

PERSON REQUESTING F-1

Full Name: _____

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

Address: _____

City _____ State _____ Zip _____

E-mail address: _____

Relationship to Student: _____

PERSON WHO IS FINANCIALLY RESPONSIBLE FOR STUDENTS TUITION AND FEE'S:

Name _____

Tuition will be paid by: _____

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

E-mail address _____

Address _____

City _____ Province/Territory _____

Postal Code _____ Country _____

Responsible Party Signature _____ **Date:** _____

Comments: _____

Parent/Guardian Custody Agreement**Parent Information:**

Father's Full Name _____ Mother's Full Name _____

Home Address _____

Phone Number _____ E-Mail Address _____

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) (____)____-____

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: Secondary**Primary 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 _____

Assignment of Guardianship:

We, _____ and _____, the parents of _____ appoint _____

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 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

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