

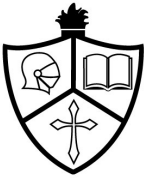


**DO NOT MAIL OR EMAIL ANY OF THE
REGISTRATION MATERIALS IN THIS
SECTION until you receive an official notice
of acceptance into the International Program
at Shrine Catholic High School & Academy.**

Registration Forms are accepted only after the
applicant has received a formal letter of
acceptance!

IMPORTANT NOTICE

All Registration Forms
MUST ARRIVE WITHIN TWO
WEEKS from the date of formal
acceptance into the
International Program at
Shrine Catholic High School &
Academy or your spot may be
allocated to another student.



HOME STAY APPLICATION

HOUSING PREFERENCE (check one)

_____ HOST FAMILY TO BE ASSIGNED BY SCHOOL

_____ I HAVE A HOST FAMILY OR GUARDIAN

STUDENT INFORMATION

REGISTERING FOR GRADE 7 8 9 10 11 12

STUDENT ID (for office use only)

STUDENT NAME _____
Last Name (family name) First Name (given name) Middle Name

STUDENT PREFERRED NAME _____ BIRTH DATE ____/____/____ Male Female
Month Day Year

COUNTRY ISSUING PASSPORT _____ EMAIL _____

PARENT/LEGAL GUARDIAN/HOST CONTACT INFORMATION

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO STUDENT _____

STREET ADDRESS _____

CITY _____

STATE/PROVINCE/PREFECTURE _____ POSTAL CODE _____

COUNTRY _____ EMAIL _____

PHONE (____) _____ - _____ FAX circle: business or home (____) _____ - _____

INTERNATIONAL PROGRAM HOUSING CONTRACT

Please read the agreement completely before signing. You will be held legally responsible for the terms of this contract. This agreement governs the terms of the student's residence with a Host family. Fees are non-refundable.

HOME-STAY ROOM AND BOARD FEE

Room and board with a host family is \$8,000 (U.S.).

Residents will be required to abide by the rules and regulations of the host family. Students, along with their parents or legal guardians, must sign the document outlining these rules and return the document with the Housing Contract and deposit. The rules and regulations will be reviewed in detail with the students upon their arrival.

PARENT/LEGAL GUARDIAN SIGNATURE _____ Date ____/____/____

PARENT/LEGAL GUARDIAN SIGNATURE _____ Date ____/____/____

SCHOOL ADMINISTRATOR SIGNATURE _____ Date ____/____/____

HOME STAY APPLICATION

STUDENT INFORMATION

- Do you have any medical problems (allergies, etc.) YES NO

If yes, please describe _____

PLEASE READ AND SIGN BELOW ALL RULES APPLY TO HOME STAY

1. All international students are required to have a "C" or above in every class. If your student falls below a "C" you are required to pay for a tutor until their grades improve.
2. International students are expected to speak English while at school.
3. Students will be assigned chores and/or duties at their place of residence.
4. Students will be provided with 3 meals a day. If a student requires special foods that are not part of the meals provided, they are responsible for the cost. Home stay students may pack a sack lunch for school; if they want to buy lunch at school, they must pay that cost.
5. Students agree to follow the school code of conduct relating to behavior and dress code. This includes, but is not limited to: no tattoos, facial hair or distracting haircuts.
6. Smoking is illegal in the United States for those under the age of 18. All students are expected to follow this law.
7. Consuming alcohol is illegal in the United States for those under the age of 21. All students are expected to follow this law.
8. Students will notify the International Student Coordinator when they travel outside the State of Michigan. Students will not cross the border to visit Canada without school permission.
9. There are additional rules and regulations students are expected to follow. These rules and regulations will be provided along with the official academic contract upon acceptance into Shrine Catholic High School & Academy International Program.

Printed name of parent/legal guardian

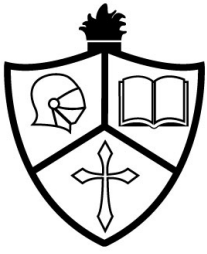
DATE _____ / _____ / _____
Month Date Year

Signature of parent/legal guardian

DATE _____ / _____ / _____
Month Date Year

Signature of student

DATE _____ / _____ / _____
Month Date Year



Shrine Catholic High School & Academy

International program

Proof of Insurance and Consent to Treatment

This form must be submitted before an I-20 will be issued

STUDENT LAST NAME _____ FIRST _____ BIRTH DATE ____/____/____

PROOF OF HEALTH AND ACCIDENT INSURANCE. All international students attending Shrine Catholic High School & Academy are required to have insurance against accident and illness.

NAME OF HEALTH/ACCIDENT INSURANCE COMPANY _____

POLICY NUMBER _____ NAME OF AGENT _____

COMPANY ADDRESS _____

PHONE _____ FAX _____

PLEASE LIST ALL APPLICABLE MEDICAL INFORMATION. ALLERGIES _____

OTHER MEDICAL PROBLEMS/TREATMENTS _____

PARENTAL CONSENT TO TREATMENT AND MEDICAL RELEASE. We, the parents/legal guardians of the student named above, consent to any medical examinations, x-rays, anesthetics, medical or surgical diagnosis or treatment procedure deemed necessary for treatment by any attending physician or the emergency physician on duty at any licensed hospital. We hereby give our permission to the Shrine Catholic High School & Academy administration or my child's host parents to sign for us with no liability involved. Our permission is valid for the duration of our child's attendance at Shrine Catholic High School & Academy. **It is understood that this consent/release is given in advance of any specific diagnosis or treatment being required, and is given to encourage physicians to exercise their best judgment at the requirement of any diagnosis or treatment.**

PARENT/LEGAL GUARDIAN (PLEASE PRINT) _____ SIGNATURE _____

PARENT/LEGAL GUARDIAN (PLEASE PRINT) _____ SIGNATURE _____

PRIMARY STREET ADDRESS _____

CITY _____

STATE/PROVINCE/PREFECTURE _____ POSTAL CODE _____ COUNTRY _____

PHONE (_____) _____ - _____ EMAIL _____