



CENTRAL CATHOLIC  
HIGH SCHOOL

# Application for International Student Admission

*A \$200 USD non-refundable processing fee must accompany this application.*

Student's Name \_\_\_\_\_

Grade applying for \_\_\_\_\_ School Year \_\_\_\_\_

*Student must participate in a Skype interview before admission will be granted.*

All international students attending Central Catholic High School (CCHS) are required by the Diocese of Toledo to have purchased US health insurance, be up-to-date on vaccinations, and complete a physical examination through a US healthcare provider.

## PART ONE: Student Information

Applicant's Name \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender  M  F

### Applicant's Home Country Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

If accepted, should I-20 be sent to the above address?  Yes  No

If no, where should the I-20 be sent? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART TWO: Parent or Guardian Information

Parent/Guardian Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Fax \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Name of parent(s) that student lives with \_\_\_\_\_

*If your parent/guardian does not speak English, please provide the contact information for a relative or friend who does speak English.*

Name \_\_\_\_\_ Email \_\_\_\_\_

### **PART THREE: Host Family Information**

International students arranging host families through CCHS are required to pay the CCHS host families a stipend of \$1,000 per month. This stipend includes food, transportation to CCHS, and lodging. Students are responsible for their own spending money.

Do you need help making arrangements for housing?  Yes  No

If no, please provide host family information:

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **PART FOUR: Goals**

If a student plans to graduate from CCHS, he or she must spend a minimum of TWO successful school years at CCHS.

When do you plan to begin classes at CCHS? August \_\_\_\_\_

What grade would you like to be placed in?  9  10  11  12

When do you anticipate leaving CCHS? \_\_\_\_\_

What are your plans for studies after CCHS? \_\_\_\_\_

How did you find out about CCHS? \_\_\_\_\_

## PART FIVE: Previous Education

Please complete the following information beginning with grade 7.

Name of School	Dates of Attendance	Grade Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

English Proficiency \_\_\_\_\_

A Skype interview will be requested. Skype Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## PART SIX: Sponsorship/Responsibility

The parent/guardian/sponsor of the applicant must read the following statement and sign where indicated. I agree to accept full responsibility for the total expenses of the program applied for by the applicant. I have sufficient funds to meet this obligation, and can and will provide them.

Name of the responsible person (Please print) \_\_\_\_\_

Signature of the responsible person \_\_\_\_\_ Date \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_