

Heritage Academy

12215 Walnut Point West, Hagerstown, MD 21740

INTERNATIONAL STUDENT(S) APPLICATION AND INFORMATION RECORD REQUEST FOR FORM I-20

Please print all information.

Family/Last Name: _____ First/Given Name: _____

What name does the student like to be called? _____

Gender: ___ Male ___ Female Birth Date: _____ Grade to Enter: _____
month/day/year

Home Address: _____
number and street city country postal code

Home Phone: _____ Country of Citizenship: _____

If the student is currently in the U.S.A., what is his/her visa type? (F-1, B-2, M-1, A, etc.) _____

When does the student plan to begin studies in the U.S.A.? month _____ year _____

Best time to contact you by phone (day and time): _____

Guardian: Both Parents Father Mother Other _____

Resides with: Both Parents Father Mother Other _____

Father's Information
Name: _____

Mother's Information
Name: _____

Address (if different from above): _____

Address (if different from above): - _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Person Responsible for Tuition: _____ Phone: _____

If you would like to authorize someone to submit and receive documents on your behalf, please complete the information below.

Family/Last Name: _____ First/Given Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

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

Name of agency/company (if applicable): _____

Please list any medical conditions of the student of which our staff needs to be aware (diabetic, asthma, allergies, etc.):

The following must be completed and received by Heritage Academy prior to consideration for acceptance:

- ___ Completed Application
- ___ Student's Pledge
- ___ Copy of Birth Certificate
- ___ Copies of Transcripts from Previous Schools
- ___ Copy of Passport
- ___ Skype Interview/Approval by School Principal
- ___ TOEFL iBT Score
- ___ Signed Release of Records
- ___ Writing Samples (Topics will be assigned during Skype Interview and submitted via fax)
- ___ Application Fee - \$160.00 (Non-refundable)

STUDENT POLICIES

I give permission for 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 in regard to 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, expectations, and discipline or in cases in which financial obligations remain 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 completed form to:
Attn: Linda Hobbs
Heritage Academy, Inc.
12215 Walnut Point West
Hagerstown, MD 21740
Fax: 301-582-2603

PDSO Contact: Mrs. Linda Hobbs, International Student Coordinator, Phone: 301-582-2600,
lhobbs@heritage-academy.net

Heritage Academy, Inc. subscribes to a policy of nondiscrimination. We do not discriminate on the basis of age, color, creed, ethnic origin, nationality, handicap or sex. Release of student information will comply with federal regulations.

Christian Worldview. Learn. Think. Grow.