I-20 Student Information Form

Name of Student: FIRST: _____

MIDDLE: _____

LAST: _____

Male ____ Female ____

Date of Birth: MONTH: _____

DATE: _____

YEAR: _____

Country of Birth: _____

Country of Citizenship: _____

Home [Physical] Address: _____

_____

Postal/Zip Code: _____
[**required for shipping label**]

Home Phone Number: _____
[**required for shipping label**]

Parent E-Mail Address: _____

Dates: Start Date _____ End Date_____

Please complete this form and present it with your request to the Boca Prep Coordinator for Student Visas.