



SERVICE, SCHOLARSHIP, FAITH

Dear Prospective Students and Families,

As principal of Damien High School, I thank you for your interest in our college-prep educational program.

Embracing the Catholic tradition and inspired by the exemplary commitment of Saint Damien de Veuster of the Sacred Heart Community, Damien High School promotes the development of its students through prayer, fellowship, community service, and instruction. Students, parents, faculty, and staff join together in community to prepare our young men for the demands of college and the challenges of adulthood.

With over 95 approved college prep courses, one of the most robust Advanced Placement (AP) programs in the nation, and the International Baccalaureate Diploma Programme, Damien has a phenomenal 100% graduation rate with graduates entering some of the finest universities and colleges throughout the nation.

Along with academic excellence, our athletic programs are ranked among the best in the area, and our extensive extracurricular offerings provide our students with an unrivaled education. I am certain that if you are looking for the best in American education, Damien is the school that will meet your needs.

Damien's unique location in Southern California offers a vast array of cultural opportunities. From our pristine beaches to towering snowcapped mountains, you will have a perfect opportunity to experience the best of American culture and lifestyle.

Please familiarize yourself with our admissions procedures and feel free to contact *Emily Patten*, *International Student Program Coordinator*, with any questions or concerns. She will be happy to help you in the application process and can be reached at Emily@damien-hs.edu or 909-596-1946 x279.

Sincerely yours,

Dr. Merritt Hemenway
Principal

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International Admissions Checklist

Thank you for your interest in Damien High School. Please provide all information requested below. Applications will not be processed until all listed items are received. Specific instructions for these forms and for other aspects of the admission process are outlined below. Each form is included in this packet.

1. **Application:** The Application Fee of \$150 is due when you submit your application. Openings may be limited and applicants are encouraged to apply by March 15, 2017. Students may be admitted during the school year if openings are available. Student applications will be reviewed once all documents and above fees are received. **ALL FEES ARE NONREFUNDABLE.**
2. **Grades/Transcripts:** Parents and/or guardians must provide applicant's school transcript:
 - Current original transcripts showing a minimum GPA of 3.0 or the equivalent.
 - All transcripts must be translated in English, officially notarized, and include a scale for interpretation.
3. **TOEFL:** Test scores from the TOEFL test will be required for admission to the 2017-2018 school year. Please ask your agent for further information regarding this process. Students will need to submit their test scores directly to Damien High School using the school code: 7669. The TOEFL score is used to approximate the student's English ability.
4. **References:** Two references should be submitted using the reference forms provided. Both references should be from teachers or school administration who can speak to the prospective student's academic performance, English language proficiency, behavior, and his potential for academic success in America.
5. **Skype Interview:** A face to face interview will be set up between the prospective student and International Student Coordinator after the completed application packet is received.
6. **Immunization:** A copy of your student's current immunizations must be submitted showing proof of a TB skin test result of 'negative'. If 'positive' there must be chest X-ray results submitted that confirm a 'negative' result. This should be no more than one year old (TB Mantoux). As well, a T-dap (Pertussis Booster) shot must be included.
7. **Copy of current passport**
8. **Copy of current I-20 (if a transfer student)**
9. **Student Essay:** Submit a 5-6 paragraph Self-Introduction addressing the following questions: *Why would you like to come to America and attend Damien High School? What are your strongest characteristics? What are your weaknesses? What are your hopes and dreams for life in America? What are your academic interests? What are your academic goals upon graduating from Damien?*

Upon Acceptance You Will Receive:

- ✓ **An acceptance letter**
- ✓ **I-20 procedure Information and I-20 Application Packet**
- ✓ **Testing Information:** Applicants for admission for ninth through twelfth grades are required to take a Math assessment exam. All assessment exams will be given at Damien High School by scheduled appointment when the student arrives in the U.S.
- ✓ **Homestay Information:** Damien High School does not handle host family opportunities for students without arranged guardianship in the U.S. However, we can provide information on such services upon request.

Purchase and proof of health insurance will be required upon arrival to the U.S.

Tuition and Fees Information: Tuition and fees are paid in advance, in full, and is due when the student arrives in the U.S. **All tuition and fees are non-refundable and the obligation of the parent(s).**

Emily Patten
Coordinator
International Student Program
2280 Damien Ave.
La Verne, CA 91750
(909)596-1946 x279
Fax (909) 596-6112
Emily@damien-hs.edu



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INTERNATIONAL APPLICATION FOR ADMISSION
2017-2018

Student Information

Student Legal Name: Last	First	Middle
Foreign Address: Street	City	State/Provence
Country	Postal Code	Country of Citizenship
Home Phone:	Date of Birth:	
Student Email:	Current Grade:	
Student Skype ID:	Grade Applying for: <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	

Parent/Guardian Information

Father's Legal Name:	Occupation:	Employer:
Cell Phone:	Email address:	
Mother's Legal Name:	Occupation:	Employer:
Cell Phone:	Email Address:	

Educational Information

Current School Name:	
Current School Principal's Name:	Principal's Phone:
Principal's Email Address:	

Date:	Parent/Guardian Signature:
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INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

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ENGLISH/SOCIAL SCIENCE TEACHER RECOMMENDATION

This form is to be completed by a current or former English or Social Science teacher. The evaluation will be used by persons on the Admissions committee and will not become part of the student's cumulative folder; therefore, this form will not be open to general review. Thank you for your time in preparing this report. Your carefully considered judgment will have a direct bearing on this student's acceptance.

