



International Student Application Form

Student Information

Entering Year: _____ Fall: _____ or Spring: _____

Last/Family Name: _____ First Name: _____

Gender: Male _____ Female _____ Date of Birth: MM/DD/YYYY _____

City of Birth: _____ Country of Citizenship _____

Current Grade: _____ Applying for Grade: _____

1-20 Information

Primary Contact First & Last Name in Home Country: _____

Home Address: _____

City: _____ State/Province _____ Postal Code: _____

Country: _____

Phone Number: _____

Current School

School Name: _____

School Type? Boarding or Day: _____

Date of Attendance: From: _____ to: _____

Grades Completed (check all that apply): 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___

School Address: _____

City: _____ Province/State: _____ Postal Code _____ Country: _____

School Phone Number: _____

Previous School

School Name: _____

School Type? Boarding or Day: _____

Date of Attendance: From: _____ to: _____

Grades Completed (check all that apply): 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___

School Address: _____

City: _____ Province/State: _____ Postal Code _____ Country: _____

School Phone Number: _____

Family Information

Father's First Name: _____ Family/Last Name _____

Email Address _____ Mobile Phone: _____

Company: _____ Position: _____

Mother's First Name: _____ Family/Last Name: _____

Email Address _____ Mobile Phone: _____

Company: _____ Position: _____

Father and Mother Marital Status (check one): Married _____ Divorced: _____

Sibling(s) Name: _____ Age: _____

Sibling(s) Name: _____ Age: _____

Host Family

Guardian First Name: _____ Last/Family Name: _____

Email Address: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Test Score

TOEFL: _____ SLEP: _____ iTEP: _____ TOEFL Jr.: _____ SSAT: _____ Other: _____

Medical

Allergies or medical conditions: _____

By entering your names, the below named hereby agree that they filled everything out accurately and honestly, and authorize the lawful release of all academic records, test scores, and other materials required for the admissions process.

Name of Student: _____ Date: _____

Name of Parent: _____ Date: _____

Short Answer Questions

Why do you want to study at Archbishop Williams?

Why do you want to study in Boston?

What are some of your favorite subjects in school?

What are some of your favorite activities and hobbies?

*****Please provide the Director of Admissions, Michela Schuster, two years of transcripts and an attendance record.
***Once the application and supporting documents are submitted, we will schedule a Skype call for an interview.**

**Michela Schuster
Director of Admissions
80 Independence Avenue
Braintree, MA 02184**

