

Shrine Catholic High School & Academy

International Application for Admission

CHECKLIST FOR ADMISSION

APPLICANT LAST NAME _____

APPLICANT FIRST NAME _____

MALE

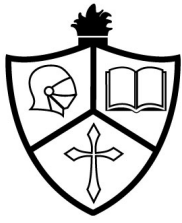
FEMALE

APPLYING TO GRADE _____

CHECKLIST FOR ADMISSION TO SHRINE CATHOLIC HIGH SCHOOL & ACADEMY

- Application form completed(3-page)
- Teacher recommendation form completed (1-page)
- Mathematics teacher assessment form completed(1-page)
- English teacher assessment form completed(1-page)
- Transcripts for the last 3 years included
- \$500 non-refundable application fee enclosed
- Interview via DVD or Skype (to be performed after student is accepted)

PLEASE RETURN THIS COMPLETED CHECKLIST WITH THE APPLICATION

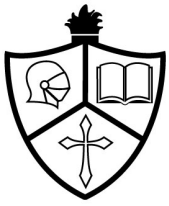


Shrine Catholic High School & Academy
International Application for Admission

CHECKLIST FOR ADMISSION (applicant copy)

PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS

- Application form completed(3-page)
- Teacher recommendation form completed (1-page)
- Mathematics teacher assessment form completed(1-page)
- English teacher assessment form completed(1-page)
- Transcripts for the last 3 years included
- Transcript Evaluation(2-page)
- \$500 non-refundable application fee (keep a copy of the check)
- Interview via DVD or Skype (to be performed after student is accepted)



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APPLICATION

STUDENT INFORMATION

STUDENT NAME AS SHOWN ON PASSPORT _____
 Last Name (family name) _____ First Name (given name) _____ Middle Name _____

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

PASSPORT NUMBER _____ COUNTRY OF ISSUE _____

COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

PRIMARY STREET ADDRESS _____

CITY _____

STATE/PROVINCE/PREFECTURE _____ POSTAL CODE _____ COUNTRY _____

HOME PHONE (_____) _____ - _____ HOME FAX (_____) _____ - _____

STUDENT EMAIL _____ RELIGION _____

SCHOOL INFORMATION

NAME OF CURRENT SCHOOL _____ **CURRENT GRADE LEVEL** _____

STREET ADDRESS _____

CITY _____

STATE/PROVINCE/PREFECTURE _____ POSTAL CODE _____ COUNTRY _____

PHONE (_____) _____ - _____ LANGUAGE OF INSTRUCTION _____

YEARS OF ENGLISH LANGUAGE STUDY INCLUDING CURRENT SCHOOL YEAR (*minimum of 3 years required*) _____

STUDENT IS APPLYING FOR AUGUST OF WHAT YEAR _____

PROVIDE NAME AND LOCATION OF SCHOOLS ATTENDED IN THE LAST FIVE (5) YEARS

NAME OF FORMER SCHOOL _____ LOCATION _____

NAME OF FORMER SCHOOL _____ LOCATION _____

NAME OF FORMER SCHOOL _____ LOCATION _____

LIST ANYONE RELATED TO THE APPLICANT THAT HAS GRADUATED FROM SHRINE OR IS CURRENTLY ATTENDING SHRINE

NAME _____ GRAD YEAR _____ RELATIONSHIP _____

NAME _____ GRAD YEAR _____ RELATIONSHIP _____

PLEASE CHECK THE CORRECT ANSWER FOR EACH QUESTION

APPLICATION IS FOR A STUDENT ENTERING GRADE..... 7 8 9 10 11 12

HOW MANY YEARS DO YOU EXPECT THE APPLICANT TO BE AT SHRINE..... 1 2 3 4

DOES THE APPLICANT PLAN TO GRADUATE FROM SHRINE..... Yes No Unsure

PARENT #1 INFORMATION PLEASE CHECK ALL THAT APPLY MALE FEMALE MARRIED DIVORCED SEPARATED REMARRIED DECEASED

LAST NAME _____ FIRST NAME _____
RELATIONSHIP TO APPLICANT _____ RELIGION _____
SPOUSE LAST NAME _____ SPOUSE FIRST NAME _____
STREET ADDRESS _____
CITY _____
STATE/PROVINCE/PREFECTURE _____ POSTAL CODE _____
COUNTRY _____ EMAIL _____
HOME PHONE (_____) _____ - _____ CELL PHONE (_____) _____ - _____
BUSINESS PHONE (_____) _____ - _____ FAX circle: business or home (_____) _____ - _____
OCCUPATION _____ EMPLOYER _____

