



ACACIAWOOD

PREPARATORY ACADEMY

Student Information Form for I-20

First Name on Passport _____

Last (Family) Name on Passport: _____

Date of Birth _____ Gender _____

City of Birth: _____ Country of Birth: _____

Name of Father: _____ Name of Mother _____

Telephone #: _____ Parent's Email Address: _____

Church locality: _____ Number of years in church life: _____

Home Mailing Address: _____

City: _____ Province/Territory: _____

Country: _____ Postal Code: _____

Last grade completed in school: _____

Number of years studying English _____

Class ranking: _____

How long do you expect to study at Acaciawood: _____

Hobbies, favorite subject in school, worst subject in school: _____

A complete record of immunizations and proof of a clear TB skin test and proof of medical insurance are required for attendance. International Medical Group is one provider of medical insurance for students (Policy Name: Patriot Exchange Program).

Please scan a copy of your passport along with this form