

Please indicate below the names of any relatives now or formerly connected with Mount de Chantal Visitation Academy (alumni/ae, trustees, students, etc.) and indicate their relationship to the applicant.

Name _____ Relationship _____

Name _____ Relationship _____

Current Academic Information

Independent Public Parochial Home Schooling Other

Current School _____

Current Grade _____

Address _____

Telephone _____

Fax # _____

Dates of Attendance _____

Head of School/Principal _____

I have taken plan to take the PSAT on (date) _____

I have taken plan to take the SAT on (date) _____

Has applicant skipped a grade? _____ If yes, which grade? _____

Has applicant repeated a grade? _____ If yes, which grade? _____

Has applicant received special accommodations from previous school? _____

Has applicant received severe disciplinary censure at school? _____

Has applicant received severe disciplinary censure from the community? _____

Has applicant received school suspension? _____

Has applicant been asked to withdraw from a past school? _____

Has applicant been expelled from any school? _____

Please explain any of the above that may apply on a separate piece of paper.

Personal Information

List any academic accomplishments or awards the applicant has received.

List any activities in which the applicant participates (ex: drama, art, band, chorus, dance, debate, orchestra, clubs, etc.).

List any sports in which the applicant participates.

List any voluntary or paid jobs the applicant has had, within or outside of the family, and indicate the approximate amount of time spent on them.

Name any special hobbies, talents, travel opportunities, or interests.

What are you looking for in a new educational setting for your child?

If accepted, we anticipate that you will study at Mount de Chantal through your senior year, or sixth grade for male applicants. If this may not be your plan, please explain:

Correspondence should be sent to: Mother Father Both Other

(Please include address)

Signature of Parents: _____

Signature of Applicant: _____ Date: _____

International Student Supplement Application

Applicant's Name _____

First Language _____

Other Languages _____

List your years of English Language Study, and identify the school(s) or English program(s) you have attended:

School _____

Dates of Attendance _____

School _____

Dates of Attendance _____

Have you taken the SLEP: Yes No Date _____ Total Score: _____

Have you taken the TOEFL: Yes No Date _____ Total Score: _____

Part I _____ Part 2 _____ Part 3 _____ Test of Written English _____

Describe your strengths and weaknesses in English.

Do you plan to attend college in the United States? Yes No

If not, please indicate your plans in the space below. Are there any specific requirements you must fulfill?

Do you have family or close friends in the United States? Yes No

Would you be able to spend the holidays and vacations with them?

Yes No

If yes, could you please list their names, phone numbers and addresses on the back of this form. If you do not, please realize that the financial responsibility for vacation rests with your family.

If you have any questions or concerns about this form, please do not hesitate to contact us.