PARENT #2 INFORMATION PLEASE CHECK ALL THAT APPLY MALE FEMALE MARRIED DIVORCED SEPARATED REMARRIED DECEASED

LAST NAME _____ FIRST NAME _____
RELATIONSHIP TO APPLICANT _____ RELIGION _____
SPOUSE LAST NAME _____ SPOUSE FIRST NAME _____
STREET ADDRESS (if different than parent #1) _____
CITY _____
STATE/PROVINCE/PREFECTURE _____ POSTAL CODE _____
COUNTRY _____ EMAIL _____
HOME PHONE (_____) _____ - _____ CELL PHONE (_____) _____ - _____
BUSINESS PHONE (_____) _____ - _____ FAX circle: business or home (_____) _____ - _____
OCCUPATION _____ EMPLOYER _____

CORRESPONDENCE INFORMATION PLEASE CHECK PREFERRED METHOD OF COMMUNICATION

Provide address, email and fax for all correspondence from Shrine Catholic High School

ADDRESS EMAIL FAX

LAST NAME _____ FIRST NAME _____
STREET ADDRESS _____
CITY _____
STATE/PROVINCE/PREFECTURE _____ POSTAL CODE _____
COUNTRY _____ FAX (circle: business or home) (_____) _____ - _____
EMAIL _____

AGENCY INFORMATION. If you are working with an agency, we require their contact information.

AGENCY NAME _____ PHONE (_____) _____ - _____
STREET ADDRESS _____
CITY _____
STATE/PROVINCE/PREFECTURE _____ POSTAL CODE _____
COUNTRY _____ EMAIL _____

LOCAL GUARDIAN / FAMILY MEMBER. The applicant must have a local guardian or family member, we require their contact information.

RELATIONSHIP TO APPLICANT _____ PHONE (_____) _____ - _____
LAST NAME _____ FIRST NAME _____
STREET ADDRESS _____ CITY _____ STATE _____ POSTAL CODE _____
EMAIL _____



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TEACHER RECOMMENDATION FORM

STUDENT NAME LAST _____ FIRST _____ MIDDLE _____ Male Female
 STUDENT PREFERRED NAME _____ BIRTH DATE ____/____/____ APPLYING TO GRADE _____
Month Day Year

APPLICANT: THE REMAINING INFORMATION MUST BE COMPLETED BY A TEACHER AT YOUR CURRENT SCHOOL. PLEASE GIVE YOUR TEACHER THE APPLICATION DEADLINE.

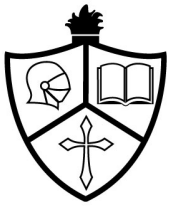
TO THE TEACHER

Please complete and sign this Teacher Recommendation Form. Information you provide will be kept confidential and will not become part of the student's school record. Your signature confirms you completed the form and provided accurate information to the best of your ability. If you have questions, contact the International Program Administrator Ms. Jan Recinos at 248.549.2925 or recinos@shrineschools.com. **Please return completed form to: Shrine Catholic High School & Academy | International Admissions | 3500 W. Thirteen Mile Road | Royal Oak, MI 48073**

NAME _____ SUBJECT/GRADE YOU TEACH _____
 SCHOOL _____ COUNTRY _____
 MAILING ADDRESS _____
 PHONE (____) _____ - _____ EMAIL _____
 HOW LONG HAVE YOU KNOWN THE APPLICANT _____ IN WHAT CAPACITY _____

