sent. Include a province as required. You may abbreviate (e.g., Toronto, ON) to ensure successful delivery outside the United States.
6. For U.S. addresses only. If the address is in the United States, enter the 2-letter abbreviation for the state. If the address is not a state within the United States, do not fill in this section.
7. Enter the country to which your payment receipt should be sent.
8. Enter the postal code or zip code.
9. List your date of birth in mm/dd/yyyy format.
10. Check the appropriate space pertaining to your gender.
11. Enter your city (province) of birth.
12. Enter your country of birth, as listed on your Form I-20 or DS-2019.
13. Enter your country of citizenship, as listed on your Form I-20 or DS-2019.
14. **F/M status only:** Enter the school code found on your Form I-20. Leave the Program Number blank.  
  
**J-1 status only:** Enter the exchange visitor program number found on the Form DS-2019 (e.g.; P-1-00000). If your sponsor number begins with G-1, G-2, or G-3, you are exempt from fee payment. Leave the School Code blank.
15. Enter the SEVIS identification number listed above the barcode on the top right corner of your Form I-20 or DS-2019.
16. Enter the passport number contained in your passport, if available.
17. **A. F/M status:** Check the box in subpart A which indicates that you owe \$100.00 and continue on to item number 18. Do not check any boxes in subpart B.  
  
**B. J-1 status:** Do not check the box in subpart A. Check the box in subpart B that corresponds to the exchange visitor category found on your Form DS-2019. (If your sponsor number in section 2 of Form DS-2019 begins with G-1, G-2, or G-3, you are exempt from fee payment). Continue on to item number 18.

18. Select the type of delivery you want used to send your receipt (Form I-797) to you. This receipt will serve as confirmation of payment. You must select one of the following two options:
  - A. **Air Mail:** There is no additional charge for this option.
  - B. **Expedited Delivery:** There will be an added shipping and handling fee of \$30.00 for this option. Your receipt will be delivered in an expedited manner to the address listed in item numbers 4-8 on the Form I-901.  
  
If you choose the expedited delivery option, you must include a physical address. The courier will not deliver to a post office box. You must also include a telephone number. This information will not be collected by the DHS and will only be used by the mail courier service in order to ensure expedited delivery.
19. Add the amount from the box checked in item 17 (fee pertaining to classification) and item 18 (choice for delivery). This is the total amount of money that you owe. Please send only one check or money order.

**Payment by mail:**

The only forms of payment that will be accepted are checks and money orders. No other form of payment will be accepted. Do not mail cash.

All checks and money orders must be made in U.S. dollars and drawn on a bank located in the United States.

All checks and money orders must be made payable to the "I-901 Student/Exchange Visitor Processing Fee."

Checks are accepted subject to collection. A charge of \$30.00 will be imposed if a check for payment of a fee is not honored by the bank on which it is drawn.

Write the name of the student or exchange visitor and the SEVIS identification number on the check.

Fees must be submitted in the exact amount. Failure to file forms correctly or with the correct payment will result in the return of this form to you and additional delay in processing. Fees will not be refunded.

Mail the Form I-901 and payment to:

I-901 Student/Exchange Visitor Processing Fee  
P.O. Box 970020  
St. Louis, MO 63197-0020  
or

Courier the Form I-901 and payment to:

I-901 Student/Exchange Visitor Processing Fee  
1005 Convention Plaza  
St. Louis, MO 63101

**Payment by Internet:**

You may also complete the Form I-901 online. The form and payment may then be submitted as explained above. Alternately, online payment may be made using a credit card. The online Form I-901 is available at: [www.FMJfee.com](http://www.FMJfee.com).

**Privacy Act Notice.**

Authority to collect this information is contained in 8 USC 1154, 1184, and 1258. Failure to provide all of the requested information may result in the delay of a final decision or denial of your request. We may provide this information to other government agencies (Federal, state, local, and/or foreign).

**Paperwork Reduction Act Notice.**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 19 minutes. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you may write to the Department of Homeland Security, Regulations and Forms Services (HQ/RFS), 425 I Street, N.W., Room 4034, Washington, DC 20529. Do not mail your completed application to this address.

# I-901, Fee Remittance for Certain F, J and M Nonimmigrants

U.S. Department of Homeland Security  
Bureau of Immigration and Customs Enforcement

TYPE OR PRINT IN BLUE OR BLACK INK

1. Last Name (Surname):

2. First Name (Given Name):

3. Middle Name:

WHERE DO YOU WANT YOUR PAYMENT RECEIPT TO BE SENT?

4. Street Address /P.O. Box:

Apartment Number:

No. 2 Street Address /P.O. Box:

5. City (Province):

6. State (U.S. Address Only):

7. Country:

8. Zip Code/Postal Code:                      9. Date of Birth (mm/dd/yyyy):

10. Gender (Check one): Male:   
Female:

11. City (Province) of Birth:

12. Country of Birth:

13. Country of Citizenship:

14. School Code (I-20) (F/M nonimmigrant only):

OR

Program Number (DS-2019) (J-1 nonimmigrant only):

15. SEVIS Identification Number:

16. Passport Number:

17. Amount to be paid:

A. F/M only: (\$100)

B. J-1 only: Indicate your Exchange Visitor Category (Check only one of the following boxes)

Student (\$100)   
Trainee (\$100)   
Teacher (\$100)   
Professor (\$100)   
Alien Physician (\$100)   
Government Visitor (\$100)

