

CATHEDRAL

A CATHOLIC SCHOOL • GRADES 7-12



1. International Student Application Cathedral High School St. Cloud, Minnesota

Student Information

Current Grade: _____ Applying for Grade: _____ Application Period: Winter/Spring Term
 Summer/Fall Term

Name: _____
Given Name Middle Name (if any) Family Name English Name or Nickname

Sex

Male

Female

Date of Birth: ____/____/____
Month Day Year

Country of Citizenship: _____

Country of Birth: _____

Email Address: _____

Mobile Phone: _____

Home Address: _____

City

Province/State

Postal Code

Country

Current School

School Name: The English Centre

School Type

Boarding Dates of Attendance: _____ Grade(s) Completed _____

Day

School Address: _____ School Phone: _____

City

Province/State

Postal Code

Country

Previous School

School Name _____

School Type

Boarding Dates of Attendance: _____ Grade(s) Completed _____

Day

School Address: _____ School Phone: _____

City

Province/State

Postal Code

Country

Additional Information

English Test Scores SLEP: _____ TOEFL Jr: _____ TOEFL: _____ SSAT: _____

Other: PET (Preliminary English Test)

Please list any allergies or medical conditions that others should be aware of:
