



# Archbishop Stepinac High School

## 01 Student Application

Grade Level Requested: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ / \_\_\_\_\_



Test : English Test Score: \_\_\_\_\_  
Date taken: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/ DD / YYYY

**Student Name: (as written on the passport)**

Family Name (Last)

Given Name (First)

Middle (if any)

**Gender:**

Male      Female

**Date of birth:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM / DD / YYYY

**Age on arrival:**

**Street Address:**

**City:**

**Province:**

**Country:**

**Postal Code:**

**Home telephone:**

**E-mail address:**

**City of birth:**

**Country of birth:**

**Country issuing passport:**

**Date of expiration of passport:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Last grade of school completed:** \_\_\_\_\_      **Grade applying for in USA:** \_\_\_\_\_

**Height:**

cm

**Weight:**

kg

**Eye Color:**

**Hair Color:**

**Are you planning to graduate from high school in the USA?** Yes      No      Undecided

**Are you currently on an:**      F-1 Visa      J-1 Visa      No US Visa

**Are you currently studying abroad in another country?** Yes      No

**If yes, fill in information below.**

**School:**

**Address:**

**City:**

**Province:**

**State (USA only):**

**Country:**

**School Telephone Number:** \_\_\_\_\_

**Your personal email:**



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## 02 Personal Information

1. Religion: \_\_\_\_\_

2. How often do you attend services?  Weekly  Monthly  Holidays  Never

3. Are you willing to attend religious services and activities?  Yes  No

4. Do you have any allergies?  Yes  No

If yes, please specify: \_\_\_\_\_

5. Do you have any dietary restrictions (i.e. vegetarian, vegan, food allergies)?  Yes  No

If yes, please specify: \_\_\_\_\_

6. How many years have you been studying English? \_\_\_\_\_ Years \_\_\_\_\_

7. What other languages have you studied?

Language	Years Studied	Proficiency
_____	_____ Years	_____
_____	_____ Years	_____

8. Do you have any siblings?  Yes  No

Sibling's Name	M/F	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. List your hobbies and interests (including sports) in order of importance to you.

(list at least 5):

10. What are your educational goals? Are you interested in a particular field of study?

11. What are your future plans after high school?



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## 03 Parents Information

**Father or legal guardian:**

Last Name  First Name

Occupation  Title

Home telephone  Work telephone

E-mail

Address if different from student's

**Mother or legal guardian:**

Last Name  First Name

Occupation  Title

Home telephone  Work telephone

E-mail

Address if different from student's

**Student lives with:**

Both parents  Mother  Father  Other

**Check all that apply**

**Mother:**  Living  Deceased

**Father:**  Living  Deceased

**Parents:**  Married  Divorced/Separated



# Archbishop Stepinac High School

## 04 Additional Personal Data

1. What are your academic goals at Stepinac High School?

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2. What are your favorite courses at school?

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3. List any clubs that you belong to:

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4. Have you received any awards or honors, or do you have any outstanding achievements?

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5. How much time a day do you spend on school homework?

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6. Have you ever lived apart from your parents for an extended period of time?  Yes  No

If yes, please specify: \_\_\_\_\_

a. Have you ever traveled to or lived in any foreign countries?

Countries visited: \_\_\_\_\_

Countries lived in: \_\_\_\_\_

b. Have you ever participated in an Academic Year or Semester high school  Yes  No

exchange in the USA? If yes, please specify: \_\_\_\_\_

7. Do you have any food allergies?

Yes if yes, please specify No

8. Are you taking any medication? Yes No

If yes, please specify: \_\_\_\_\_

(Students must provide a doctor's note specifying any medications you plan to take while participating in the Program.)

9. Do you have any relatives or friends living in the USA?  Yes  No

If the answer is yes, where do they live? \_\_\_\_\_



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## 05 Interests and Hobbies

**Interests and Hobbies:** Check all that apply:

<input type="checkbox"/> Animals	<input type="checkbox"/> Crafts	<input type="checkbox"/> Political activities
<input type="checkbox"/> Art	<input type="checkbox"/> Dancing (ballet)	<input type="checkbox"/> Popular music
<input type="checkbox"/> Astronomy	<input type="checkbox"/> Dancing (folk)	<input type="checkbox"/> Reading
<input type="checkbox"/> Board games	<input type="checkbox"/> Drama	<input type="checkbox"/> Sewing
<input type="checkbox"/> Camping	<input type="checkbox"/> Gardening	<input type="checkbox"/> Symphony
<input type="checkbox"/> Card games	<input type="checkbox"/> Movies	<input type="checkbox"/> Television
<input type="checkbox"/> Chess	<input type="checkbox"/> Musical Instrument	<input type="checkbox"/> Theater
<input type="checkbox"/> Choir	<input type="checkbox"/> Opera	<input type="checkbox"/> Writing
<input type="checkbox"/> Classical music	<input type="checkbox"/> Painting/ Drawing	<input type="checkbox"/> Other
<input type="checkbox"/> Computer	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Cooking	<input type="checkbox"/> Piano	_____

**Athletics:** Check all that apply:

<input type="checkbox"/> Aerobics	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Soccer
<input type="checkbox"/> Archery	<input type="checkbox"/> Handball	<input type="checkbox"/> Swimming
<input type="checkbox"/> Badminton	<input type="checkbox"/> Hiking	<input type="checkbox"/> Table tennis
<input type="checkbox"/> Baseball	<input type="checkbox"/> Hockey (field)	<input type="checkbox"/> Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hockey (ice)	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Other
<input type="checkbox"/> Cycling	<input type="checkbox"/> Martial arts	_____
<input type="checkbox"/> Diving	<input type="checkbox"/> Rugby	_____
<input type="checkbox"/> Fishing	<input type="checkbox"/> Sailing	_____
<input type="checkbox"/> Football (American)	<input type="checkbox"/> Scuba diving	_____

**What sports or activities would you like to participate in while in the USA?**

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## 06 Student Writing Sample

This is a very important part of your application. In this section, please include a sample of writing in English. It can be from your school work, creative essay, book report or any other writing material. Additional pages are welcome. (It must be at least 450 words.)

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# Archbishop Stepinac High School

## 07 School Recommendation Form

Student's Full Name : \_\_\_\_\_

(Last Name)

(First Name)

(Middle Name)

Address : \_\_\_\_\_

(City)

(State)

(Zip Code)

Above student is admission to our school. Please complete this form and return it personally to the student in a sealed envelope – or – you can e-mail directly to Stepinac at [international@stepinac.org](mailto:international@stepinac.org)

PLEASE RATE THE ABOVE NAMED CANDIDATE IN THESE AREAS:

	Superior	Above Average	Average	Poor
<b>CONDUCT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LEADERSHIP ABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EMOTIONAL ABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RESPONSIBILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONCERN FOR OTHERS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ATTENDANCE:** Number of times absent since the beginning of this school year: \_\_\_\_\_

**LATENESS:** Number of times late since the beginning of this school year: \_\_\_\_\_

Is this student known to you personally?  Yes For how long? \_\_\_\_\_  No

How long has this student attended your school? \_\_\_\_\_

What grade will be completed in June? \_\_\_\_\_

As of the last Report Card, please indicate the student's:

Cumulative Scholastic Average: \_\_\_\_\_ Rank in Class: \_\_\_\_\_ out of \_\_\_\_\_

Evaluate this student's possibility of Academic Success at Archbishop Stepinac High School:

Excellent  Good  Average  Fair  Poor

Remarks (if any): \_\_\_\_\_

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Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Name of School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_