



**ST. Francis Xavier Catholic School System
2020-2021 International Student Application**

High School Grade Level in 2020-2021

(Please check) 9 10 11 12

Student Name (Last, First, MI): _____

Gender (please check): Male Female

Date of Birth: _____

Religion: _____

Native Country: _____

Ethnicity (please check): Asian African-American American-Indian

Caucasian Hispanic Pacific Islander Other

Local Representative Information

Name: _____

Address: _____

City, State, Country: _____

Phone: _____

Email: _____

Host Family Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Organization Name: _____

Contact Name: _____

Contact Email: _____

Student Information

Parent/Guardian: _____

Address: _____

Visa Expiration Date: _____

Insurance Policy Carrier: _____ **Insurance Number:** _____

Does this student have any special educational needs? (If yes, please explain)

As parent/guardian I understand that this Application is contingent upon receipt of: (1) signed Application Form, (2) signed Permission Form, (3) Payment of Full Tuition, (4) approval of Application, and (5) Transcripts.

Signature of Natural Parent: _____

Date: _____

OFFICE USE ONLY: Application date: _____ **By:** _____

Parent/Guardian Agreements

By enrolling my son/daughter at an St. Francis Xavier Catholic School System, I agree to the following:

Please initial each box granting permission and/or agreement to each statement.

I/We give my/our consent for St. Francis Xavier Catholic School System to use my son/daughter's name, image, and /or voice recording in school advertising campaigns, publications and/or productions (e.g. newsletters, annual report, brochures, student directory, web pages, play bills, student newspapers.)

I/We agree to read and sign the Acceptable Use Agreement regarding the proper use of school technology. I/We understand that unless this agreement changes significantly, it is in effect for the time my son/daughter is a student at an St. Francis Xavier Catholic School System.

I/We agree that I/we will read the campus Parent Handbook, the Student Handbook (where applicable) and the Athletic Code of Conduct (where applicable). I/We and my/our child/children will abide by the expectations (and consequences) set forth in these handbooks.

I/We understand that an application for admission will be required to be completed prior to being accepted for each school year. Acceptance in the current year does not guarantee a student's admission in any subsequent year. Among the factors to be evaluated in deciding whether or not a student will be accepted for continued enrollment at a system campus will be the student's academic standing as well as the student's and family's overall conduct as aligned with the mission and values of the System.

I/We agree that St. Francis Xavier has permission to provide my son's/daughter's information from PowerSchool (St. Francis Xavier's computerized student records system) to our sponsoring agency, giving them full access to my son's/daughter's grades and attendance records throughout the school year.

Signatures

Parent / Guardian _____

Date _____

Parent / Guardian _____

Date _____

How did you hear about St. Francis Xavier? (Please circle)

Advertising Parish Referral Family/Friend Social Media

Other (list) _____



St. Francis Xavier Catholic School System

Medical Information and Permission

(Complete one per student)

Student Name: _____

Grade in 2020-2021: _____

Learning Alerts

Please list any conditions that impact your student's educational experience during the school day (i.e. ADD/ADHD, Asperger's, migraines, dyslexia, etc.)

Medical Alerts/Allergies

Please help the faculty and staff at Xavier Catholic Schools be proactive by listing any medical alerts that pertain to your student. A medical alert is a diagnosed medical condition to which teachers and staff members should be made aware in PowerSchool. These alerts may include allergies (note EpiPen if applicable), asthma (note inhaler if applicable), diabetes, seizures, epilepsy, migraines, etc.

I give my permission to Xavier Catholic Schools to publish the above-noted Medical Alerts in PowerSchool. I understand that access to this portion of the student records is granted to employees of Xavier Catholic Schools who have been determined by administration to have job functions which may require or benefit from knowledge of this information.

Parent Name (please print)

Parent Name (please print)

Signature

Date

Signature

Date

In case of emergency, the person to contact if parents are unable to be reached:

Name _____

Phone _____

Relationship to Student _____