INTERNATIONAL STUDENT CHECKLIST (PLEASE FILL OUT ALL OF THE INFORMATION)

Students Name:			
Last International Home Address:	First	Mide	dle
Street			Email:
City State	Zip	Country	Phone#
Students Cell Phone Number Students Email			
TUITION: \$BOOK F	BOOK FEES:\$ REGISTRATION:		
LIVING EXPENSES:\$			
AMOUNT STUDENT & FAMILY F	RESPONSIBLE F	OR PAYING?	
WHO IS RESPONSIBLE FOR PAY	ING DIFFERENC	E IN FEES?	
Country of Birth	_Country of Citize	nship	
Copy of Students Passport Date of Birth Grade Entering			
Completed West Oaks Academy Application Parent Identification			
If Transferring from a U.S. school we school information:			m signed with all the
Copy of Birth Certificate Immunization Records			
Official School Transcripts	Approval of H	igh School Princi	pal
Completed High School Physical Form Proof of Medical Insurance			
U.S. ADDRESS:			
Principals Signature:			
DSO'S Signature:			