

MOUNT VERNON ACADEMY

240 East 5600 South Murray, UT 84107 801-266-5521 www.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: _____

City of Birth: _____

Date of intended enrollment: Month: _____ Year __/__/__/

How many years does this student plan to attend school at Mount Vernon? _____

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

Parents' address in home country:

Street: _____ City: _____

Province: _____ Country: _____

Postal Code: _____

Parents' telephone number: _____

Parents' email address: _____

Parents' Signature: _____ Date: _____

**THERE IS A \$300.00 SCHOOL APPLICATION FEE ASSOCIATED WITH THIS FORM
This fee can be paid by credit card online at mountvernonacademy.com under the parents' tab**

PLEASE FAX THIS APPLICATION TO (801) 269-8080 OR EMAIL TO: 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: _____