

SAINT CATHERINE OF GENOA SCHOOL

192 SUMMER STREET
SOMERVILLE, MA 02143

F-1 Student Record Check List

Student Name: _____

Entering Grade: _____

- _____ Registration Form
- _____ Tuition Payment Plan
- _____ After School Program Yes No
 Full-Time Part-Time As Needed
- _____ Release of Record / Transfer Form (if applicable)
- _____ Home Language Survey
- _____ Emergency Form
- _____ Lunch Form Yes No
- _____ Transcript/Grades
- _____ Birth Certificate
- _____ Baptism Certificate (if Catholic)
- _____ Health Record: Physical, Immunizations. Lead & TB Test Results
- _____ Passport Copy
- _____ Most recent 3 months of bank statements from Family & Guardian
- _____ Proof of Health and Accident Insurance
- _____ Proof of Guardianship
- _____ I-20
- _____ Visa Copy
- _____ I-94 Card Copy
- _____ SEVIS Registration Copy (office use only)