



**Dear Notre Dame High School Applicant,**

Thank you for your interest in Notre Dame High School, In order to complete your application there are documents that must be submitted. Please provide the following documents.

- Initial Skype Interview
- Application
- Transcripts
- Birth Certificate
- Passport
- Immunization Record
- Current Tdap Vaccine
- Physical Examination Form
- TB Test Report

Once you have submitted all the required documents we will set up a final SKYPE interview with the perspective student. Please contact me directly with any questions about the admission process.

Thank you,

Mr. Adrian Rodarte  
Notre Dame High School  
International Admissions Coordinator  
Student Services  
[arodarte@ndhsriverside.org](mailto:arodarte@ndhsriverside.org)  
951-283-2191



### International Student Checklist

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Agency: \_\_\_\_\_

Transcript (Transcribed)	
Initial Skype Interview with Student	
Paper Application	
Parent Letter (Parent giving permission to guardian to care for student)	
Guardian Letter (Guardian taking responsibility for student, including address and notarized letter.	
Student Letter (Must be addressed to principal, hand written and include DOB)	
Passport/Visa (Color Copy)	
Grade Verification Letter	
Immunization Records / TB Test	
Birth Certificate	
**Reviewed First /***Skype Interview Second	
Bank Statement/Tuition Agreement/Certificate of Deposit	

*Only after all transcripts are reviewed, interview conducted, all required documents received, tuition agreement signed and tuition payment is received will the paperwork be sent to the Diocese of San Bernardino for processing of the student's I20. We do NOT mail the I20. The document must be picked up at the Diocese of San Bernardino.*



# Notre Dame High School

International Student Application  
Incoming (Circle one) 9 10 11 12

## **Student Information**

Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Gender: (Circle One) Male Female  
Cell Phone #: \_\_\_\_\_  
Current Home Address: \_\_\_\_\_  
Birth Country: \_\_\_\_\_  
Birth City: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Race: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Primary Language: \_\_\_\_\_

## **Previous School Attended: (if in USA)**

School Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Grade Completed: \_\_\_\_\_

## **Previous School Attended (if out of USA)**

School Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Country: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
End Date: \_\_\_\_\_  
Grade Completed: \_\_\_\_\_

**Agency Information**

Company Name: \_\_\_\_\_  
City Located: \_\_\_\_\_  
Agent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Custody: **(Circle One)** YES NO  
Financial Responsibility: **(Circle One)** YES NO  
Receive Correspondence: **(Circle One)** YES NO  
Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Guardian Information**

Name: \_\_\_\_\_  
City Located: \_\_\_\_\_  
Address: \_\_\_\_\_  
Custody: **(Circle One)** YES NO  
Financial Responsibility: **(Circle One)** YES NO  
Receive Correspondence: **(Circle One)** YES NO  
Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Home Stay Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Custody: **(Circle One)** YES NO  
Financial Responsibility: **(Circle One)** YES NO  
Receive Correspondence: **(Circle One)** YES NO  
Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

All information in this application is correct and forthcoming. I understand that withholding information in this application may jeopardize my students admission.



## **International Student Grade Verification Form**

I, \_\_\_\_\_ the guardian/parent of \_\_\_\_\_ am enrolling the student named above at Notre Dame High School for the 2020-2021 school year. AS the guardian/parent, I hereby state the student's last completed grade was \_\_\_\_ 2019 - 2020 Fall semester and give permission to enroll him/her in the 1st semester of \_\_\_\_\_ year. By signing below I take responsibility for the grade placement, and certify the this information is accurate and has been communicated with the student's family.

---

Name of Guardian/Parent

---

Signature of Guardian

# EXAMPLE of Letters Needed:

**Example ONLY! Student Letter (Must be hand written) Must be written in complete sentences in the student's own words. Below is just some points the student may want to cover.**

(Dear Mrs. Ashton)

Request to attend NDHS.

\*Appreciation for family to send him/her to NDHS.

\*Looking forward to learning and getting to know the NDHS students

\*Learning American culture.

Student Signed & dated (be sure to print students Legal name below his/her signature)

Date of Birth

**Example ONLY! Temporary Guardianship Agreement/ Parent Letter- Must be re-typed on another paper.**

I/We \_\_\_\_\_ (Parents name) the custodial parent(s) of \_\_\_\_\_ (Student's Name) do hereby grant temporary guardianship of \_\_\_\_\_ (Student's Name) to \_\_\_\_\_ (Guardian Name).

Contact Information of temporary guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Statement of Consent:

I/We \_\_\_\_\_ (Parent Names) hereby grant temporary guardianship of the above child, whom I have legal custody of to \_\_\_\_\_ (Guardian Name) for as long as necessary beginning on \_\_\_\_\_ (Date).

I hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness. This permission includes, but not limited to the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of a qualified medical personnel. I also grant permission for the guardian named above to make educational decisions for my child.

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Example ONLY! Guardian Letter Example(Must be Notarized) Must be re-typed on another paper.

I/We \_\_\_\_\_ (Name of Guardian) will be the legal guardian of \_\_\_\_\_ (Student Name) who was born on \_\_\_\_\_ (Birthday of Student). I reside at \_\_\_\_\_ (Address of Guardian). I take full financial and academic responsibility for, but not limited to, all academic costs including medical treatment that may be needed while \_\_\_\_\_ (Student Name) is attending \_\_\_\_\_ (School) in \_\_\_\_\_ (City) I accept this responsibility from the \_\_\_\_\_ (Student's Name) parents' \_\_\_\_\_ (Parent Names) who live at \_\_\_\_\_ (Parents Address) and can be reached at \_\_\_\_\_ (Phone Number) and \_\_\_\_\_ (Email).

Guardian Full Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date