



Mount Vernon Academy

184 E. Vine Street
Murray, Utah 84107
Phone (801) 266-5521 - Fax (801) 269-8080

APPLICATION FOR I-20

PLEASE PRINT CLEARLY

Foreign Student: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: Day ____ Month ____ Year ____ Gender: ____

Country of Birth: _____ Country of Citizenship: _____

Date of intended enrollment: Sept. 201_ / Nov. 201_ / Jan. 201_ / Apr. 201_ / June 201_

(Our school year runs from September through May, but students may enter at the beginning of the quarter. Our summer school begins in June.)

How many years does this student plan to stay here? _____

Father's Name: _____ Mother's Name: _____

Parents' address in home country:

Street: _____ City: _____

Province: _____ Country: _____

Postal Code: _____

Parents telephone number: _____

Parents fax number: _____

Previous school: _____

Address of previous school: _____

Parent's Signature: _____ Date: _____

THERE IS A \$300.00 SCHOOL APPLICATION FEE ASSOCIATED WITH THIS FORM

PLEASE FAX THIS APPLICATION TO (801) 269-8080