



CENTRAL CATHOLIC
HIGH SCHOOL

Central To Life

Application for International Student Admission

Central Catholic High School, 2550 Cherry Street, Toledo, Ohio, USA 43608

A \$250 USD non-refundable processing fee MUST accompany this application. Please email Accounts Receivable Specialist Vanessa Fuernstein at vfuernstein@centralcatholic.org for payment options.

Student's Name _____

Applying for Grade _____ School Year _____

Student must participate in a FaceTime or WeChat interview before admission will be granted.

General Cost & Fee Summary:

Tuition for 2023-24: \$16,400

Diocese of Toledo VISA Administrative Fee: \$1,000

(Does not include airfare, housing, school uniform, insurance, and other requirements which the student's family will need to pay for)

All international students attending Central Catholic High School (CCHS) are required by the Diocese of Toledo to have purchased U.S. health insurance, be current on vaccinations, and complete a physical examination through a U.S. health care provider.

I: Student Information

Applicant's Name _____

Given Name _____

Date of Birth _____

Gender M F

Applicant's Home Country Address

Street Address _____

City _____ Province/State _____

Country _____ Postal Code _____

Email _____

If accepted, should I-20 be sent to above address? Yes No

If no, where should I-20 be sent? _____

II: Parent or Guardian Information

Parent/Guardian Name(s) & Age(s) _____

Street Address _____

City _____ Province/State _____

Country _____ Postal Code _____

Email _____

Home Phone _____ Cell Phone _____

Home Fax _____ Work Phone _____

Employer _____ Title _____

Religion _____ How often do you attend services? _____

Sibling Name(s) & Age(s) _____

Name of parent(s) that student lives with _____

If your parent/guardian does not speak English, please provide the contact information for a relative or friend who does speak English. Central Catholic also has employees fluent in Chinese, French and Spanish to assist with translations.

Name _____ Email _____

III: Host Family Information

If you need help making arrangements for a host family, CCHS will provide you names of agencies that will be able to better assist you.

Do you need help making arrangements for locating host family providers? Yes No

If no, please provide host family information:

Name(s) _____

Street Address _____

City _____ Province/State _____

Country _____ Postal Code _____

Email _____

Home Phone _____ Cell Phone _____

Relationship with Host _____

IV: Goals

If a student plans to graduate from CCHS, he or she must spend a minimum of **TWO** successful school years at CCHS. It is necessary for a student to pass all state required course work, as well as all state mandated tests in order to receive a high school diploma from the state of Ohio.

How did you find out about CCHS? _____

When do you plan to begin classes at CCHS? August _____

What grade would you like to enter at CCHS? 9 10 11 12

Are you pursuing a CCHS diploma? _____

When do you anticipate leaving CCHS? _____

What are your plans for studies after CCHS? _____

What extra-curricular activities interest you? _____

List any artistic and/or musical talents that you have: _____

V: Previous Education

Please complete the following information and attach copies of your transcripts beginning with 7th grade.

Name of School	Dates of Attendance	Grade Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Tofel Score: 9th Grade (50 or higher) _____

10th Grade (70 or higher) _____

11th Grade (80 or higher) _____

English Proficiency Exam Score (Jr. Tofel, SLEP, SSAT) _____

A FaceTime or WeChat interview will be requested.

FaceTime Name & Number _____

WeChat ID _____

Signature of Applicant _____ Date _____

VI: Sponsorship/Responsibility

The parent/guardian/sponsor of the applicant must agree to the following statement: **I accept full financial responsibility for all expenses listed in Section III. I have sufficient funds to meet this obligation and will provide them.**

Name of Responsible Person (Please Print) _____

Signature of Responsible Person _____ Date _____

Relationship to Applicant _____

Street Address _____

City _____ Province/State _____

Country _____ Postal Code _____

Email _____

Home Phone _____ Cell Phone _____