



Student I-20 Personal Information Form



Last Name/Surname (as it appears on your passport): _____

Middle Name: _____ First Name: _____

Male or Female

Date of Birth: ____/____/____ Place of Birth (City and country): _____
Month Day Year

Permanent Address outside of US: _____

Date starting school at SDFAS: ____/____/____ Date finishing school at SDFAS: ____/____/____
Month Day Year Month Day Year

Present Nationality or Citizenship(s): _____

ADDRESS OUTSIDE US AND CONTACT INFORMATION:

Street and Number, City, State, Country, Postal Code:

Email Address: _____

Telephone: _____ Fax: _____

ADDRESS IN THE U.S. IF APPLICABLE:

Street and Number, City, State, Country, Postal Code:

Email Address: _____

Telephone: _____ Fax: _____

In addition to the above information, please return the following to the SDFAS Office or email at preschool@sdfrenchschool.org

- Legible copy of valid passport (Front identification pages, expiration information)
- Payment fee of \$150 for the first child and \$100 for each sibling.