



Archbishop Stepinac High School

01 Student Application

Program Requested:

Date of Entry: _____ / _____

Full year(AYP/CYP) Fall Semester Spring Semester

SLEP Score: _____ Date taken: _____ / _____ / _____



Student Name: (as written on the passport)

_____ Family Name (Last) _____ Given Name (First) _____ Middle (if any)

Gender: Female Male **Date of birth:** _____ / _____ / _____ **Age on arrival:** _____

Street Address: _____

City: _____ **Province:** _____ **Country:** _____

Postal Code: _____ **Home telephone:** _____ **E-mail address:** _____

City of birth: _____ **Country of birth:** _____ **Country issuing passport:** _____

Date of expiration of passport: _____ / _____ / _____ **Last grade of school completed:** _____ **Grade applying for in USA:** _____

Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Are you planning to graduate from high school in the USA? Yes No Undecided

Are you currently on an: F-1 Visa J-1 Visa No US Visa

Are you currently studying abroad in another country? Yes No

If yes, fill in information below.

School: _____

Address: _____

City: _____ **Province:** _____ **State (USA only):** _____ **Country:** _____

School Telephone Number: _____

Your personal email: _____



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02 Personal Information

1. Religion: _____

2. How often do you attend services? Weekly Monthly Holidays Never

3. Are you willing to attend religious services and activities? Yes No

4. Do you have any allergies? Yes No

If yes, please specify: _____

5. Do you have any dietary restrictions (i.e. vegetarian, vegan, food allergies)? Yes No

If yes, please specify: _____

6. How many years have you been studying English? _____

7. What other languages have you studied?

Language	Years Studied	Proficiency
_____	_____	_____
_____	_____	_____

8. Do you have any siblings? Yes No

Siblings Name	M/F	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. List your hobbies and interests (including sports) in order of importance to you.

(list at least 5): _____

10. What are your educational goals? Are you interested in a particular field of study?

11. What are your future plans after high school?



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03 Parents Information

Father or legal guardian:

Last Name

First Name

Occupation

Title

Home telephone

Work telephone

E-mail

Address if different from student's

Mother or legal guardian:

Last Name

First Name

Occupation

Title

Home telephone

Work telephone

E-mail

Address if different from student's

Student lives with:

Both parents

Mother

Father

Other

Check all that apply

Mother: Living

Deceased

Father: Living

Deceased

Parents: Married

Divorced/Separated



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04 Additional Personal Data

1. Who initiated the idea for you to come to study in the United States?

2. What are your favorite courses at school?

3. List any clubs that you belong to:

4. Have you received any awards or honors, or do you have any outstanding achievements?

5. How much time a day do you spend on school homework?

6. Have you ever lived apart from your parents for an extended period of time? Yes No

If yes, please specify: _____

a. Have you ever traveled to or lived in any foreign countries?

Countries visited: _____

Countries lived in: _____

b. Have you ever participated in an Academic Year or Semester high school Yes No

exchange in the USA? If yes, please specify: _____

7. Do you smoke or drink alcoholic beverage?

Never Occasionally Only on holidays

8. Are you taking any medication? Yes No

If yes, please specify: _____

(Students must provide a doctor's note specifying any medications you plan to take while participating in the Program.)

9. Do you have any relatives or friends living in the USA? Yes No

If the answer is yes, where do they live? _____



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05 Interests and Hobbies

Interests and Hobbies: Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Crafts | <input type="checkbox"/> Political activities |
| <input type="checkbox"/> Art | <input type="checkbox"/> Dancing (ballet) | <input type="checkbox"/> Popular music |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Dancing (folk) | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Board games | <input type="checkbox"/> Drama | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Gardening | <input type="checkbox"/> Symphony |
| <input type="checkbox"/> Card games | <input type="checkbox"/> Movies | <input type="checkbox"/> Television |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Musical Instrument | <input type="checkbox"/> Theater |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Opera | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Classical music | <input type="checkbox"/> Painting/ Drawing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Photography | _____ |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Piano | _____ |

Athletics: Check all that apply:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Handball | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Hiking | <input type="checkbox"/> Table tennis |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey (field) | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey (ice) | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Martial arts | _____ |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Rugby | _____ |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Sailing | _____ |
| <input type="checkbox"/> Football (American) | <input type="checkbox"/> Scuba diving | _____ |

What sports or activities would you like to participate in while in the USA?



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06 Student Writing Sample

This is a very important part of your application. In this section, please include a sample of writing in English. It can be from your school work, creative essay, book report or any other writing material. Additional pages are welcome. (It must be at least 450 words.)



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07 School Recommendation Form

Student's Full Name : _____

(Last Name)

(First Name)

(Middle Name)

Address : _____

(City)

(State)

(Zip Code)

Above student is admission to our school. Please complete this form and return it personally to the student in a sealed envelope – or – you can e-mail directly to Stepinac at international@stepinac.org.

PLEASE RATE THE ABOVE NAMED CANDIDATE IN THESE AREAS:

	Superior	Above Average	Average	Poor
CONDUCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTENDANCE: Number of times absent since the beginning of this school year: _____

LATENESS: Number of times late since the beginning of this school year: _____

Is this student known to you personally? Yes For how long? _____ No

How long has this student attended your school? _____

What grade will be completed in June? _____

As of the last Report Card, please indicate the student's:

Cumulative Scholastic Average: _____ Rank in Class: _____ out of _____

Evaluate this student's possibility of Academic Success at Archbishop Stepinac High School:

Excellent Good Average Fair Poor

Remarks (if any): _____

Signature: _____ Position: _____

Name of School: _____ Phone Number _____

Date: _____