

International Student Application

Enrollment Information:

School for which you are applying:

Grade level for which you are applying:

Please select the start year:

Do you plan to complete your secondary education and graduate from Sacred Heart High School? Yes No

*Students must attend Freshmen through Senior Year to graduate from Sacred Heart School

Applicant Personal Information:

First Name:

Middle Name:

Surname:

Gender:

Male

Female

Date of Birth: Day:

Month:

Year:

Birth City:

Birth Country:

Current Country of legal Residence:

Language spoken at home:

Ethnicity: Select all that apply

African American/Black

Asian

Hispanic or Latino

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Caucasian

Contact Details: Please enter your **current** address below using your Permanent Home Country:

Email Address:

Phone Number:

Postal Address:

Address Line 2:

F1 VISA Application Information:

Do you need a form I-20? Yes No

Passport Information:

Country of Citizenship:

Passport Number:

Place of Issue:

Expiration Date:

Parent/Guardian Information: Enter Parent Information, NOT Agent or Host Family Information						
Parent/Guardian 1						
First Name:			Last Name:			
Emergency Contact?	Yes	No	Lives with me?	Yes	No	
Relationship to me:						
Street Address:						
City:						
State/Province:						
Postal Code:						
Country:						
Email:						
Preferred Phone:						
Mobile:						
Home Phone:						

Parent/Guardian Information: Enter Parent Information, NOT Agent or Host Family Information						
Parent/Guardian 2						
First Name:			Last Name:			
Emergency Contact?	Yes	No	Lives with me?	Yes	No	
Relationship to me:						
Street Address:						
City:						
State/Province:						
Postal Code:						
Country:						
Email:						
Preferred Phone:						
Mobile:						
Home Phone:						

Student Academic Information			
What is the highest level of education you will have completed upon arrival in the United States?			
7 th (11-12 years of age)	8 th (12-13 years of age)	9 th (14-15 years of age)	Other
If other, please explain:			
Have you repeated any grades:	Yes	No	
If yes, list grade and year:			
Have any disciplinary actions ever been taken against you at current or former school(s) upon arrival, will you have completed secondary school in your home country	Yes	No	
	Yes	No	

Your current school

School Name:

School Web Address:

Address of the educational institution above:

Phone:

Dates attended

Started:

Ended:

School Year begins:

School Year end:

Proof of English Proficiency:

I have studied English for _____ | Years

List any other languages you speak and/or have studied. Explain your proficiency in terms of speaking the language and comprehending the language.

Language	Years Studied	Speaking Level			Comprehension Level		
		Advanced	Intermediate	Poor	Advanced	Intermediate	Poor
		Advanced	Intermediate	Poor	Advanced	Intermediate	Poor
		Advanced	Intermediate	Poor	Advanced	Intermediate	Poor
		Advanced	Intermediate	Poor	Advanced	Intermediate	Poor

Test of English Proficiency

SLEP Score:

Date Administered:

TOEFL Score:

IBT

PBT

***Please provide an official copy of test results.**

**** Please provide an attached copy of a complete transcript translated in English. Transcript should reflect grade level, number of hours spent in a class each week, and the grade conversion chart.**

This Section is to be COMPLETED BY THE STUDENT:

1. What are your hobbies?
2. Please explain what clubs, organizations or activities (school or non-schools) you are involved in?
3. Please describe any offices or special responsibilities you have held at school, and any special awards you have received.
4. Is it your personal desire to attend Sacred Heart School? Yes No

5. What will be most challenging to you in attending a Catholic high school?

6. What are you most excited about in being part of a Christ-centered academic community?

7. What do you consider to be your greatest strengths, and what area(s) are you seeking to improve upon?

8. Are you interested in specific colleges and universities? Which ones?

9. Are there any professions/vocations that interest you now? Which ones?

This Section is to be completed by the Parent

Is it your desire for your child to attend Sacred Heart School? Yes No
 What are your goals for your student during high school, and what are your expectations for our school in working with your student?

Please describe your student's interests, talents, and hobbies, and list his/her major accomplishments and awards received.

Has your student experienced any emotional, behavioral, and/or learning disabilities? Yes No
 If yes, please explain:

Has your student ever been enrolled in a program to receive special tutoring for learning difficulties? If yes, please explain:	Yes	No
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Confidential Health Information			
To the applicant: please complete ALL of the questions to the best of your ability and knowledge. This information will be treated as strictly confidential.			
Surname:			
First Name:			
Date of Birth	Gender:	Male	Female
Country of Citizenship:			
Home Phone			
Emergency Contact Person			
Name:			
Relationship:			
Email:			
Phone:			
Fax:			
Address:			

Medications		
Please list all medications that you are currently taking.		
None		
Name of Medication	Dosage and Frequency	Reason for Prescription

Health History:			
Yes	No	Does student have a health problem which could results in an emergency (insect sting, seizure, diabetes, bleeding problem, heart condition, etc.)? If yes, please describe	
Yes	No	Allergies	Specify
Yes	No	Asthma	Medications
Yes	No	Attention Deficit	When Diagnosed
Yes	No	Diabetes	Medications
Yes	No	Emotional Concerns	Specify

Yes	No	Hearing Concerns	Describe
Yes	No	Heart Concerns	Medications
Yes	No	Seizures	Medications
Yes	No	Special Diet	Specify
Yes	No	Vision Concerns	Contacts/Glasses
Yes	No	Other	Specify

Vaccinations:

Yes	No	DtaP/DTP/DT/Tdap/Td	Date:
Yes	No	Hepatitis B	Date:
Yes	No	IPV/OPV	Date:
Yes	No	MMR	Date:
Yes	No	Varicella (Chickenpox)	Date:
Yes	No	Meningococcal	Date:
Yes	No	Tdap	Date: