



International Student Admission Packet



International Student Services
The Crenshaw School
P.O. Box 1159
Windermere, FL 34786 USA

Phone: (407) 877-7412
Fax: (407) 877-7657
eMail: admissions@crenshawschool.com
Web: www.crenshawschool.com

FOR OFFICE USE ONLY
Registration Fee _____
Date Received: _____
Date of Enrollment: _____

Photo of Applicant

The Crenshaw School

305 Beulah Road

Winter Garden, FL 34787

Phone (407) 877-7412 Fax (407) 877-7657

Mailing address: P. O. Box 1159, Windermere, FL 34786

Founded 1999

APPLICATION FOR ADMISSION

(Please Print)

_____	_____	_____	_____
Last	First	Middle	Student is called

Entering *The Crenshaw School* for grade _____, for the academic year 20 _____ - 20 _____

Male _____ Female _____ Date of Birth _____ Place of Birth _____

If a foreign citizen, will an I-20 Immigration Form be needed? _____ Yes _____ No

Social Security Number of student _____

Religious Preference (*for Holiday purposes*) _____

FAMILY PROFILE

(Please Print)

Student resides with: Mother and Father _____ Mother _____ Father _____ Guardian _____

Are parents separated or divorced? _____ If so, who has legal custody? _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

_____	_____	_____	_____	_____	_____	_____	_____
City	State	Zip	County	City	State	Zip	County
()				()			
_____	_____	_____	_____	_____	_____	_____	_____
Telephone				Telephone			
_____	_____	_____	_____	_____	_____	_____	_____
Email:				Email:			

One Email address is required for access to Edline

FATHER	MOTHER				
Occupation _____	Occupation _____				
Job Title _____	Job Title _____				
Name of Firm _____	Name of Firm _____				
Business Address _____	Business Address _____				
_____	_____				
City	State	Zip	City	State	Zip
()			()		
_____	_____	_____	_____	_____	_____
Telephone			Telephone		

STUDENT'S BROTHERS AND / OR SISTERS:

_____	_____	_____	_____
Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____

GRANDPARENTS (Paternal)

Name _____

Street _____

City _____ State _____ Zip _____

GRANDPARENTS (Maternal)

Name _____

Street _____

City _____ State _____ Zip _____

GENERAL INFORMATION

Parents often have clues to their child's behavior and performance which make school records and recommendations easier to understand. Please complete the following:

What special abilities does your child have, e.g., academic, athletic, artistic, musical?

How did you hear about *The Crenshaw School*? _____

What factors contributed to the decision to look for a new school?

Has your child ever repeated a grade? _____ Yes _____ No Which one? _____

Has your child ever skipped a grade? _____ Yes _____ No Which one? _____

Has applicant been suspended or asked to withdraw from any school for any reason? _____

If so, please explain on separate page.

School currently attending _____

School address _____
Street _____ City _____ State _____ Zip _____

() _____

Telephone

MEDICAL INFORMATION

Are there any existing physical or emotional conditions for which the child receives treatment? _____ Yes _____ No

If so, please state conditions:

I certify that the information given in this application is complete and accurate, and I understand to make false statements within this application may result in withdrawal of admission.

Parent Signature

Date

The Crenshaw School
I-20 Application Form



Please list your **exact legal name as it appears on your passport**. All documents submitted must be in this name. If you are admitted, this name will appear on all permanent records at The Crenshaw School.

Last/Family Name

First

Middle

Date of Birth: _____

Month Day Year

City & Country of Birth: _____

Country of Current Citizenship: _____

Permanent address in your home country (required)

Street: _____

City: _____

Province: _____ Country: _____

Postal Code: _____

E-mail address: _____ Telephone: _____

Address where you plan to live in the United States

Street: _____ City: _____

Zip Code: _____ Telephone: _____

Passport Information

Country of origin: _____ Passport Number: _____

Passport Expiration Date: _____ (must have at least 6 months remaining)

The Crenshaw School Financial Statement



If _____ is accepted and matriculates at The Crenshaw School, I agree to accept complete financial responsibility for his/her education and declare that I am entirely knowledgeable of the costs associated with the annual studies at The Crenshaw School.

I further agree that that the annual tuition shall be due in full prior to the student's commencement of the school term.

Sponsor's Name: _____ Relationship to Student: _____

Employer: _____ Occupation/Title: _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other: _____

Fax: _____

Email: _____

Sponsor's Signature: _____ **Date:** _____

The Crenshaw School
International Student Transfer Form



International Student Services
The Crenshaw School
P.O. Box 1159
Windermere, FL 34786

If you are transferring from another institution in the United States and are currently holding a F-1 visa, you must fill out the top section and have your current school fill out the bottom section. This form is necessary to complete enrollment at The Crenshaw School. **Please print or type.**

▶ **To be completed by the transferring International Student:**

Name of student: _____ Country of citizenship: _____
SEVIS ID#: _____ Student's phone: _____
Name of school student is transferring from: _____

"I give permission for the former school to release any information needed from the files."

Sponsor/Guardian signature

Date

▶ **To be completed by Designated School Official:**

Visa Type (F-1, J-1, etc.) _____ I-20 Program Expiration Date: _____
Is the student currently in legal status? Yes ____ No ____

▶ **SEVIS I-20 Release Date: Please release I-20 after the student has been admitted to The Crenshaw School.**

Institution: _____
Name of Designated school official: _____
Title: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____ Email: _____ Fax: _____

Signature

Date