International Student Admissions Application

PLEASE PRINT:

STUDENT:					
Student Name:		Birth c	late:		
Phone Number:	Email address:			_Gender	: M
Home Address:					
School Currently Attending:					
Expected High School Graduation Y	ear:Term you plan to enro	ll at Hoban:	Fall	;	Spring
Previous Schools Attended:			_Years:		
Country of Citizenship:					
PARENT(S):					
Parent One Name:					
Address:	City:	State	:	_Zip:	
Preferred Phone:	Email Address:				
Parent Two Name:					
Address:	City:	State	<u> </u>	_Zip:	
Preferred Phone:	Email Address:				
Student resides with:					
Please tell us about yourself (favorite	e courses, hobbies, interests outside c	of school):			

ACADEMIC BACKGROUND:

Language

What foreign languages do you speak or have you studied?

L							
	ores (f □ SL		ents whose native language is not Engli	sh)			
I	□ тс	DEFL Ju	nior				
İ	□ тс	DEFL iB	Г				
İ	□ SL	.EP					
I	□ SAT						
1	□ SS	SAT					
	□ Otl	her					
□ Yes		No	Have you ever used any type of learning documentation with this application	ng accommodations? If	yes, please provide related		
□ Yes		No	Have you ever been suspended (in-sci or placed on a disciplinary contract by		sked to withdraw, dismissed,		
Which a	acader	mic scho	ool subjects interest you most and why?				
					_		
					_		
Which o	oodor	mio oobo	ool subjects do you think is the most diff	Soult and why?			
VVIIICII a	dcauei	THIC SCHO	ooi subjects do you triirik is trie most din	icuit and why?			

Years studied

Return this application with the following documents:

- 1) Official transcripts from the most recent two years of school, in English. Make certain the grading scale is included
- 2) A one-page essay explaining your reasons for applying to Archbishop Hoban High School
- 3) Attendance records
- 4) A letter of recommendation from a teacher from the past two years
- 4) TOEFL or SLEP scores

The Archbishop Hoban Admissions Committee depends upon applicants and their families to be honest and share all relevant information (as determined by Archbishop Hoban administration) regarding this applicant's past and current educational program. By signing and submitting this application, we acknowledge and agree that failure to disclose such information may result in the revocation of any offer of admission (if applicable). We acknowledge that we have read, understand, and agree with this application for admission and that all the information provided is accurate and true. Furthermore, by my signature below as a parent, I hereby grant permission to release to Archbishop Hoban High School my child's records including: transcript and/or grades, standardized test scores, attendance and disciplinary records.

Parent(s) Name (please print)	
Parent(s) Signature	Date
Student Signature	Date