

EAST SIDE UNION HIGH SCHOOL DISTRICT

International Student Program Student Application Form

Thank you for your interest in East Side Union High School District's International Student Program. It is a great decision to explore this opportunity in the Silicon Valley of California. Furthermore, the experience of the American academic education environment will be most rewarding for you. Please complete and submit the International Student Program Form I-20 packet.

Applicant's Name:		Date of Birth: (month/day/year)
Given Name (First nam	,	
Surname Name (Last na	ame):	
Middle Name:		
Gender:	□ Male	☐ Female
City of Birth:		Country of Birth:
Date of Birth (month/day/year):		Entering Grade Level:
Country of Citizenship:		
Country of Legal Perma	anent Residence:	
Passport Number:		Passport Expiration Date:
Program Start		
School Year 2023-202	4 : □ Ten Month Sub	bmit I-20 by May 15
Current Internationa	l Student's Family	Address Information
Address:		
Post Code (Required):		
City or Town:		
Province, State or Territory:		
Country:		
Phone Number (begin with country code):		
Cell Number:		
Parent & Student Email	Addresses:	
Which school do you prefer to attend (See list on page 2 of Program Information) Please select your school:		
1. School Choice:		
2. School Choice:		