

**MEMORIAL HALL SCHOOL**  
2501 CENTRAL PARKWAY SUITE A-19  
HOUSTON, TEXAS 77092 PHONE (713) 688 – 5566  
FAX (713) 956 – 9751  
**E-MAIL: memhallsch@aol.com**

**INITIAL APPLICATION FOR I-20 STUDENTS**

DATE \_\_\_\_\_

SEEKING ENROLLMENT FOR \_\_\_\_\_ Semester/Year Grade \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
First Middle Last (FAMILY NAME)

BIRTHDATE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
Month Day Year

BIRTHPLACE \_\_\_\_\_  
City State Country

COUNTRY OF CITIZENSHIP \_\_\_\_\_ PASSPORT # \_\_\_\_\_

PERSON RESPONSIBLE FOR TUITION FEES: \_\_\_\_\_

**PARENT INFORMATION:**

PARENTS: \_\_\_\_\_  
Mother's name Father's name

**STUDENT FOREIGN HOME ADDRESS:**

STREET: \_\_\_\_\_

CITY/PROVINCE/TERRITORY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

STUDENT FOREIGN PHONE # \_\_\_\_\_ STUDENT EMAIL \_\_\_\_\_

STUDENT WILL BE LIVING WITH \_\_\_\_\_  
(Guardian if other than parent in the United States)

RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/State/Zip

HOME PHONE(\_\_\_\_\_) \_\_\_\_\_ WORK PHONE(\_\_\_\_\_) \_\_\_\_\_

CELL/CARRIER \_\_\_\_\_ EMAIL \_\_\_\_\_

**OTHER RELATIVES IN THE UNITED STATES:**

NAME, RELATION TO STUDENT, WHERE DO THEY RESIDE: PLEASE BE SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_

**LANGUAGE STUDENT MOST PROMINENTLY:**

SPEAKS: \_\_\_\_\_

OTHER LANGUAGES SPOKEN: \_\_\_\_\_

HAS THE STUDENT STUDIED E.S.L. \_\_\_\_\_ IF YES, HOW LONG? \_\_\_\_\_

HAS THE STUDENT TAKEN ENGLISH PROFICIENCY TEST? \_\_\_\_\_ YES \_\_\_\_\_ NO

PRESENT GRADE PLACEMENT \_\_\_\_\_ PREVIOUS SCHOOL HISTORY: (LIST NAME AND LOCATION)

\_\_\_\_\_

PRE-SCHOOL \_\_\_\_\_ 6<sup>TH</sup> \_\_\_\_\_

KINDERGARTEN \_\_\_\_\_ 7<sup>TH</sup> \_\_\_\_\_

1<sup>ST</sup> \_\_\_\_\_ 8<sup>TH</sup> \_\_\_\_\_

2<sup>ND</sup> \_\_\_\_\_ 9<sup>TH</sup> \_\_\_\_\_

3<sup>RD</sup> \_\_\_\_\_ 10<sup>TH</sup> \_\_\_\_\_

4<sup>TH</sup> \_\_\_\_\_ 11<sup>TH</sup> \_\_\_\_\_

5<sup>TH</sup> \_\_\_\_\_ 12<sup>TH</sup> \_\_\_\_\_

**\*\*\* PLEASE FURNISH AVAILABLE SCHOOL RECORDS AND IMMUNIZATIONS \*\*\***

How did you hear about Memorial Hall School? Check one of the following.

\_\_\_\_\_ Agent / Name of Agency \_\_\_\_\_

\_\_\_\_\_ Memorial Hall School Website

\_\_\_\_\_ Friend/Family. Name \_\_\_\_\_

\_\_\_\_\_ Other Please Specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

**We must have the Student's Foreign Address for I-20/Documents to be sent via FEDEX - The issued Form I-20 must be sent directly to the F1 student, parent, or lead guardian. At no time should a Form I-20 be issued to a third party. FEDEX fee - \$90.00. Please provide foreign address below.**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**\*\*Annual tuition and fees for students must be paid in full and are non-refundable.**