SELNATE INTERNATIONAL SCHOOL

1502 North Freedom Blvd., Suite B
Provo, Utah 84604-2520 USA
Internet: www.selnate.com or info@selnate.com
Phone: +1 (801) 356-7060 • Fax: +1 (801) 356-7067

Application for Admission

Please print or type.

Name_____
Last First Middle

Birth date_____/_____/_____ *(must be at least 17 years old)*
Month Day Year

Gender ☐ Male ☐ Female

U.S. Telephone_____
Area Code-Number

Utah Address (if any)_____

_____
City State Zip Code

Foreign Telephone_____
Country Code-City Code-Number

Foreign Address_____

_____
City Country Zip Code

E-mail address_____

Country of Birth _____City of Birth_____

Country of Citizenship_____

Name of friend in the U.S. *(if any)*_____

Friend's Telephone_____

Parent or Guardian's Name_____

Parent or Guardian's Telephone_____

Do you have any serious medical conditions? ☐ Yes ☐ No
If yes, please explain_____

In case of emergency, whom should we contact?
Name_____

Telephone_____

Health and/or Accident Insurance Provider_____

Policy Number_____

Expiration Date____/_____/_____

Are you interested in homestay? ☐ Yes ☐ No (If yes, please fill out the separate "Homestay Application.")
Would you like the I-20 sent by express mail (additional fee)? ☐ Yes ☐ No
When do you plan to enroll?

☐ Winter Semester (year: _____) *(January-April)*
☐ Summer Semester (year: _____) *(May-August)*
☐ Fall Semester (year: _____) *(September-December)*

How did you learn about Selnate?
☐ Advertisement (which?):_____
☐ Friend (name?):_____
☐ Agent (name?):_____
☐ Other (please explain):_____

I certify that all of the information in this application is accurate and true. I understand that Selnate International School is not responsible for any injury or illness received while at Selnate and that I am responsible for obtaining my own health and/or accident insurance. I have read, understand, and agree to the policies shown on this application.

_____ _____ _____/_____/_____
Signature of Applicant | Signature of Parent or Guardian (if student is under age 21) | Date

Dependents

	Family Name	Given Name	Birth date	Country of Birth	Relationship to Applicant
Complete this portion ONLY if a spouse and/or child(ren) will be accompanying the student.	1.				
	2.				
	3.				
	4.				