

International Student Application

Student must be accepted by school of choice prior to submitting the International Student Application Packet for I-20, to the Diocese of Davenport, Office of International Students.

Please check if a change of status to F-1 will be submitted				
STUDENT INFORMATION	<u>V:</u>			
Family Name / Surname (As listed on Passport)			Middle Name	Preferred Name
Grade:	Fall Semester	Spring Semester	Passport	Expiration Date:
Parent/Guardian (Family) Name		First Nam	First Names	
HOST FAMILY:				
Names:		F	Relationship to the student	t:
Address	City	State	Zip	
Phone:		E	mail:	
cultural experience. Exce guardian.	ptions to this rule	e may be made if the	student is in a direct place	the best possible academic and ement with a relative or legal
Agency/Program Name:			Phone:	
Contact Person:			Email:	
Street Address/City/State	e/Zip:			
Agency Local Coordinato	r:		Phone:	
Email:				
and complete studies no				and January 2 for Spring Semester,
Information Sources From what sources of inf (Mark all that apply)?	formation and ind	lividuals did you and v	our child learn about Dio	cese of Davenport Catholic Schools
Website	Agency (please inc	dicate which one		_)FriendOther

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Parent/Guardian Agreements for All Students

No application will be considered	until the above requirements are complete.
Signature of Father or Mother	Date
Signature of student	Date
By typing our names in the signature lines below, we atte and we agree to all terms and conditions of the Diocese o	est that all information has been given to the best of our knowledge of Davenport.
application are complete and accurate to the best of my	ational institutions and that all the answers I have given in this knowledge. If admitted, I agree to observe all the rules and hat failure to accurately complete this application or falsification of
information from PowerSchool/JMC (schools co	olic Schools have permission to provide my son's/daughter's mputerized students records system) to our sponsoring agency, rades and attendance records throughout the school year.
school year. Acceptance in the current year does Among the factors to be evaluated in deciding w	on will be required to be completed prior to being accepted for the s not guarantee a student's admission in any subsequent year. Whether or not a student will be accepted for continued enrollment as the student's and family's overall conduct as aligned with the
I/We agree that I/we will read the Parent Handb abide by the expectations (and consequences) so	book and the Student Handbook. I/We and my/our child/children wi et for in these handbooks.
	s regarding the proper use of school technology. I/We understand , it is in effect for the time my son/daughter is a student at the
	venport Catholic School to use my son/daughter's name, image, npaigns, publications and/or production (e.g. newsletters, annual ia, web pages, students newspapers)
Please initial each box granting permission and o	or agreement to each statement.
By enrolling my son/daughter at a Diocese of Davenport	Catholic School, I agree to the following:

If an appointment needs to be made with the International Student Advisor / PDSO with the Diocese of Davenport to review proper paperwork. Please call 563-888-4230 to schedule a date and time. NO WALK-IN's PLEASE.

Mail to: Diocese of Davenport
Office of International Students
780 West Central Park Ave., Davenport, IA 52804

Or Scan and Email to: trujillo@davenportdiocese.org

Please visit http://www.davenportdiocese.org/international-students for more information about the registration timeline and fees. Davenport Diocese Catholic Schools are fully accredited by Iowa Department of Education.