



THE KING'S CHRISTIAN SCHOOL

5 Carnegie Plaza
Cherry Hill, NJ 08003
856-489-6724
www.tkcs.org

INTERNATIONAL STUDENT I-20 information form

I-20 Fee Schedule: \$500 first year only
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Student:

Visa type: _____ We need a copy of your visa before you start school.

Desired Program Start Date: _____

Family Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Grade Entering: _____

Country of Birth: _____ Country of Citizenship: _____

Parents:

Father's Name: _____

Mother's Name: _____

Foreign Address

Address 1: _____

Address 2: _____

City: _____

Province/Territory: _____

Postal Code: _____

Country: _____

Student's U.S. Residence

Guardian Name: _____

Relation to Student: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____