

Boston Ballet School: International Student Application

Summer, 2009

Form I-20 Application Information

<u>Field</u>	<u>Description</u>	Please fill in the following information to the best of your knowledge. ALL FIELDS ARE REQUIRED.
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Section 1: Student Information

Visa Type	M-1	
First Name	First Name (as it appears on your passport)	
Family Name	Last Name (as it appears on your passport)	
Date of Birth	MM/DD/YY	
Gender	Male/Female	
Country of Birth	Country of birth	
Country of Citizenship	Country of current citizenship	
Languages Spoken	Which languages do you speak fluently?	

Section 2: Program Information

Foreign Address	Foreign Address, even if currently living in US at different location.	Address 1: _____ Address 2: _____ City: _____ State: _____ Zip Code: _____
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Education Level	Level of Education currently being pursued	N/A
Primary Major	Primary field of Study	Ballet Training
Normal Length of Study	The period of time for completion (in months)	1.25 months or 5 weeks
Program Start Date	Date the student is expected to arrive to begin the program.	06/28/09
Program End Date	Date of program completion.	08/01/09
English Proficiency	Not Required	N/A

Section 3: Financial Information

Number of Months in Academic Term	Length of term up to 12 months, used to equate funding.	1.25 months or 5 weeks
Tuition	Tuition for Boston Ballet Summer Programs for 2008	\$2,775.00
Housing and Food	Room and Board Expenses	\$2,325.00
Total Funds Available (must equal more than "tuition" and "housing and food")	How much money do you or your parents have in the bank to cover your expenses? (Please attach a copy of bank statement to verify funds.)	

For Office Use Only

Reg'd SEVIS:

Arrival

SEVIS ALERT Date:

Mailed I-20:

Ent'd SEVIS:

Rec'd Date:

Section 4: Dependent Information*

**It is not typical that our student body will be registering dependents with them for their length of stay. If this is the case the appropriate information will be provided.*

Section 5: Residential Information

U.S. Address	US residence address for the duration of the program.	Address 1: Mount Ida College
		Address 2: 777 Dedham Street
		City: Newton
		State: MA Zip Code: 02459
		Daytime Phone: 617-456-6269
		Cell Phone: _____

I hereby attest that the information I have provided above is accurate and truthful to the best of my knowledge.

Student or Guardian Name (Printed)

Student or Guardian Signature

Date

Payment Requirements

Fee:

Boston Ballet International Student Processing Fee **\$105.00**

Payment by Credit Card:

VISA MASTER CARD AMERICAN EXPRESS

Account Number: _____ Expiration Date: ____/____/____ AVC # _____

Print Name on Card: _____ Signature: _____

Payment By Check:

Please make your check payable to: Boston Ballet School Amount Enclosed: _____

MAIL COMPLETED REGISTRATION FORM and PAYMENT TO:
Summer Programs Office
BOSTON BALLET, 19 Clarendon Street, Boston, MA 02116
E-Mail: summerprograms@bostonballet.com Fax: (617) 695-6995

For Office Use Only:

Tessitura Transact: _____

Date: _____

Initials: _____