

Boston Ballet School: International Student Application

Summer, 2009

Form I-20 Application Information

Please fill in the following information to the best of your knowledge. ALL FIELDS ARE REQUIRED.

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	
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: _____
		Address 2: _____
		City: _____
		State: _____ Zip Code: _____
		Daytime Phone: _____
		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: _____