



## THE KING'S CHRISTIAN SCHOOL

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

### INTERNATIONAL STUDENT I-20 information form

<b>I-20 Fee Schedule:</b> \$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: \_\_\_\_\_