Research Scholar (\$100)   
Short-term scholar (\$100)   
Specialist (\$100)   
Camp Counselor (\$35)   
Summer Work/Travel (\$35)   
Au Pair (\$35)

18. Return Receipt:    A. Air Mail (\$0)   
                                  B. Expedited Delivery (\$30)

Telephone: \_\_\_\_\_

19. Total amount (add total from 17 and 18):\$ \_\_\_\_\_



ACCEPTANCE OF DURABLE POWER OF ATTORNEY

The undersigned accepts the designation as Custodian of \_\_\_\_\_ (DOB \_\_\_\_\_), a minor child, and agrees to take all actions necessary for the health and welfare of said child, including full cooperation with public school authorities in any public school or school district where said child may be enrolled. The undersigned also agrees to assume responsibility for any fees or other charges relating to the child's education in the district and, if application is made for fee waivers, will provide all financial information requested by the district for purposes of determining eligibility for fee waivers.

CUSTODIAN(S):

\_\_\_\_\_

STATE OF UTAH                    )  
  :ss.  
COUNTY OF \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, personally appeared before me \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public



Utah Department of Health  
**IMMUNIZATION PROGRAM**  
 Immunize for healthy lives

**School & Childcare Information**

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**Provider Online Education**

- UTAH SCIENTIFIC ADVISORY COMMITTEE
- UTAH STATEWIDE IMMUNIZATION INFORMATION SYSTEM
- STATEWIDE STATISTICS
- SCHOOL/CHILD CARE INFORMATION
- HEPATITIS
- VACCINES FOR CHILDREN PROGRAM
- PROFESSIONAL EDUCATION AND MATERIALS
- VACCINE PREVENTABLE DISEASE REPORTING

**SCHOOL & CHILDCARE REQUIREMENTS**

**IMMUNIZATION REQUIREMENTS FOR SCHOOL AGED CHILDREN**

- A student born BEFORE July 1, 1986
- A student born AFTER July 1, 1986
- A student born AFTER July 1, 1993
- A student born AFTER July 1, 1996
- Immunization Requirements for Children in Early Childhood Programs

- A student born BEFORE July 1, 1986**
- 4 DTP/DT
  - 3 Polio
  - 2 Measles
  - 1 Mumps
  - 1 Rubella

- A student born AFTER July 1, 1986**
- 5 DTP/DTaP/DT - 4 doses if 4th dose was given on/after the 4th birthday
  - 3 OPV (Oral Polio) or 4 IPV (Inactivated Polio) - 3 doses if 3rd dose was given on/after the 4th birthday
  - 2 Measles
  - 1 Mumps
  - 1 Rubella

- A student born AFTER July 1, 1993**
- 5 DTP/DTaP/DT - 4 doses if 4th dose was given on/after the 4th birthday
  - 4 Polio - 3 doses if 3rd dose was given on/after the 4th birthday
  - 2 Measles
  - 1 Mumps
  - 1 Rubella
  - 3 Hepatitis B

- A student born AFTER July 1, 1996**
- 5 DTP/DTaP/DT - 4 doses if 4th dose was given on/after the 4th birthday
  - 4 Polio - 3 doses if 3rd dose was given on/after the 4th birthday

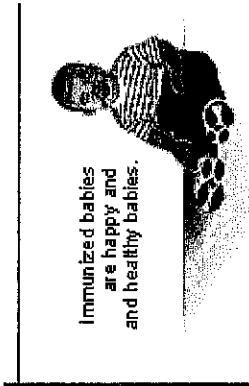
**School & Childcare Information**

- IMMUNIZATION RULE
- SCHOOL & CHILDCARE REQUIREMENTS
- IMMUNIZATION GUIDANCE
- SCHOOL/CHILDCARE REPORTING SYSTEM
- ORDER EDUCATIONAL MATERIALS

**News**  
 New seventh grade requirements added to school rule.

- Quick Links**
- Care-A-Van
  - Current Issues
  - Schedules/Recommendations
  - Parents Guide
  - Statewide Clinics
  - Travel Information
  - Adult Information

**IMMUNIZATION HOTLINE**  
 1-800-275-0659



- 2 Measles
- 1 Mumps
- 1 Rubella
- 3 Hepatitis B
- 1 Varicella (chickenpox) -history of disease is acceptable, parent must sign verification statement
- 2 Hepatitis A

**EFFECTIVE May 7, 2007**

All Utah students, kindergarten through grade 12, are now required to have two doses of the Measles, Mumps, Rubella (MMR) vaccine, rather one dose of the MMR and one additional dose of the measles vaccine.

**A student born AFTER July 1, 1993 and entering the 7th grade must have:**

- 1 Tdap booster -Td may be given for the Tdap booster to satisfy the 7th grade requirement
- 1 Varicella (chickenpox) -history of disease is acceptable, parent must sign verification statement
- 3 Hepatitis B

**IMMUNIZATION REQUIREMENTS FOR CHILDREN IN EARLY CHILDHOOD PROGRAMS**

(includes children in a licensed day care center, nursery or preschool, child care facility, family home care, or Head Start Program)

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles
- Mumps
- Rubella
- Haemophilus Influenzae type b

**NOTE:** Hepatitis A, Hepatitis B, Varicella and Pneumococcal vaccines are recommended, but are not required for students in early childhood programs.

Children attending early childhood programs are required to be immunized appropriately for age. This means a child has received all of the doses of each vaccine appropriate for his or her age, but is not

considered "adequate for school entry". Children are to be immunized according to current immunization schedules.

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