



LEXINGTON CATHOLIC



HIGH SCHOOL

OFFICIAL REGISTRATION FORM INTERNATIONAL STUDENTS

Fee Paid _____
Date _____
Ck# _____
<i>Office Use Only</i>

Payment for Registration will be made by: Check _____ Electronic Wire _____

Student Information

Last _____

Date ____ / ____ / ____

First _____

Entering Grade 9 10 11 12

Middle _____

Entering School Year 20 ____ - 20 ____

Suffix (e.g. Jr., III) _____ Goes By _____

Plans to Graduate? Yes _____ No _____

Sex: M _____ F _____ Birthdate _____

Present School _____

Birthplace _____

Student email _____

Citizen of _____

Religion _____

City _____

Student Lives With:

Country _____ Zip/Postal Code _____

Both Parents _____ Mother Only _____ Father Only _____ Other _____

Visa Type _____

Home Phone _____

Student Race:

Asian _____ Black _____ Hispanic _____ Pacific Islander _____ Caucasian _____ Multi-Racial _____ Other _____

Other

Please let us know of any other information about the student that you feel is important _____

Agency

Agency Name _____

Agency Office Number _____

Agency Contact _____

Agency Email _____

Emergency Contacts (If host-parent(s) cannot be reached):

Name _____ Relationship _____

Name _____ Relationship _____

Phone _____

Phone _____

Parent/Host Information

Father

Mother

Host Parent 1

Last Name _____

Last Name _____

Last Name _____

First Name _____

First Name _____

First Name _____

Title (Mr. Dr.) _____ Suffix (Jr. III) _____

Title (Mrs., Ms., Dr.) _____

Title (Mr., Mrs., Ms., Dr.) _____

Goes By _____

Goes By _____

Goes By _____

Birthdate ___/___/___ Deceased? Yes ___ No ___

Birthdate ___/___/___ Deceased? Yes ___ No ___

Address _____

Marital Status _____

Marital Status _____

City _____ State ___ Zip _____

Social Security # _____

Social Security # _____

Cell Phone _____

Address _____

Address _____

Email _____

City _____ State ___ Zip _____

City _____ State ___ Zip _____

Receive Mailings? Yes ___ No ___

Cell Phone _____

Cell Phone _____

Receive Billings? Yes ___ No ___

Email _____

Email _____

Employer _____

Receive Mailings? Yes ___ No ___

Receive Mailings? Yes ___ No ___

Work Address _____

Receive Billings? Yes ___ No ___

Receive Billings? Yes ___ No ___

City _____ State ___ Zip _____

Employer _____

Employer _____

Host Parent 2

Work Address _____

Work Address _____

Last Name _____

City _____ State ___ Zip _____

City _____ State ___ Zip _____

First Name _____

Phone _____

Phone _____

Title (Mr., Mrs., Ms., Dr.) _____

Fax _____

Fax _____

Goes By _____

Job Title _____

Job Title _____

Address _____

Profession _____

Profession _____

City _____ State ___ Zip _____

Religion _____

Religion _____

Receive Mailings? Yes ___ No ___

Parish (If Catholic) _____

Parish (If Catholic) _____

Receive Mailings? Yes ___ No ___

LCHS Grad? Yes ___ No ___ Class of _____

LCHS Grad? Yes ___ No ___ Class of _____

Employer _____

Relatives who attend(ed) LCHS: _____

Relatives who attend(ed) LCHS: _____

Work Address _____

City _____ State ___ Zip _____

Please submit this form with registration fee to:

Mindy Towles

Director of Admissions

Lexington Catholic High School

Lexington KY 40503

(859) 277-7183 ext. 231

mtowles@lexingtoncatholic.com