

Archdiocese of Hartford Office of Education, Evangelization and Catechesis 467 Bloomfield Ave., Bloomfield, CT 06002 TEL: (860) 242-5573

I-20 APPLICATION FORM

Section I – To be completed by applicat Name of Student		Date		
	Surname/Primary Name	First Name/Given Name		
	Preferred Name (English	name/nickname)		
Date of Birth		(Check One)	Male	Female
Country of	MM/DD/YYYY	Country		
		•		
Foreign Addre				
Addres	s 2			
City		Province/Territ	ory	
		Country		
	Must be the same as parei	•		
Addres	s 2	G		
City		State	Zip	Code
•		Phone		
Name of last so Grade * <i>If transferrin</i>	chool attended City	StateC itional documentation requi	Country*	lent Transfer Repor
Name of last so Grade *If transferrin Parent/Guardi Name Addres Addres	chool attended City g from a U.S. school, add an/Designee in the U.S. s 1 s 2	StateCitional documentation requi	Country*	lent Transfer Repor
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