

Indiana Academy
Information needed for Foreign Student Applications

Full legal name (please print) (as indicated on your passport)

Last (family/surname) _____

First (given) name _____

Middle name _____

Foreign Address

Address (number/street/apt) _____

City _____

Province/Territory _____ Postal Code _____

Country _____

Telephone (area code) _____ (home number) _____

Country of birth _____

Citizenship _____

Date of birth (month/day/year) _____ Gender Female Male

U.S. Address

Guardian Name _____

Address (number/street/apt) _____

City _____ State _____ Zip _____

Relationship of student to guardian _____

Anticipated Enrollment Date _____

English Proficiency: (check one)

This student has the required English proficiency

This student is not yet proficient

Please provide information showing the following as the student's means of support, estimated for an academic term of 10 months (Note: please correspond with the Business Office of Indiana Academy to determine the total funding necessary for the school year.)

a. Student's personal funds \$ _____

b. Funds from this school \$ _____

c. Funds from another source \$ _____

d. On-campus employment (if any) \$ _____

Total \$ _____

Please return the above (completed) form, along with the (completed) application, recommendation forms, and transcript release form to:

Beth Bartlett
Registrar, Indiana Academy
24815 St Rd 19 N
Cicero IN 46034
317-984-3575, ext. 223
317-984-5081 (fax)
iaregistrar@gmail.com