



APPLICANT LAST NAME (Family Name) _____

APPLICANT FIRST NAME (Given Name) _____

**CHECKLIST FOR ADMISSION TO
BISHOP FOLEY CATHOLIC HIGH SCHOOL**

- Application form completed
- Teacher recommendation form completed
- Mathematics teacher assessment form completed
- English teacher assessment form completed
- Transcripts for the last 3 years included (translated to English)
- \$250 non-refundable application fee enclosed
- Interview via Skype
- Copy of Passport
- Financial Statement (proof of sufficient finances)

Please note: Tuition must be paid in full before I-20 can be issued (check or wire transfer can be used.) Tuition will be refunded minus transfer charges if visa is denied.

PLEASE RETURN THIS COMPLETED CHECKLIST WITH THE APPLICATION