

# MOUNT VERNON ACADEMY

184 East Vine Street Murray, UT 84107 801-266-5521 [mountvernonacademy.com](http://mountvernonacademy.com)



## APPLICATION FOR I-20

PLEASE PRINT CLEARLY

International Student: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_/\_\_/\_\_/  
*Example: Jan-Dec 1-31* Gender: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Date of intended enrollment: Aug. 201\_\_/Nov.201\_\_/Jan.201\_\_/Apr.201\_\_/June201\_\_

*(Our school year runs from August 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' email address: \_\_\_\_\_

Previous school: \_\_\_\_\_

Address of previous school: \_\_\_\_\_

Parents' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THERE IS A \$300.00 SCHOOL APPLICATION FEE ASSOCIATED WITH THIS FORM. This fee can be paid online at [mountvernonacademy.com](http://mountvernonacademy.com) under the parents' tab.

PLEASE FAX THIS APPLICATION TO (801) 269-8080 OR EMAIL TO: [office@mountvernonacademy.com](mailto:office@mountvernonacademy.com)

Please list the address you would like the I-20 to be mailed to if different from the parents' address.

Recipient's name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Recipient's email: \_\_\_\_\_