

I-20 (F-1) Application Form
Trinity International Schools
4141 Meadows Lane , Las Vegas, NV 89107
Phone (702)732-3957 – Fax (702)784-0192 E-mail: montoninij@trinitylv.org

READ CAREFULLY: Print clearly or type **all** required information on this form. Failure to do so will delay or prevent issuance of your I-20.

1. Fill out and send in your this completed **I-20application** along with ***students most recent academic records or transcript and copy of students Passport** to:
 Trinity International Schools or FAX to (702) 784-0192
 4141 Meadows Lane or e-mail to montoninij@trinitylv.org
 Las Vegas, NV 89107
2. Send your financial documentation that shows you have enough money to study and live in Las Vegas. This documentation can be any of the following:
 - ◆ A copy of your personal bank statement or your parent's bank statement. If you send a copy of your parent's bank statement, please include a letter signed by your parents saying that they promise to support you in the U.S.; or
 - ◆ A document from your government or other agency paying for your study saying that this organization agrees to support you in the U.S.

Once you have completed these steps, the Administration will review your transcript and or grade report to determine eligibility. This may include a Skype interview with the student. If the student is approved for entrance a I-20 will be issued. You will be notified by e-mail with the determination within 2 business day's of receipt of the required document.

3. Pay deposit amount of \$1,500.00 by:
 - ◆ Wire transfer to CITI Bank International Swift #CITIUS33 Routing 322271724 Account 0500340757
 - ◆ Pay in office or mail in Check, Money Order or Cashiers Check (Cash payments are accepted in office).

Deposit will be credited to students International administrative fee and tuition account upon completion of the registration. Deposit is non-refundable. Refund Exception: \$1,000.00 of the deposit will be issued if student is denied a VISA by the Embassy and proof of denial is provided along with a letter requesting a refund.

Within two (2) business days of approval, your original I-20 , signed by SEVIS DSO or PDSO along with a letter of acceptance will be ready to be sent out via express mail (fee will be applied for DHL mail-out), or you can have a local guardian pick up the I-20 in the office.

After you receiving your I-20:

Visit www.fmjfee.com and pay your SEVOP fee's and schedule your appointment with the US Consulate.

School Registration process:

- E-mail or fax the following:
- a. Completed Registration Packet (can be found trinitylv.org web-site)
 - b. Student current shot records
 - c. Proof of student insurance

School Tuition:

Tuition and fee's for the current semester are due upon students acceptance by Trinity and I-20 approval.

- ◆ No tuition refunds shall be given to students accepted by Trinity who transfer to any other school. Trinity reserves the right to refuse to refund any or all tuition payments at their sole discretion.

Arrival:

Bring the original I-20 and VISA to the school as soon as student arrives.

STUDENT INFORMATION (MUST BE COMPLETED IN ENGLISH) Student visa type: F-1

Family name: _____ Student First name: _____
 Middle name: _____ Suffix: _____ Gender: _____ Date of Birth: _____(MM/DD/YYYY)
 Students home address: _____ City _____
 Province/Territory: _____ Postal Code _____ Country _____
 Country of Birth: _____ Country of Citizenship: _____
 Grade for which student is applying: _____ Ethnicity _____ Expected start date _____
 Students e-mail address: _____
 Has student ever attended a U.S. school with F-1 Visa status: ____ Yes ____ No
 If Yes, Name of School _____
 Attended from _____ to _____ Your SEVIS ID number: N_____

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