

## 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: M F	Current Grade Level:			
Do you need busing ☐ Yes ☐ No		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	<u> </u>	☐ Has Custody		Lives With
First Name:	Last Name:			
Address:		Relationship:		
City: State/Region:		Country:		
Email:				
Home Phone: Work:			Cell:	
Host/Guardian in Iowa City Area	ı			
First Name:	Last Name:			
Address:	Relationship:			
City:		State:		Zip:
Email:				
Home Phone:	Work:		Cell:	
Educational/Behavioral History				
Has the student ever been	□ Vas □ Na	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 ☐ Black or African American	<ul><li>☐ Asian</li><li>☐ American Indian or Alaska Native</li></ul>			☐ Native Hawaiian / Other Pac Islander			
	□ Caucas origin)	ian (r	ot 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 Engli	ish fluently? □Yes □No			
Religious Affiliation							
Denomination	Parish		Pastor				
Other Pertinent Informatio	n						
How did you hear about Regin	a?						
Was there a manch as of the Da				If yes, please list that person's name			
Was there a member of the Rewindows who was instrumental in helpi	•		Yes □ No	(one name only, please)			
the decision to send your stud	• .		1e3   NO				
				If an almost the second			
Does your student have any special medical /				If yes, please list the concerns			
health / dietary concerns about which we should know?			Yes   No				
Please add anything else that you think is important to help us know your student better (interests, etc.).							
riease 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 s</li> <li>\$100 Registration Fee</li> </ol>	tatement explainin	g why	y you would like to	attend Regina.			
3. A copy of the student's report cards, educational transcript, or educational records.							
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 Regina Jr/Sr High School			glenn.plummer@regina.org Office: 319.338.5436				
2150 Rochester Ave			Fax: 319.887.3718				
For Office Use Only							
·			Regina Student II	) #·			
Accepted Date into District:		negina student il	<i>)</i> π.				

3443 - 445	Start Date:	State ID #:
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