

Form I-20 Application Cover Sheet

Student Name: _____

The application must include the following documents:

1. Application for Form I-20

- All fields must be filled out. Incomplete application forms will be returned.

2. Copy of the student's passport

- Their passport should be valid for at least six months after the date they are scheduled to arrive in the United States.

3. Copy of the student's most recent transcripts

4. Proof of financial responsibility

- Documentation should only be provided for the person who is paying the student's tuition.
- Please provide a copy of the most recent bank statement or a bank certified letter stating the account balance. Do not submit tax documents.

5. Money order or cashier's check made payable to Department of Catholic Schools

- There is a \$750 application fee for new students and a \$300 application fee for transfer students.
- We do not accept cash, personal checks, credit/debit cards or electronic payments.

6. Form I-20 Pick-up/Mailing Form • Please see form below.

FORM I-20 PICK-UP/MAILING FORM

I will pick up the completed Form I-20 at the Archdiocese of Los Angeles.

The Archdiocese of Los Angeles is located at 3424 Wilshire Blvd., Los Angeles, CA 90010. Please provide a telephone number so we can notify you when the Form I-20 is ready for pick-up.

Telephone: _____

Email: _____

Please mail the completed Form I-20 to the address below. * **Domestic shipping is free, but international shipping is an additional \$125 fee.**

Recipient Name

Telephone Number

Street Address

Apt/Suite #

City

State/Province

Zip/Postal Code

Country

Application for Form I-20

Personal Information

Name: _____

Last
First
Middle

Birth Date: / / Gender: Male Female

MM
DD
YYYY

Country of Birth: _____ Country of Citizenship: _____

Foreign Address: _____

Street Address

City
Province/Territory
Postal Code
Country

U.S. Address: _____

Street Address
Apt/Suite #

City
State
ZIP Code

Telephone: _____ Email: _____

Program of Study (This section must be completed by a school administrator.)

Name of School: _____ City: _____

Full Year Tuition: _____ Estimated Living Expenses: _____
*** *International students cannot be granted any type of scholarship, financial aid or tuition waver by the school.***

Program Start Date: _____ Start of Academic Classes: _____

Grade Upon Entry: _____ Expected Graduation Date: _____

Is English proficiency required? Yes No Does the student have the required proficiency? Yes No

Is the student applying through a third-party agency? Yes No

Name of the third-party agency: _____
*** *Schools can only work with agencies that are registered with the Office of the California Attorney General.***

I certify that all the information above is true and correct to the best of my knowledge.

Title
Printed Name
Signature
Date

Host Family and/or Custodial Parent Form

Student Name : _____ Birth Date: _____ / _____ / _____
MM DD YYYY

Natural Father: _____ Natural Mother: _____

Foreign Address: _____
Street Address

City Province/Territory Postal Code Country

Host Family Name : _____

Local Address Where Student Will Be Living While Attending School:

Street Address Apt/Suite # State Zip Code

Authorization for Adult to Act as Custodial Parent

I (We) hereby authorize the following person(s) to act on my (our) behalf in the matters described below:

1. For medical decisions and/or treatment, including medication authorization, while attending school or participating in school related activities, I hereby appoint:

(Name and phone number of Custodian)

residing at: _____

(If address is different than Host Family)

2. For all other school related decisions, such as, but not limited to, signing absence verifications, approving field trips, extra-curricular activities and sports participation, acknowledging notifications, attending parent conferences and signing other authorizations, I hereby appoint:

(Name and phone number of Custodian)

residing at: _____

(If address is different than Host Family)

Dated this _____ day of _____, 20_____.

Signature of Natural Father

Signature of Natural Mother