

SAYRE

SCHOOL

MAKE·YOUR·MARK

International Students Preliminary I-20 INTERNATIONAL FORM Information

Today's Date: _____

Student's name as it appears on the student's visa and will appear on the I-20:

(PLEASE PRINT CLEARLY)

_____	_____	_____
(FIRST)	(MIDDLE)	(LAST)

Gender: ___M ___F Date of Birth: (mm/dd/yyyy) ___/___/_____

Applying for Grade: _____ Academic Year: _____

Address and Country where student now resides:

Address _____

Country _____ **COUNTRY OF BIRTH** _____

Name of host family and address where student will reside in the United States:

Host Family
Name **Mr. Mrs.** _____

Address _____

Phone _____

How long will this student reside in the United States? _____

How many academic terms will this student be in the United States? _____

Is the student proficient in English? ___Yes ___No

What is the student's TOEFL score? _____

Will your child use an American name while residing in the U.S.? ___Yes ___No

If yes, what name will they use? _____

Where should Sayre School mail / e-mail future correspondence?

Address _____

E-Mail _____

RETURN THIS COMPLETED FORM TO: Sayre School
Attention: Jeff Oldham
194 North Limestone Street
Lexington, KY 40507