



# Dominican High School

## International Student Application for Admission

### Instructions

1. Complete this form by supplying all requested information. Student application will not be considered until all required materials are received.

2. Send completed form and all the required materials to:

Dominican High School  
Admissions Director and  
International Student Coordinator  
120 E. Silver Spring Drive  
Whitefish Bay, WI, USA 53217

3. Questions can be directed to Mr. Jonathan Friday at [jfriday@dominicanhighschool.com](mailto:jfriday@dominicanhighschool.com) or (414) 332-1170 ext. 130.

### Student Information

(Print clearly in English using black ink)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Applying for School Year 201\_\_ - 201\_\_ Entering Grade: 9 10 11 12

Referred by (agency or individual) \_\_\_\_\_

Birth Country \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

Do you have an F-1 Visa? Yes \_\_\_ No \_\_\_

How did you hear of Dominican High School? \_\_\_ Family \_\_\_ Friend \_\_\_ Website \_\_\_ Agency \_\_\_ Other \_\_\_

Please list name of person, agency, or other: \_\_\_\_\_

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**OFFICE USE** Date application received by Dominican High School \_\_\_\_\_

**ONLY** \$100 Non-refundable application fee included \_\_\_\_\_



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### Family Information

**FATHER:** Last Name \_\_\_\_\_ First \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Mobile Number \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Business Telephone \_\_\_\_\_

**MOTHER:** Last Name \_\_\_\_\_ First \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Home Address (if different from student) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Mobile Number \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_ Home Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Business Telephone \_\_\_\_\_

### **EDUCATIONAL BACKGROUND**

Current School \_\_\_\_\_  Public  Private Date Started: \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**English Proficiency** Test Taken:  SLEP  TOEFL Name of Other \_\_\_\_\_

Score \_\_\_\_\_ Date of Test \_\_\_\_\_

How many years of English have you studied? \_\_\_\_\_



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### **Student Biography** (must be completed by student only)

List any siblings and their ages:

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Have you ever traveled outside your country? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where?

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How much time do you spend studying each day?

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Which subjects are of greatest interest to you?

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What languages(s) do you speak? Please rate your level of proficiency of each, 1-5 (5 is as a native speaker)

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What are your favorite activities or interests outside of school?

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Do you have any religious affiliation? \_\_\_ Yes \_\_\_ No Please identify: \_\_\_\_\_

List two or three things you hope to gain from studying in our school:

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To whom should correspondence (grade reports, communications, etc.) be sent?

\_\_\_\_\_ Parents: address listed on page 2

\_\_\_\_\_ Agency: list information on page 4

\_\_\_\_\_ Other: list information on page 4



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### **Agency Information**

Name of Agency \_\_\_\_\_

Name of Contact Person at Agency \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

### **Other Contact Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Occupation \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

### **Emergency Contact Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have a physical/medical issue or disability that could affect your education? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any known allergies? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_



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### Request for Release of School Records

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I authorize the release of my child's transcript, test scores, and any related records, reports and evaluations, and request that they be included with my child's application to Dominican High School. I also ask that you release updated transcripts and test scores to Dominican High School as they may be requested.

Parent or guardian's signature: \_\_\_\_\_

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

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### Method of Payment: \$100 Registration Fee

There is a \$100 non-refundable registration fee for International applications. All registration fees must be in US currency. Please select your method of payment below:

Check       Mastercard       Visa       Cash       Money Order

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration date: \_\_/\_\_/\_\_\_\_ Security #: \_\_\_\_\_

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

Please make checks payable to: Dominican High School

Mail payment to:  
Dominican High School  
120 E. Silver Spring Drive  
Whitefish Bay, WI 53217



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### Application Checklist

Please include the following items with the application for admission:

\_\_\_\_\_ **Application Form and Fee**

Return the completed form with a US \$100 non-refundable application fee in US currency in the form of cash, money order or credit card (Visa or Mastercard)

\_\_\_\_\_ **Transcript**

A transcript of your courses, credits and grades from the past three (3) years is very important for our review process. Please request that a copy (in English) is sent with your application.

\_\_\_\_\_ **Testing**

Please include a copy of the results of an English Proficiency test (SLEP or TOEFL) with your application. An English test helps place a student in the correct courses and provides an indication that the student will have the ability to be successful in the grade he/she is entering.

\_\_\_\_\_ **Application Procedures and Timetable**

Go to [www.dominicanhighschool.com](http://www.dominicanhighschool.com) to view the current procedures and timetable.

Admission to Dominican High School is selective.  
Not all applicants who meet the admissions standards will be admitted.  
For consideration, applications must be completed thoroughly and accurately.

