

FATHERS NAME

Name _____

Phone(s): home: _____ Cel phone: _____

E-mail address _____

Address _____

City _____ Province/Territory _____

Postal Code _____ Country _____

MOTHERS NAME

Name _____

Phone(s): home: _____ Cel phone: _____

E-mail address _____

Address _____

City _____ Province/Territory _____

Postal Code _____ Country _____

US Guardian:

Name _____

Tuition will be paid by: _____

Phone(s): home: _____ Cel phone: _____

E-mail address _____

Address _____

City _____ Province/Territory _____

Postal Code _____ Country _____

Signature of responsible party _____ **Date:** _____

Comments: _____

Person Requesting I-20:

Name _____ Phone(s): home: _____

Cel phone: _____ E-mail address _____

Address _____

City _____ Province/Territory _____

Postal Code _____ Country _____

Office Use Only

Academic records reviewed by: _____ Date _____

_____ Student is approved for registration _____ Student is not approved for registration

Comments _____

Deposit received on _____ amount \$ _____ Receipt # _____

Education Level: SecondaryPrimary Major: High School/Secondary Diplomas & Certificates 53.0101 Regular/General High School/Secondary Diploma Program Normal Length of Study: 10 months

Program Start Date: _____ mm/dd/yyyy (first date student expected to arrive) Program End Date: _____ mm/dd/yyyy (anticipated graduation date)

Entered on SEVIS database: _____ I-901 _____

Parent/Guardian Custody Agreement

Parent Information:

Father's Full Name

Mother's Full Name

Father's Signature

Mother's Signature

Father's Address

Mother's Address (if different from Father)

Phone Number

Phone Number

E-Mail Address

E-Mail Address

Student Information:

Family name: _____ Student First name: _____

Middle name: _____ Suffix: _____ Gender: _____ Date of Birth: _____ (MM/DD/YYYY)

U.S. Custodian/Guardian Information:

Full Name: _____ Date of Birth _____

Home Address _____ City _____ ST _____ Zip _____

Home (____)____-____ and/or Cell numbers (____)____-____

E-Mail Address _____

Status: US Citizen _____ or Permanent Resident _____

Place of employment _____

Work Address _____ City _____ ST _____ Zip _____

Work phone (in case of an emergency) (____)____-____

To be the legal guardian of my son/daughter while he/she attends Trinity International Schools. My child will be living with the individual named above and will be placed under their care during his/her enrollment. The previously named individual will have full legal responsibility for my student.

***Please attach student's birth certificate naming parents.**

The following is to be completed by a Notary Public. Countries that do not use a Notary Public must attach documentation of household registry instead.

On this date _____ appeared before me, _____,

Notary public in and for the County of _____, State of _____.

_____ and executed his/her signature to attest the above (parent's name) to be true and correct.

Signature of Notary Public