Admission Office 700 Barksdale Rd Suite 2	e attach nt photo plicant

FOR OFFICE USE ONLY: DATE RECEIVED_____

Part I: Applicant Information

Applicant's Full Name	🗖 male 🗖 female	
first middle	last (preferred call name)	
Home Address		
Home Phone: ()	<i>city state country zip</i> Student E-mail:	
Date of Birth:	_ City/Country of Birth:	
Country of Citizenship:	Native Language:	
How would you describe yourself? (optional)		
 □ African/Black □ Asian/Pacific Islander □ Native American 	Caucasian/Anglo 🗆 Hispanic/Latino 🕒 Middle Eastern	
Applicant is Applying to (School Name) :	Grade Applying to:	
Grade beginning Spring 20 Fall	20	
Interview Skype ID: Date	e of Application:	
Present School:	Present Grade:	
School Address:		
School Phone: ()	Headmaster/Principal:	
Number of years attended: Num	ber of years taking English classes:	
Other Schools Attended (School Name, Grades A	Attended, Dates Attended)	
Religion: Catholic Christian	Non-religion	
Name of Person with Whom You Will Reside		

Part II: Family Information

Date of Birth:	
Home telephone: ()
Cell phone: ()
Date of Birth:	
Home telephone: ()
Cell phone: ()
	her 🗖 Father 🗖 Joint 🗖 Guardian
School	College
act during the admission p	process?
haut Our Program?	
	Home telephone: (Cell phone: (Date of Birth: Cell phone: (Cell phone: (

Signature of Parent/Guardian

Signature of Student

Date