New International F and J Student Check-In Form (Please Print Clearly)

Today's Date (MM/DD/YYYY):			Date of Birt	h (MM/DD/YYYY):	Age:
Name:			Bengal ID#:		
I.S.U. Email:			High School Name:		
Secondary Email:			High School Location: City and Country		
Local Address (Resides	at)				
Street:			Marital Status: Single Married (If married, list name(s) of spouse/dependents below—if they are in the U.S.)		
Street2:					
City: Pocatello County: Bannock					
State: Idaho Zip: Country: U.S.A.					
Telephone #: ()					
Emergency Contact Infe	ormation				
Name:			Relationship:		
Emergency Contact Tele	ephone: ()				
What Language(s) does your emergency contact speak?					
For Office Use Only:					
Passport	I-20/DS-2019	Visa 🗌		I-94 🗌	Consent Form