



### International Student Information Record Request for Form I-20

Please complete this confidential application form regarding your country of residence (where you reside out of the United States.)

1. Family Last Name \_\_\_\_\_
2. First Given Name \_\_\_\_\_
3. Street address (foreign address) \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_
4. Country of Citizenship \_\_\_\_\_
5. Grade to Enter \_\_\_\_\_
6. Email \_\_\_\_\_
7. Phone \_\_\_\_\_ Fax \_\_\_\_\_
8. Best time to contact you by phone (day and time) \_\_\_\_\_
9. Gender:  Male  Female
10. Date of Birth \_\_\_\_\_  
Month/Day/Year
11. What is your visa type if you are currently in the United States? (F-1, B-2, M-1, A)  
\_\_\_\_\_
12. Ethnic Background  African  Asian  Caucasian  Hispanic  Pacific Islander  Other
13. Program of Study  
 Elementary K-5  
 Secondary 6-12
14. When do you plan to begin your studies? Month \_\_\_\_\_ Year \_\_\_\_\_

15. Please list each educational institution you have attended (beginning with elementary and secondary school.)

Name of Institution	Country	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FAMILY INFORMATION:**

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Landline: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Landline: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Please complete the information below if you would like to authorize someone to submit and receive documents on your behalf.

Family Last Name \_\_\_\_\_

First Given Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Landline: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

What is this person's relationship to you (friend, relative, etc.)?

---

**FINANCIAL & STUDENT POLICIES**

"I hereby pledge to pay my financial obligations to the school on the due date and understand that it may become necessary to withdraw my child if proper arrangements are not made on a past-due account."

"I permit my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity."

"I understand that the school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligation remains unpaid."

"I certify that the information provided on this form is true and accurate to the best of my knowledge."

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed form to [bstone@newlifecs.org](mailto:bstone@newlifecs.org) or via mail to:**

New Life Christian School  
5909 Jefferson Pike  
Frederick, MD 21703

Contact: Mrs. Bridget Stone, Director of Admissions: Phone: 301-663-8418

*New Life Christian School subscribes to a policy of nondiscrimination. We do not discriminate based on age, color, creed, ethnic origin, nationality, handicap or sex. The release of student information will comply with federal regulations.*