



PRINCETON ACADEMY of the Sacred Heart

2025-26 International Visit Application

Date of Birth

Student Name (First, Middle, Last)

Nickname

Address Line 1

Address Line 2

Location of Birth (City, Country)

Nationality

Current
Grade

Current School

Grades Attended at this school

Prior Schools and Grades attended

Have you taken a standardized
English Language Proficiency
Test (Y/N)

Test Name and Score:
(TOEFL-Primary, TOEFL Junior,
Duolingo, Other)

Visit Details

Place an X in the Weeks you would like to attend (weeks marked with a * indicate 4-day week). Select no more than 2 weeks.

January 13-17

January 21-24*

January 27-31

February 3-7

February 10-13*

February 18-21 *

February 24-28

Are your dates flexible if we are not able to accommodate your preferred week(s) (Y/N)?

Alicia Fruscione
Director of Enrollment

afruscione@princetonacademy.org
Phone: 1-609-462-3757



PRINCETON ACADEMY^{of the} Sacred Heart

Parent Information

Primary Parent Name (First, Middle, Last)

Primary Phone

Address Line 1

E-mail

Address Line 2

Nationality

Occupation

Employer

Highest Degree

Secondary School Attended

College Attended

Second Parent Name (First, Middle, Last)

Secondary Phone

Address Line 1

E-mail

Address Line 2

Nationality

Occupation

Employer

Highest Degree

Secondary School Attended

College Attended



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Parent Questions

What are you looking for in this experience for your son?

What makes your son a good candidate for the International Visit Program at Princeton Academy of the Sacred Heart?

Has your son received disciplinary action at school? If so, please explain.

What else would you like us to know about your son?

If you have other children, please indicate below their names, ages, gender and grade.



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