



Checklist for I-20 Processing and Supporting Documents

This packet contains the forms and requirements for an international student to obtain an I-20 and apply for the F-1 Visa necessary to attend our schools.

Please submit a complete packet, including the application and all necessary paperwork. Once the completed packet is received, the I-20 will be processed. It will be mailed to the school, which will in turn mail it directly to the family. This may involve mailing an initial I-20 directly to the overseas address provided.

The prospective student must receive this document in his/her native country. The school should keep a copy for their records as well. Students will use the I-20 to schedule an interview at the United States Embassy in their native country, at which point it will be determined if they will be granted an F-1 Visa, which allows international students to study in a United States school. We do not issue the F-1 Visa – this is issued directly by the United States government.

The I-20 is considered in an INITIAL status until the F-1 Visa is approved and the student arrives at your school. If the student is approved to study in the US, it is the responsibility of the school to notify the Office of Catholic Education when the student arrives so that we can update the status to ACTIVE. This is imperative, as the SEVIS system will automatically terminate an I-20 if not activated within 30 days of the student's intended start date.

Each of the following must be submitted to process an I-20:

- a. Signed copy of the I-20 Form
- b. Copy of student's passport
- c. Copy of parent/guardian Identification (if applicable)
- d. Copy of financial documentation (see application)
- e. Notarized Biological/Blood Relative Form (if applicable)
- f. Copy of Biological/Blood Relative Identification (if applicable)
- g. Copy of school application form
- h. Copy of the acceptance letter sent by the school to the student
- h. Copy of student's academic records

We are here to assist you throughout this process. If you have any other questions along the way, please do not hesitate to contact Janet Dollard at 215-651-3148, or jdollard@archphila.org.

I-20 Processing Forms

I. General Information

1. Applicant's Name: (as stated on passport, a copy of which must accompany this application)

LAST NAME

FIRST NAME

2. Date of Birth: _____/_____/_____

3. Gender: Male _____ Female _____

4. Country of Birth: _____

5. Country of Citizenship: _____

6. Applicant's Foreign Address: (Important: DO NOT LEAVE BLANK)

Number

Street

City

State/Province

Country

Postal Code

7. Applicant's Foreign Phone Number: (_____) (_____)

Country Code Number

8. Current status of Applicant: Please check one

Applicant is currently in foreign country _____

Applicant is currently in the United States _____

9. Applicant's Address in the United States: (Important: DO NOT LEAVE BLANK)

Number

Street

City _____

State _____

Zip _____

10. Applicant's Phone Number:

(_____) _____

Area Code Number

(_____) _____

Area Code Number

11. School Applicant Desires to Attend: _____

School Address: _____

City: _____ State _____ ZIP _____

Grade to Enter _____

IMPORTANT:

11a. What date do you expect the student to begin classes at your school

Please provide month, date and year _____

12. How long does the applicant plan to stay at your school? From grade _____ to grade _____

13. Is applicant requesting to transfer into your school from another US school?

Yes _____ No _____

14. If yes to question #12, what is the name and address of the school from which the applicant is transferring

15. If yes to question #12, does the applicant already have an I-20 from the school that they are transferring from?

Yes _____ Provide SEVIS number on applicant's I-20 _____
No _____ Student's J1 Visa identification number _____

II. Information Regarding Catholic Education Requirements

1. Why has the applicant chosen a Catholic education?

2. How did the applicant hear about the school for which he/she is seeking admission?

3. Has the applicant been enrolled in a school of religious education in the Roman Catholic faith?

Yes _____ No _____

If yes, what school? _____

Number of theology credits the applicant has accumulated? _____

4. Does the applicant expect to be involved in the school's athletic program?

Yes _____ No _____

If yes, in what Sport(s) does the applicant expect to participate?

III Information Concerning Financial Support of the Applicant

1. What are the total tuition/fee costs at your school? _____

2. What is the amount of personal funding the applicant has for the school year, excluding tuition costs at your school? Please provide at least 2 months of bank statements, certificates of deposit, or other available financial documentation

3. List the sources of support to be used to satisfy the applicant's tuition, room and board, and health insurance. Please list the estimated costs of each item and the person who will provide such support.

4. If the applicant is using a CSIET certified agency, list agency name and contact information:

5. If the applicant is residing with a biological relative, please provide the name and relationship of the relative with whom the student will reside. State specific relationship (mother's sister, mother's brother, etc) (Applicant must also submit the accompanying notarized Biological Relative Verification Form)

THE FOLLOWING SECTION TO BE COMPLETED BY SCHOOL PERSONNEL ONLY: If this section is not completed, the entire package will be returned to the school.

Name: (Printed) _____

Signature:

Position/Title: _____

School Name: _____

Please submit completed packet, with supporting documents, to the attention of:
Janet Dollard, Primary Designated School Official for the SEVIS Program
Office of Catholic Education
222 N.17th St.
Philadelphia, PA 19103- 1299
jdollard@archphila.org

**Verification form for International Student
Residing with Biological Relative**

Date : _____

Student Name: (as stated on passport)

Date Of Birth: _____

Name of School: _____

The above named International Student will reside with the biological relative whose information is listed below:

How are you related to this child? Specify family relationship (ie; mother's brother, father's sister, etc)

Parent/Guardian Name(s):

Biological Relative Name: _____

Biological Relative Address: _____

Biological Relative Phone Number: _____

Biological Relative Signature: _____

The signature below verifies that the above named adult is, in fact, a biological relative of the international student and is fully responsible for the well being of the student named above. The relative assumes guardianship of the student, maintaining health insurance and power of attorney should medical issues arise. The natural parents of the student named above have given permission for their son/daughter to reside with this family member for the duration of their time in our school.

**Signatures must be notarized in order to qualify for acceptance by the
Office of Catholic Education and the school.**

Return to the school principal prior to admittance. School principal must provide original copy to the Office of Catholic Education.

Notary: