

Pope John XXIII High School

888 Broadway, Everett, MA, 02149 www.popejohnhs.org
 International Admissions, 617.389.0240 Ext. 14
 Mrs. Mary-Anne Di Marco, madimarco@popejohnhs.org

INTERNATIONAL STUDENT APPLICATION FORM

Date:

Student Information

Family Name:	Given Name:
Date of Birth:	Current Age: Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth:	Country of Citizenship:
Foreign Address:	
City:	Province/Territory:
Postal Code:	Country:

Program Information:

Requested Start Month: Year:

Length of Program: 1 Semester 1 Year: Multiple Years:

Current Grade In Home Country	Grade Entering In US	English Test Score	SLEP	TOEFL
<input type="checkbox"/> 7 th	<input type="checkbox"/> 7 th	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 8 th	<input type="checkbox"/> 8 th			
	OTHER	<input type="text"/>	<input type="text"/>	SSAT
<input type="checkbox"/> 9 th	<input type="checkbox"/> 9 th			
<input type="checkbox"/> 10 th	<input type="checkbox"/> 10 th			
<input type="checkbox"/> 11 th	<input type="checkbox"/> 11 th			

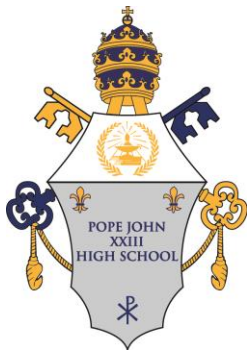
Official Transcripts from all previously attended schools must be submitted. No photocopies please.

School Currently Attending:

Dates attended:

Schools Previously Attended:

Dates Attended:



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CONTACT INFORMATION:

Agency:

Name of Agency:

Name of Agent:

Address:

Telephone:

Fax:

e-mail address:

Father or Legal Guardian:

Name (First, Middle, Last):

Street:

City:

Postal Zone:

Country:

Home Telephone:

Father's e-mail address:

Occupation:

Work Telephone:



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Mother or Legal Guardian:

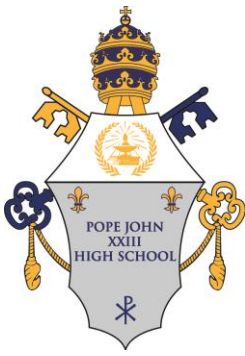
Name (First, Middle, Last):	
Street:	
City:	Postal Zone:
Country:	Home Telephone:
Mother's e-mail address:	
Occupation:	Work Telephone:

Bothers and Sisters:

Name:	Age:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Live at Home: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Age:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Live at Home: <input type="checkbox"/> Yes <input type="checkbox"/> No

Independent:

US Guardian Name:	
Address:	
Telephone:	e-mail address:



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List Foreign Languages you speak or have studied:

Language:

Years of Study:

My Native Language is :

Proficiency: Average Good Excellent

Hobbies:

List hobbies, interests (sports, music, art) that you enjoy as a participant or spectator:

Have you participated in a long term (semester/year) study abroad program in the US before?

If so, when?

Where?

Company?

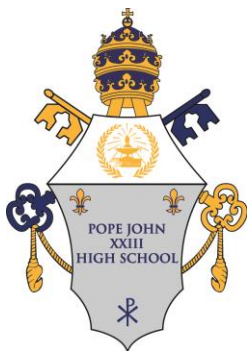
Have you ever spent an extended time away from your family? If so, please describe the experience.



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Describe yourself in your own words.

State your motivation for becoming a student in another country. What are your goals in the areas of school and socially (friends, clubs, sports)



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**ENGLISH TEACHER RECOMMENDATION:
Print or Type in English**

To the Student: Please print your name and grade and sign below. Give a copy of this page to your teacher. Please attach scanned copies of the signed reference letters.

Student Name:

Applying for Grade:

Signature:

Date (month/day/yr):

To the Teacher: In order to gain a better assessment of the student's English language abilities, we require a recommendation letter. The letter should outline the student's abilities in the following areas: reading, writing, speaking and comprehension. It should also highlight the student's general attitude. Please complete the following and attach your recommendation letter.

Student Name:

How well do you know this student?

In what years did you teach the student?

What course?

Please describe your course.

How is the student's comprehension level? How does the student compare to others in the class?

Teacher's Name:

Name of School:

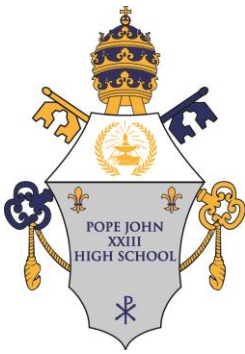
School Address :

Telephone Number:

Email:

Signature:

Date (month/day/yr): z



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MATH TEACHER RECOMMENDATION: Print or Type in English

To the Student: Please print your name and grade and sign below. Give a copy of this page to your teacher. Please attach scanned copies of the signed reference letters.

Student Name:

Applying for Grade:

Signature:

Date (month/day/yr):

To the Teacher: In order to gain a better assessment of the student's math and analytical abilities, we require a recommendation letter. The letter should outline the student's abilities in mathematics. It should also highlight the student's general attitude. Please complete the following and attach your recommendation letter.

Student Name:

How well do you know this student?

In what years did you teach the student?

What course?

Please describe your course.

How is the student's comprehension level? How does the student compare to others in the class?

Teacher's Name:

Name of School:

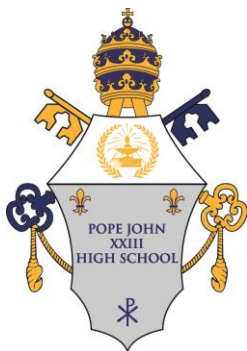
School Address :

Telephone Number:

Email:

Signature:

Date (month/day/yr): z



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OTHE RECOMMENDATION: Print or Type in English

To the Student: Please print your name and grade and sign below. Give a copy of this page to your teacher. Please attach scanned copies of the signed reference letters.

Student Name:	Applying for Grade:
Signature:	Date (month/day/yr):

To the other teacher, coach, or counselor: In order to gain a better understanding of the applicant, a third recommendation letter is required from another teacher, counselor, coach or close family friend. The letter should outline the student's attitude, talents and/or personality. Please complete the following and attach your recommendation letter.

Student Name:	Relationship to the student?
How well and how long have you known the applicant?	

Please select your recommendation of the student as a candidate for study overseas.

<input type="checkbox"/> I highly recommend this applicant for the program without any reservation	<input type="checkbox"/> I have some reservations to the applicant's Readiness for time away from home country/family
<input type="checkbox"/> I recommend this applicant for the program, but think he/she needs help with:	<input type="checkbox"/> I do not recommend this applicant for the program

If you are aware of any reason why this applicant should not be recommended to participate in this exchange program, please explain below:

Teacher's Name:	Name of School:
School Address :	
Telephone Number:	Email:
Signature:	Date (month/day/yr): z