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| **Application for International Students**(Please type your responses below) |
| **Personal Information** |
| **First Name**  |  |  |
| **Last Name** |  |  |
| **American Name** (if applicable) |  | *Please upload a passport style picture.* |
| **Email Address** |  |
| **Home Phone Number** |  |
| **Mobile Phone Number** |  |
| **Home Address***(as written in your country)* |  |
| **Country** |  | **State / Province** |  | **City** |  |
| **Birth Country** |  | **Country of Citizenship** |  | **Religion** |  |
| **Birth Date** | **Day** |  | **Month** |  | **Year** |  |
| **Are you working with an agency?** |  |  |

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| **Information about Parent(s) or Guardian(s)** |
| **Father / Guardian**  |
| **Full Name**  |  | **Home Phone** |  |
| **Email Address** |  | **Mobile Phone** |  |
| **Employer’s Name** |  | **Work Phone** |  |
| **Mother / Guardian**  |
| **Full Name**  |  | **Home Phone** |  |
| **Email Address** |  | **Mobile Phone** |  |
| **Employer’s Name** |  | **Work Phone** |  |

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| **If your Parent/Guardian cannot be reached, please indicate someone else in your community whom we can contact:** |
| **Emergency Contact**  |
| **Full Name** |  | **Mobile Phone** |  |
| **Email Address** |  | **Work or Home Phone** |  |

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| **Host Family Information (if known)** |
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| **Host Family Full Name** |  | **Host Family Home Phone** |  |
| **Host Family Address** |  | **Host Family Cell Phone** |  |
| **Host Family Email Address** |  | **Host Family County** |  |
| **Host Family Township** |  |  |  |

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| **Education**  |
| **School Name**  |  |
| **Current Grade** |  | **Applying for Grade** |  |
| **What is your favorite subject?** |  | **What is your least favorite subject?** |  |

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| **If you are working with an agency, please fill out the following information.** |
| **Agency Information (if applicable)** |
| **Name of Agency** |  | **Contact Name at Agency** |  |
| **Agency Email Address** |  | **Agency Phone Number** |  |

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| **Please describe your major interests and activities.** |
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| **Why do you wish to attend Merion Mercy Academy?** |
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| **To be completed by Parent/Guardian** |
| **Why do you wish your daughter to attend Merion Mercy Academy?** |
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| **How did you and your daughter learn about Merion Mercy?** |  |
| **Where would you like us to mail your I-20 form?** |  |
| **The enrollment of your daughter assumes that you will uphold Merion Mercy Academy’s values and regulations. Please type your name to electronically sign and indicate your agreement:** |  |

Thank you for completing the application. Please save your application to your computer and email it as an attachment to admissions@merion-mercy.com