



# MARQUETTE CATHOLIC

a college preparatory school



## General Application Form

### Student Personal Data

Student Skype ID: \_\_\_\_\_ Applying for School Year: \_\_\_\_\_

Student Last/Family Name:	Student First/Given Name:
English Name:	Date of Birth(MM/DD/YYYY):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth:
Email:	Country of Citizenship:
Current Grade:	Applying for grade:
Street Address:	
City:	State/Province:
Country:	Postal Code:
Home Phone:	Cell Phone:

### Parents Personal Data (False information may lead to denial of acceptance):

Father's/Guardian's Name:	
Cell Phone:	Email:
Occupation:	Employer:
Mother's/Guardian's Name:	
Cell Phone:	Email:
Occupation:	Employer:
Street Address (If different from student):	
City:	State/Province:
Country:	Post Code:

### Document Checklist (all documents are required):

1	Passport
2	Language Test Result (SLEP/TOEFL or other test result according to the requirements of the school you're applying for.)
3	School Transcript Certification
4	Recommendation Letter (from English Teacher and Math Teacher)

### Questionnaire

1. Do you have any health problems that the school should notice?(eg. HBV,TB,AIDS,etc.)

\_\_\_ No \_\_\_ Yes If yes, please explain: \_\_\_\_\_

2. Are you currently on medication or medical treatment?

\_\_\_ No \_\_\_ Yes If yes, for what reason: \_\_\_\_\_

3. Does this student smoke?  Yes  No



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## International Application for Admission

### Personal Data

### STUDENT

Student Last/Family Name	<input type="text"/>	Student First/Given Name	<input type="text"/>
Street Address	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
City	<input type="text"/>	Date of Birth(MM/DD/YYYY)	<input type="text"/>
State/Province	<input type="text"/>	Email	<input type="text"/>
Country	<input type="text"/>	Country of Birth	<input type="text"/>
Postal Code	<input type="text"/>	Country of Citizenship	<input type="text"/>

### Personal Data

### PARENTS

Father's/Guardian's Name	<input type="text"/>	Mother's/Guardian's Name	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Cell Phone	<input type="text"/>	Cell Phone	<input type="text"/>

### Educational Data

Current Grade:  Applying for Grade:

Current School Name:

Is the student willing to enter a lower grade to meet academic requirements?  Yes  No

Please write the names of each institution and grade attended by the applicant in the last three academic years. This information should correspond with the transcripts submitted with this application. Original transcripts in the native language of the applicant must be accompanied by their English translations.

School Name	<input type="text"/>	Grade	<input type="text"/>	Year	<input type="text"/>
School Name	<input type="text"/>	Grade	<input type="text"/>	Year	<input type="text"/>
School Name	<input type="text"/>	Grade	<input type="text"/>	Year	<input type="text"/>

*Founded in 1886 as Northwest Indiana's first Catholic college preparatory school*

306 West Tenth Street Michigan City, Indiana 46360 t: 219.873.1325 f: 219.873.1327

[www.marquette-hs.org](http://www.marquette-hs.org)

## English Language Ability

Please make sure to include the graded version of the SLEP test. **(Not required.)** When submitting a TOEFL result, an official copy is preferable.

SLEP Score  Date Taken (mm/dd/yyyy)

TOEFL Score  Date Taken (mm/dd/yyyy)

How many years have you studied English?  Have you ever studied English in a language school?

Have you ever lived in an English speaking country?  Are you currently studying in the USA on a JI Visa?

## Student Letter

Please attach a short letter describing yourself, why you have chosen to pursue your academic goals in the United States, and any expectations you may have about living and studying in America. Please make sure that the letter is labeled, "Student Letter" and your name is clearly written at the top.

## Recommendations

### 1. English Language Teacher

In order to gain a better assessment of the student's English language ability, a commendation from the applicant's English language teacher is required. This letter should highlight the following points: the student's reading, writing, speaking and listening abilities. This recommendation should be labeled, "English Teacher Recommendation." Additionally, please make sure that it is clearly noted by whom the recommendation is written and the institution from which this person comes.

