



**SAINT BERNARD'S  
CENTRAL CATHOLIC HIGH SCHOOL**  
45 Harvard Street  
Fitchburg, MA 01420

**INTERNATIONAL STUDENT  
APPLICATION FORM**

Rev. 09.2011

Complete this application form and mail it with official high school transcripts to the Guidance Office. All credentials must be translated into English. If you are accepted, this information will be used to create your I-20.

**PLEASE PRINT**

SCHOOL YEAR \_\_\_\_\_  
GRADE \_\_\_\_\_  
DATE \_\_\_\_\_

VISA APPLYING FOR:  
F-1 \_\_\_\_\_ J-1 \_\_\_\_\_

APPLICANT'S NAME:

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

HOME EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (MM/DD/YYYY)

COUNTRY OF BIRTH \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

CURRENT HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

U.S. ADDRESS (RESIDENCE) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

GUARDIAN'S EMAIL ADDRESS \_\_\_\_\_