

Application for Nonimmigrant I-20 Form for Bethany

Bethany Christian School, 3300 W. Parker Road, Plano, TX 75075, 972-596-5811

E-mail Bethany.Christian@verizon.net

Requested start date of study term _____

If this student fails to receive the F-1 visa, the I-20 generated by this application will be cancelled within 60 days of the program start date.

Requested end date of study term _____

Grade enrolling for _____ Birthday (month/day/year) _____ Sex _____

Family name of student _____

First name of student _____

Middle name of student (if none, leave blank) _____

Country of Birth _____ Country of Citizenship _____

Where (city and country) was the student born? _____

What is student or parent's email? _____

What is the student's address **in his/her home country?** (Please write as if addressing an envelope.)

What is the student's address **while he/she is in the U.S. (where will the student live)?** (Please write as if addressing an envelope.)

What is the name and telephone number of the person with whom the student will be staying **in the U.S.?**

What is this person's relationship with the student? _____

Each student will be tested for English proficiency upon arrival to our school.

The estimated cost for 1 year of living expenses in the U.S. is \$12,000 per year.

Please attach verification of adequate US funds to cover educational and living expenses for study term.

What church does the student attend? _____

What does a person need to do to go to heaven? _____

Financial Information: Person responsible for account _____

I have received, read and understand the Schedule of Fees, including the section regarding refunds and penalties. I agree to abide by the policies of the school as provided in the Student Handbook.

Signature

Date

Printed Name

Date