

INTERNATIONAL STUDENT APPLICATION

Please Print or Type
DO NOT LEAVE ANY LINES BLANK

POMONA CATHOLIC SCHOOL
533 W. Holt Avenue | Pomona, CA 91768 | 909-623-5297



Student's Last Name _____ First _____ Middle _____

Foreign Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____ Email Address _____

Male _____ Female _____

Grade Entering _____ New Student? Yes _____ No _____

Present School _____ Place of Birth _____

Date of Birth _____ Primary Language Spoken at Home _____

Date Application Submitted _____

Parent Information:

Parent Name: _____

Legal Guardian and Host Family
Parent or Relative _____
Host Family Only _____

Student's Ethnic Category: For statistical purposes only

Native American _____ Filipino _____
Asian/Pacific Islander _____ African American/Black _____
Hispanic/Latino _____ White/Other _____
Multicultural _____ Other (specify below) _____

Email Address: _____

Phone Number: _____

Financially Responsible Person

Name and Relation _____

Address _____

City/State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Name of Company / Employer _____ City _____

Work Phone _____

Agency that Represents you:

Name _____

Address _____

City/State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Name of Agency _____ City _____

Work Phone _____

Where Student Will be Living:

Name and Relation _____

Address _____

City/State _____ Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Name of Company / Employer _____ City _____

Work Phone _____

Applying for School Year: _____

Winter Program Year: _____

Summer Program Year: _____

For Office Use Only:

Application Fee: \$ _____

Envelope #: _____

CC _____ Check #: _____ Cash _____

As parent/guardian/student I accept responsibility for all policies outlined and explained in the *Parent/Student Handbook* available on the website. I understand that medical insurance is the responsibility of the parent/guardian and that it is required. I accept responsibility for paying the full tuition at the time of registration. I understand that all fees and tuition are non-refundable. I understand that I will be charged 2.75% of the total whenever using a credit card. I promise to update the guardianship information if and when it changes. I understand that my F1 visa has been granted on the condition that the student will attend all classes and that no travel will take place during the school calendar.

Financially Responsible Person's Signature _____ Parent or Guardian's Signature _____ Student's Signature _____