

## Regina Catholic Education Center International Application for Admission

2150 Rochester Ave Iowa City, IA 52245 319.338.5436 / fax 319.887.3817

Last Name:		Current School:			
First Name:		Country of Residence:			
Middle Name:		City:		State:	
Birth date:		International Placement Service:			
Sex:		Current Grade Level:			
Do you need busing		Semester and Year Applying for:			
Date of Application:		(i.e. Spring 2016 or 2015-2016 School Year)			
Parent Contact #1		☐ Has Custody		Lives With	
First Name:		Last Name:			
Address:		Relationship:			
City:	State/Region:		Country:		
Email:					
Home Phone: Work:			Cell:		
Parent Contact #2		☐ Has Custody		Lives With	
First Name:		Last Name:			
Address:		Relationship:			
City:	ty: State/Region:		Country:		
Email:					
Home Phone: Work:			Cell:		
Host/Guardian in Iowa City Area	l				
First Name:		Last Name:			
Address:		Relationship:			
City:		State:		Zip:	
Email:					
Home Phone:	Work:		Cell:		
Educational/Behavioral History					
Has the student ever been		If yes, please provide an explanation in writing with			
expelled from a school?	☐ Yes ☐ No	application.			
Has the student ever repeated a course or grade?	☐ Yes ☐ No	If yes, please provide an explanation in writing with application.			

Ethnicity					
Are you Latino or Hispanic?	☐ Yes ☐ No				
Race – mark all that apply					
☐ White	☐ Asian ☐ American	Indian or Alaska Na	tive Native Hawaiian / Other Pac Islander		
☐ Black or African American ☐ Congin)		ian (not of Hispanic	☐ Caucasian (not of Hispanic o		
Home Language (Please mark the language used most often at home)					
☐ English ☐ Spanish	☐ Other				
Is English your first language?	□Yes □No	Do you speak English fluently? ☐Yes ☐No			
Religious Affiliation					
Denomination	Parish	Pasto	or		
Other Pertinent Information	on				
How did you hear about Regir	na?				
Was there a member of the D	agina gammunitu		If yes, please list that person's name		
Was there a member of the Regina community who was instrumental in helping you to make		☐ Yes ☐ No	(one name only, please)		
the decision to send your stud	- ,				
			If you also a list the second		
Does your student have any special medical / health / dietary concerns about which we			If yes, please list the concerns		
should know?	ut willen we	☐ Yes ☐ No			
Please add anything else that you think is important to help us know your student better (interests, etc.).					
r rease and anything else that you think is important to help us know your student better (interests, etc.).					
In addition to this completed application, the following information is required to process this application:					
<ol> <li>A one-page personal statement explaining why you would like to attend Regina.</li> <li>\$100 Registration Fee</li> </ol>					
<ol> <li>A copy of the student's report cards, educational transcript, or educational records.</li> </ol>					
4. A copy of the student's most recent TOEFL or TOEFL Junior scores.					
(Minimum TOEFL combined score of 80 or above/no sub score under 17) (Minimum TOEFL Junior score of 730 or above/no sub score under 200)					
All educational records and support materials need to be translated into English					
Please submit this application and accompanying materials to:  Glenn Plummer, Principal glenn.plummer@regina.org					
Regina Jr/Sr High School			glenn.plummer@regina.org Office: 319.338.5436		
2150 Rochester Ave			Fax: 319.887.3718		
For Office Use Only					
Accepted Date into District:		Regina Studer	ot ID #:		
Accepted Date into District.		Regina Studel	ICIDIT.		

3443 - 445	Start Date:	State ID #:
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