### 2. Other

In an effort to give the school or potential host families the most detailed picture of the applicant, it is required that the applicant ask for a recommendation from a close teacher or friend. Please make sure the applicant's name is on top. Additionally, it should be clearly noted the relationship that this person has with the applicant.

## Agreement

I, the undersigned, certify and warrant that all of the information I have provided to the school in this admissions packet is true, correct and complete to the best of my knowledge as of the date of my signature below.

## Signatures

Father's Signature

Mother's Signature

Student's Signature



### CHECK LIST OF NEEDED DOCUMENTS

Date  Student Last/Family Name  Student First/Given Name

Date of Birth(MM/DD/YYYY)  Gender:  Male  Female

***ALL of the following documents must be received BEFORE final acceptance of a student and the issuance of an I20***

- Completed School Application
- Completed I20 Request Form
- Current School Transcript (cover at least the past two years)
- Language Test Result (SLEP/TOEFL)
- Copy of the Student's Passport
- Copy of the Parent's Passport or Picture Identification
- Refund Policy Signed
- Deposit of \$5,000USD Wired to the School

**WIRE PAYMENTS TO:**

BIC Code: SRCEUS31 ABA Routing Number 071212128 Account Number: 10256469

Bank Name: 1st Source Bank, 100 N Michigan Street, South Bend, IN 46601

Receiver/Beneficiary Name: Marquette Foreign Exchange Company, 412 W 10th Street, Michigan City, IN 46360

**PLEASE INCLUDE STUDENT'S NAME IN WIRE INSTRUCTIONS**

**i20's will be issued within one week after all necessary materials are received. They will be sent by Express Mail to insure prompt delivery.**



**Medical Care and Liability Release**

In case of illness, accident or injury, we grant permission to examine and treat our child, whose signature appears below, at an appropriate medical facility and to make referrals to outside physicians and facilities as indicated. We grant permission to release information regarding our child’s health to the assigned host parent or the President of Marquette Catholic High School. We also grant permission for our child to receive any and all immunization(s) required for participation in an academic program. We understand that we must pay for any necessary immunizations.

While under the sponsorship of Marquette Catholic High School Host Home program the student may not participate in skydiving, hand gliding, glider riding, parachute jumping, para-sailing, jet skiing, hot air ballooning, scuba diving, bungee jumping or any other high risk activity as determined by Marquette Catholic High School.

In anticipation of my son/daughter’s acceptance to participate in the International Studies program sponsored by Marquette Catholic High School, we the undersigned parents/guardians hereby release Marquette Catholic, its Administrators, Board of Directors, Agents, Host Families and Academic institutions from any and all current and future claims, charges, costs, and/or causes of action for loss of property, personal injury, illness, accident or death sustained by my child during the time he/she is in the program whether covered by current insurance or not. I further agree to indemnify and hold harmless all of the above named from any and all liabilities, including liabilities to third parties, which may arise from my child’s participation in the program, including all activities specified herein, in the student handbook and elsewhere.

We, the undersigned acknowledge that it is our responsibility to provide adequate health insurance that can be accessed and is valid while in the United States and that we are financially responsible for any medical services that are not covered by the health insurance we provide for our child.

We, the undersigned grant Marquette Catholic permission to use photographs and any other materials in which the participant appears for promotion or publicity of future programs.

We understand that our child must bring a copy of their medical history or injections and inoculations with them when they arrive for the program. We certify that the medical information we provided on the host family application is complete to the best of our knowledge and that Marquette Catholic High School is not responsible if new or recurring conditions develop while participating in the program. In the event that the school determines a health issue, accident or injury or a behavior to be serious termination of the program can occur and the student be returned home. In the event that the situation resulted from incomplete or incorrect information or a student’s unwillingness to follow the guidelines of the program no refund of fees will occur.

This agreement covers the period from the time our child boards transportation to Marquette Catholic Central High School until the student departs the host family and boards transportation.

\_\_\_\_\_  
Signature of father/legal guardian

\_\_\_\_\_  
Print Father’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Legal Guardian

\_\_\_\_\_  
Print Mother’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Student’s Name

\_\_\_\_\_  
Date