



California Language School

(F-1) Status Student Information

Family Name : _____ First _____ Middle _____

Date of Birth : ____/____/____ (MM, DD, YEAR) Gender : M _____ F _____

Address in the USA : _____

City : _____ State: _____ Zip : _____

Telephone No : _____/_____/_____ Mobile : _____/_____/_____

Address in Foreign Country : _____

Emergency Telephone No : _____ Emergency Contact Person : _____

Relationship : _____

City / Country of Birth : _____

Admission No (I-94) : _____ SSN No : _____

SEVIS No : _____ E-Mail Address : _____

Office Use Only				
<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		
	Start Date	End Date	Total Paid	Date
1				
2				
3				
4				
5				