SIGNATURE _____ **DATE** ____/____/____
Month Day Year

CANNOT JUDGE	THE STUDENT	ALWAYS	MOST OF THE TIME	SOME OF THE TIME	RARELY	COMMENTS
	Displays intellectual curiosity					
	Demonstrates higher level thinking skills					
	Works to potential					
	Completes work on time					
	Responds appropriately to criticism					
	Participates actively in class					
	Cooperates with teachers					
	Works well with others					
	Works well independently					
	Solves problems independently					
	Takes responsibility for actions					
	Demonstrates leadership qualities					
	Positive attitude toward learning					
	Able to communicate ideas in English					
	Treats others with respect and dignity					
	Participates in school activities					
	Demonstrates self confidence					



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ENGLISH TEACHER ASSESSMENT FORM

STUDENT NAME LAST _____ FIRST _____ MIDDLE _____ Male Female

STUDENT PREFERRED NAME _____ BIRTH DATE ____/____/____ APPLYING TO GRADE _____
Month Day Year

APPLICANT: THE REMAINING INFORMATION MUST BE COMPLETED BY THE APPROPRIATE TEACHER AT YOUR SCHOOL. PLEASE GIVE YOUR TEACHER THE APPLICATION DEADLINE.

TO THE APPROPRIATE TEACHER FOR ASSESSING ENGLISH MASTERY

Please complete and sign this English Assessment Form. Information you provide will be kept confidential and will not become part of the student's school record. Your signature confirms you completed the form and provided accurate information to the best of your ability. If you have questions, contact the International Program Administrator Ms. Jan Recinos at 248.549.2925 or recinos@shrineschools.com. **Please return completed form to: Shrine Catholic High School & Academy | International Admissions | 3500 W. Thirteen Mile Road | Royal Oak, MI 48073**

NAME _____ SUBJECT/GRADE YOU TEACH _____

SCHOOL _____ COUNTRY _____

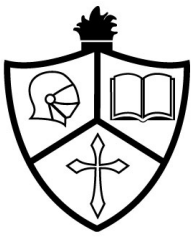
MAILING ADDRESS _____

PHONE (____) _____ - _____ EMAIL _____

HOW LONG HAVE YOU KNOWN THE APPLICANT _____ IN WHAT CAPACITY _____

SIGNATURE _____ **DATE** ____/____/____
Month Day Year

CANNOT JUDGE	THE STUDENT	EXCEL- LENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	COMMENTS
	Participation in class					
	Preparation for class					
	Use of spoken English					
	Listening comprehension					
	Correct use of grammar					
	Reading comprehension					
	Use of written English					
	Ability to think independently					
	Vocabulary					
	Ability to organize and communicate ideas					



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TRANSCRIPT EVALUATION

STUDENT NAME LAST _____ FIRST _____ MIDDLE _____ Male Female

STUDENT PREFERRED NAME _____ BIRTH DATE ____/____/____ APPLYING TO GRADE _____
Month Day Year

APPLICANT: Please attach your official school transcript(s) showing all grades earned for the previous three years. The remaining information on this 2-page Transcript Translation must be completed by the appropriate school official.

TO THE APPROPRIATE SCHOOL OFFICIAL PROVIDING TRANSLATION: Please complete this 2-page Transcript Translation Form. Your signature confirms you completed the form and provided accurate information to the best of your ability. **Please return completed form and attached transcript(s) to: Shrine Catholic High School | International Admissions | 3500 W. Thirteen Mile Road | Royal Oak, MI 48073**

TRANSLATION PROVIDED BY: _____
Printed name of appropriate school official

Signature of official _____/_____/_____
Month Day Year

Title of official _____
Name of school

ACADEMIC HISTORY: Please list IN ENGLISH the current school's grading scale next to the corresponding American grade.

GRADE MEANING	AMERICAN GRADE	CORRESPONDING GRADE FROM YOUR GRADING SYSTEM	COMMENTS
Excellent	A+		
Superior	A		
Very Good	A- / B +		
Good	B / B-		
Average	C+ / C		
Sufficient	C- / D+		
Poor	D / D-		
Fail	F		

COURSES TAKEN AND GRADES RECEIVED

Complete the following page IN ENGLISH. **Please use the American grading system as listed above.** Provide all information requested: dates, total number of school days per year, grade level, course name, hours per week and semester grades. Shrine Catholic High School and Academy must receive a complete translation to give the applicant full credit toward meeting Shrine's graduation requirements.

