



Diocese of Scranton Catholic Schools

2020-21 Registration Form: International Student Program

Please print all information

Student Name (*Last Name, First Name*) _____ **Date of Birth** _____ **Gender** _____ **Race** _____ **Entering Grade** _____

COUNTRY OF RESIDENCE/ORIGIN _____

PASSPORT NUMBER _____ **SEVIS CASE NUMBER** _____ **IMMUNIZATION(S) VERIFIED** _____

Agency Representative Signature _____ **Date** _____

TUITION (Applicable fees will be assessed locally.) \$ _____

PUBLIC SCHOOL DISTRICT OF RESIDENCE _____

HOST FAMILY INFORMATION

Host's Full Name _____ Cell Phone # _____ Email _____

Address _____ Home Phone # _____

City _____ State _____ Zip Code _____

Occupation _____ Employer Name/Address _____

Work Telephone (____) _____

Additional Host's Full Name (*if applicable*) _____ Cell Phone # _____ Email _____

Occupation _____ Employer Name/Address _____

Work Telephone (____) _____

TEXTBOOKS

To: Secretary of Education, Commonwealth of Pennsylvania

I hereby request the loan of textbooks, instructional materials and auxiliary services in accordance with Pennsylvania ACTS 195/90 for student attending Diocese of Scranton Catholic Schools.

_____ Date

_____ Agency Representative's Signature