



GUERIN COLLEGE PREPARATORY HIGH SCHOOL INTERNATIONAL STUDENT APPLICATION

Mission Statement:

The mission of the Guerin Prep International Program is to provide students with a high quality secondary education that prepares them for the American university system.

STUDENT INFORMATION

Student Name _____
First Full Middle Last

English Name _____ Date of Birth _____

Male Female Current Grade _____ Grade Applying For _____

Address (Residence) _____

City _____ District _____ State/Province _____

Postal Code _____ Country _____ Phone _____

Student Email _____ Student WeChat ID _____

Has the student traveled to the United States previously? Yes No

Does the student have a current valid F-1 Student Visa for the United States? Yes No

Will the student be transferring a current I-20 to GCPHS from another school? Yes No

FAMILY INFORMATION

Father's Information

Name _____ Cell Phone _____ WeChat ID _____
First Last

Email _____ Employer _____ Job Title/Position _____

Mother's Information

Name _____ Cell Phone _____ WeChat ID _____
First Last

Email _____ Employer _____ Job Title/Position _____

Attach Current Photo Here

EDUCATIONAL BACKGROUND

Current School _____ Date Enrolled _____

City _____ District _____ State/Province _____

Postal Code _____ Country _____ Phone _____

Prior School _____ Date Enrolled _____

City _____ District _____ State/Province _____

Postal Code _____ Country _____ Phone _____

Have you ever failed a grade? No Yes If so, state grade and date _____

Reason _____

Have you ever faced disciplinary action or been dismissed from any school? If yes, please explain:

Which tests have you taken? None TOEFL Jr. TOEFL IELTS Other _____

Name of test: _____ Date of test: _____ Score of test: _____

Name of test: _____ Date of test: _____ Score of test: _____

Name of test: _____ Date of test: _____ Score of test: _____

Do you have a learning disability? Yes No Do you received special education services? Yes No

Have you been diagnosed with ADD/ADHD? Yes No Do you have a 504 plan? Yes No

If yes to any of the above, please describe _____

ENGLISH PROFICIENCY

How many years have you studied English?

0 - 2 Years 3 - 4 Years 5 - 6 Years 7 - 8 Years 9+ Years

In what setting have you been taught English?

My parents taught me

After school or weekend tutoring

Full-time English school

By a native English speaker

STUDENT RESPONSES

Why would you like to study in the United States? What are your goals?

List any awards that you have received and/or accomplishments you feel are significant.

What are your favorite activities or interests outside of school?

Please check off if you are interested in participating in any of the following extracurricular or athletic programs.

- | | | | | | |
|--|--------------------------------------|-------------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Band | <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Computer | <input type="checkbox"/> Dance | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Football | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Math | <input type="checkbox"/> Media Art | <input type="checkbox"/> Piano | <input type="checkbox"/> Robotics | <input type="checkbox"/> Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Track/Field | <input type="checkbox"/> Theatre | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other _____ |

PARENT/GUARDIAN RESPONSES

Why do you want your child to attend school in the United States?

Describe your child and explain how we can best help your son or daughter be successful and reach his or her goals.

MEDICAL HISTORY

Have you ever been hospitalized for physical or psychological reasons? No Yes

If yes, please explain why _____

Date(s) of hospitalization _____ Are you currently seeing a counselor or therapist? Yes No

Are there any medical or emotional issues that would interfere with the student's learning? If yes, please explain

Do you take medication? No Yes If yes, please list _____

Do you have allergies? No Yes If yes, please list _____

EMERGENCY CONTACT INFORMATION (Other than Parent or Guardian)

Name _____ Relationship to Student _____
First Last

Address _____ City _____ District _____

State/Province _____ Postal Code _____ Country _____ Phone _____

Email _____ WeChat ID _____

APPLICATION AGREEMENT AND RELEASE OF RECORDS CONSENT

- I certify the information provided on this application is complete and correct to the best of my knowledge
- I agree to notify the school of any changes to the information provided
- I give permission to GCPHS to request and receive all pertinent records (including academic and behavior) from the current school of the student names on this application
- I agree to assume responsibility for all tuition, fees and other expenses of the student names in this application while attending GCHPS
- I agree that these terms will remain in effect for each semester this student is enrolled at GCPHS

Signature of Parent _____ Date _____

Signature of Student _____ Date _____

NEXT STEPS

For full consideration, the following materials must be submitted:

- Completed Enrollment Application
- Official English Proficiency Test Scores (TOEFL or TOEFL JR.)
- Official Transcripts from the last three years translated into English
- Financial Statement
- Copy of Passport
- Copy of Visa
- Immunization Records translated into English
- Personal Statement
- Recommendation Letter