



Parkview Adventist Academy
4201 Martin Luther King Avenue
Oklahoma City, OK 73111
Phone: 405-427-6525
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www.parkviewadventistacademy.org

International Student Application

Biographical Information

*Please Note: We need your full name as it appears in your passport.
This will facilitate the acquisition of your visa.*

Passport Last Name: _____
Passport First Name: _____
Date of Birth: _____ Gender: () Male () Female
Country of Birth: _____ Country of Citizenship: _____
Religion: _____

Address in Home Country

Student's Permanent Address in Home Country: _____

City: _____
Region/Province/State: _____
Country: _____
Postal Code: _____
Telephone Number: _____
Student E-mail Address: _____

Student's Address in US

Parent/Guardian with whom student will live in the US: _____
US Address: _____
US City: _____
State: _____ Zip: _____
US Telephone Number: _____
Guardian E-mail Address: _____

Academic Information

What semester are you applying for? () Fall (August) 20__ () Spring (January) 20__

Grade Level: _____ (Official transcripts are required from any previous school attended before an I-20 is issued.)

Is student proficient in English? () Yes () No

Immigration Information

Complete this section only if student is currently in the United States.

Are you currently in the United States: () Yes () No

Please submit copies of passport, Visa, and current I-20.

Visa Type: _____ Entry Date: _____

Date your authorized stay in the US expires: _____ (Date on I-20)

If you have an F-1 visa, please complete the following information about the school that issued the I-20 form:

Name of School: _____

City, State: _____

Are you currently attending this school: () Yes () No

Attended from _____/_____/_____ to _____/_____/_____
M Y M Y

To request a transfer SEVIS record, you will need to complete a Transfer Form.

Financial Information

Must provide bank statement(s) with current balance showing equal or greater than full school year's tuition and fees.

Total Amount in checking/savings accounts: _____