



Christ Lutheran Church and School

For Office Use Only

Date Received _____
Interview Date _____
Interviewed By _____
Accepted/Denied _____

FAMILY FACT SHEET

This information is used to issue the I-20. Please ensure that the information is correct. This page must be resubmitted (with parent's signature) if guardian and/or address changes.

Start Date: _____

(Student---First Name)

(Student--Last Name)

Student's Birthdate: _____ Grade Entering: _____

Parent's Name(s)

International Address

City

State

Zip

International Home Phone Number

International Work Phone Number

Parent's Email

Parent Name

Parent Signature

Guardian's Name(s) (Or Parent, if residing in the United States with student)

Address in United State City State Zip

Home Phone Number in United States

Work Phone Number in United States

Guardian's Email or (Parent e-mail if residing in the United States with student)

Guardian's Name

Guardian's Signature

WASC Accredited

(310)831.0848 (voice) ♦ (310)831.0090 (fax) ♦ office@sclschool.org ♦ www.christrpv.com

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