Name of Applicant:	Applying for Grade:
Current School:	Date Student Entered:

In relation to other students in the applicant's age group, please check the appropriate box for each item below.

Student Rating	Excellent	Good	Average	Poor
Motivation: Committed to learning; attentive to goals; inclined to complete tasks; works beyond minimal expectations				
Sense of Responsibility: Concerned with the welfare and rights of others; respects other's and school's property; follows school rules and regulations				
Personal Relationships: Works well in groups; liked by students/adults; relates to peers and adults in a respectful manner				
Initiative and Leadership: Often called upon to lead group activities; voluntarily participates in class and co-curricular activities				
Cooperation:				
General Conduct/Effort:				
Work and Study Habits:				

1. Is this student in any advanced sections or programs in your school? If so, please explain.

2. In which academic areas, if any, does this student have particular strengths?

3. In which academic areas, if any, do you feel this student may need improvement?

4. Has this student been recognized for any outstanding academic or athletic achievements, and/or for artistic performance?

5. Has the student been subject to any serious disciplinary procedure (suspension, dismissal, etc.)? Y N

If yes, please explain:

6. Is there any additional information that you think might or should influence our decision about this student?

Damien High School offers a rigorous college preparatory curriculum. Please make a recommendation based on how you see this student adapting to such a program.

<input type="checkbox"/> Highly recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Reservations	<input type="checkbox"/> Do not recommend <small>(please include explanation in # 6 above)</small>
Is there any additional information that would be better conveyed through a phone conversation? <input type="checkbox"/> Y <input type="checkbox"/> N			
If yes, please provide phone number:			

Recommending Administrator/Teacher Name and Email Address:	
Title:	School Phone:
Name of School:	
Signature:	Date:

MATHEMATICS/SCIENCE TEACHER RECOMMENDATION

This form is to be completed by a current or former Mathematics or Science teacher. The evaluation will be used by persons on the Admissions committee and will not become part of the student's cumulative folder; therefore, this form will not be open to general review. Thank you for your time in preparing this report. Your carefully considered judgment will have a direct bearing on this student's acceptance.

Name of Applicant:	Applying for Grade:
Current School:	Date Student Entered:

In relation to other students in the applicant's age group, please check the appropriate box for each item below.

Student Rating	Excellent	Good	Average	Poor
Motivation: Committed to learning; attentive to goals; inclined to complete tasks; works beyond minimal expectations				
Sense of Responsibility: Concerned with the welfare and rights of others; respects other's and school's property; follows school rules and regulations				
Personal Relationships: Works well in groups; liked by students/adults; relates to peers and adults in a respectful manner				
Initiative and Leadership: Often called upon to lead group activities; voluntarily participates in class and co-curricular activities				
Cooperation:				
General Conduct/Effort:				
Work and Study Habits:				

1. Is this student in any advanced sections or programs in your school? If so, please explain.

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5. Has the student been subject to any serious disciplinary procedure (suspension, dismissal, etc.)? Y N

If yes, please explain:

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Is there any additional information that would be better conveyed through a phone conversation? <input type="checkbox"/> Y <input type="checkbox"/> N			
If yes, please provide phone number:			
Recommending Administrator/Teacher Name and Email Address:			
Title:		School Phone:	
Name of School:			
Signature:		Date:	



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Character Essay

Please provide a written evaluation of this student’s overall character. What are his personal strengths? What are his personal weaknesses? Describe this student’s overall maturity in handling academic and social responsibilities. How is this student involved in extracurricular activities at school? Identify any behaviors that may need attention. What is your overall assessment of this student’s ability to succeed in America?

Please return directly to Damien High School by mail, in person, or email as soon as possible.

Emily Patten
 International Student Program Coordinator
 Damien High School
 2280 Damien Ave.
 La Verne, CA 91750
 909-596-1946 x279
Emily@damien-hs.edu

IMMUNIZATION RECORD

Student Name: _____ Birthdate: _____ Place of Birth: _____

Name of Parent or Guardian: _____ Phone: _____

Address: _____
Street City State Zip

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)						
DTP/DTaP/DT/Td <small>(Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)</small>						
MMR (Measles, mumps, and rubella)						
HEPATITIS B						
VARICELLA <small>(Chickenpox)</small>						
HEPATITIS A <small>(Not required; Optional)</small>						
Tdap (Pertussis Booster)						

Type	Date Given	Impression
<input type="checkbox"/> PPD-Mantoux		<input type="checkbox"/> Positive
<input type="checkbox"/> Other		<input type="checkbox"/> Negative

TB SKIN TESTS

CHEST X-RAY <small>(Necessary if skin test positive)</small>	Film Date __/__/__ Impression <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
	Person is free of communicable tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No

Immunization must be submitted showing proof of TB testing no more than one year old (TB Mantoux).

I certify that I have reviewed records of this child's immunizations and have transcribed it accurately: **Official Physician/Clinic Stamp Required**

Name of Physician or Clinic	Contact number
Address	
Signature	Date