



Diocese of Davenport

Office of Pastoral Services
780 W. Central Park Ave. Davenport, IA 52804
563-324-1912 ext. 256
563-324-5811 fax

Trujillo@davenportdiocese.org

Website: www.davenportdiocese.net

Application for Admission

Student Information

To be completed by applicant. *Type or print legibly in ink*

Name _____
Last First Middle Maiden

Home Address _____
Number Street

City State Zip Country

Current phone _____ Permanent phone _____

Email _____

Date of birth Month/Day _____ Year _____ Country of Citizenship _____

Place of birth City _____ State _____ Country _____

Sex (please check) male female

Religious preference (optional information) (please check)

Baptist Catholic Episcopalian Jewish Methodist Presbyterian Muslim Other _____

Is English your native language? (please circle one) yes no If not, what is your native language? _____

English proficiency is required: (check all that apply)

- The student has the required English proficiency.
- The student is not yet proficient, English instructions will be given by a tutor.

Citizen of the United States? (please circle) yes no

If no, country or present citizenship _____ visa type _____ visa no. _____

Permanent resident of the United States? (please circle) yes no

Educational Plans

Indicate the semester you plan to begin: Fall (August – December) Spring (January – June) In the year _____

School (school district) name _____

Diocesan/School official to be notified of student's arrival in U.S.

Virginia Trujillo International Student Advisor/Administrative Assistant
Name Title

Diocese Address _____ 780 W. Central Park Ave. Davenport, Iowa 52804

Grade of incoming student: _____ How many years or months are they attending? _____

This is issued to the student named above for: (check all that apply)

- Initial attendance at one of our Diocesan schools.
- Continued attendance at one of our Diocesan schools.
- School transfer, transferred from _____

Provide Name of School, City and Phone Number

A request for transfer is required before transferring this student to or from another SEVIS approved school.

- Other _____

Level of education the student is pursuing or will pursue in the United States: (check only one)

- Primary (K-6)
- Secondary (7-12)

If the student names above is accepted for a full course of study at one of our Diocesan schools, majoring in Education, General. The first day of school will be _____ (required date). The student is expected to report to school no later than August 1 for the Fall Semester and January 1 for Spring Semester, and complete studies no later than June 10. The normal length of study is 9 months. If you want to attend one of our schools longer than 1 year please indicate the number of years you will be attending _____ (required to be filled in).

Family Information

<input type="checkbox"/> Father <input type="checkbox"/> Guardian (check one)	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian (check one)
Full Name _____	
Street _____	
City/State/Zip _____	
Occupation _____	
Employer _____	
Address _____	
City/State/Zip _____	
Telephone (home) _____	
Telephone (work) _____	
Email _____	

Host Family/Guardian Information in the United States

Full Name _____

Street _____

City/State/Zip _____

Occupation _____ Employer: _____

Address _____

City/State/Zip _____

Telephone (home) _____ Telephone (work) _____

Email _____

Signature

I certify that I have included all previously attended educational institutions and that all the answers I have given in this application are complete and accurate to the best of my knowledge. If admitted, I agree to observe all the rules and regulations of the Diocese of Davenport. I acknowledge that failure to accurately complete this application or falsification of information will lead to immediate dismissal.

Signature of applicant _____ Date _____

Checklist:

- Completed Application for Admissions with all required signatures
- Declaration of Finances with all required signatures & bank statement
- English Proficiency Test (elementary students, please fill out to the best of your ability, if high school complete in full)
- Acceptance Letter from requested school
- Copy of F1 Visa
- Copy of Passport
- Copy of I-94
- 2 letters from English teachers
- Paragraph from student
- Medical records
- Transfer information (if this applies)
- Check/Cashiers Check or Money Order for \$450 in US dollars made payable to: Diocese of Davenport (we do not accept Credit Cards)

Request for guardian if parent(s) are not in the United States:

Please provide a written, signed and dated letter of intent from the guardian of the student stating that they will be responsible for all academic costs and any other costs that would be needed while the student is attending our school including costs for medical emergencies. Please include name of guardian, address, phone, student name, school name and city on the letter of intent.

If an appointment needs to be made with the Diocese of Davenport to review proper paperwork. Please call 563-324-1912 ext. 256 to schedule a date and time. NO WALK-IN's.

School:

Contact Diocese of Davenport when student arrives so an updated I-20 can be processed.