F-1 Visa International Student Application Document **Application for Admission**



Applying for Grade:	9 th 10 th 11 th 12 th Post-Graduate				
Applying for School Term: (Please fill in school year)	Whole Year, 20 20 School Year Fall Semester Only, 20				
	Spring Semester Only, 20				
	Trimester (Approx. 12-13 weeks), Proposed Trimester Dates:				
	Personal Information				
Student Name (First)	Student Name (Last)				
Student Date of Birth (MM/DD/YYYY)	Student Gender: Female Male Non-Binary Prefer Not to Answer				
Passport Number	Passport Country				
Permanent Mailing Address: Street	City				
State/Province	Country Postal Code				
Home Phone	Student Email Address				

Parent/Guardian Information (Parent #1)

Custodial Parent #1 Name (First)	Custodial Parent #1 Name (Last)		
Custodial Parent #1 Occupation	Custodial Parent #1 Employer		
Custodial Parent #1 Home Phone	Custodial Parent #1 Work Phone Custodial Parent #1 email		
Custodial Parent #1 Mobile Phone			
Parent/Guardia	n Information (Parent #2)		
Custodial Parent #2 Name (First)	Custodial Parent #2 Name (Last)		
Custodial Parent #2 Occupation	Custodial Parent #2 Employer		
Custodial Parent #2 Home Phone	Custodial Parent #2 Work Phone		
Custodial Parent #2 Mobile Phone	Custodial Parent #2 email		
Edu	cation History		
Student Grade Level at Time of Application:	8 th 9 th 10 th 11 th 12 th		
This grade will be completed on the following	date: (MM/DD/YYYY)		
Does the student's current school suggest repe	eating the current grade? Yes No		
Has the student ever been tested for or receive	ed special help for reading or learning difficulties?		
Yes No If Yes, please describe	:		
Has the student ever been diagnosed with devidifficulties?	elopmental, emotional, physical, or psychological		
Yes No If Yes, please describe	:		

Has the student ever b	een suspended or expelled fro	om school?		
Yes No	If Yes, please describe:			
Sch	ools attended during the last	3 years, including	current scl	100l:
School Name	Location (country)	Attended From:	To:	Grade Completed
Please list the names of CHRHS:	any immediate family member	rs (brothers and sist	ters only) cu	rrently attending
Student Statement	of Interest			
Please submit an essay Hills Regional High Sch	of approximately 500 words, ir ool.	n English, describing	g why you w	ant to attend Camden

Submitting Your Application

Please note that your application is not considered complete until all application documents have been received along with a \$50 non-refundable application fee. This fee must be paid with U.S. funds and may be a check drawn on a U.S. bank or an international money order. The check should be payable to *Five Town Community School District*. The application fee will be applied to your first semester tuition if you are accepted for enrollment. If you are not accepted, the application fee will be refunded. If you are accepted, but choose not to attend, the application fee is not refunded.

Email is the preferred format for sending your application. Please combine all documents into a single .pdf file and send it to:

Tom Gray, Intercultural Program Coordinator: tom.gray@fivetowns.net

You may also place the documents, in .pdf form, into a shareable Google Drive folder, and share the folder to the email address, above. **Please note that payment will need to be mailed physically.**

Alternatively, you may mail a paper copy to:

Camden Hills Regional High School

Attn: Tom Gray, Intercultural Program Coordinator

International Student Application

25 Keelson Drive Rockport, Maine 04856-5742 USA

Phone: 1.207.236.7800 Ext. 328

Fax: 1.207.236.7813

Email: tom.gray@fivetowns.net