



MINNEAPOLIS
PUBLIC SCHOOLS
Urban Education. Global Citizens.

MINNEAPOLIS PUBLIC SCHOOLS

Student Placement Services Department I-20 Information Form

Student Surname/Last Name(s):			
Student First Name:			
Student Middle Name:			
Date of Birth:	Month:	Day:	Year:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary		
Home Country:	City & Country of Birth: _____ Country of Citizenship: _____		
First or Native Language:			
English Proficiency:	<input type="checkbox"/> none/low <input type="checkbox"/> moderate <input type="checkbox"/> high <input type="checkbox"/> fluent		
Address in Home Country: (please enter as it would appear on a letter)	_____ _____ _____ _____		
Phone in Home Country:	Country code:	Phone #:	
Student or Parent Email:			
School to attend:	Anticipated Grade:		
Anticipated stay:	<input type="checkbox"/> Full School Year <input type="checkbox"/> First Semester <input type="checkbox"/> Second Semester		
Dates of Enrollment:	Beginning date:	Ending date:	
Host Parent(s) Name(s):			
U.S. Host Family Address:	House #, Street _____ Apt. # _____ City, State, Zip code _____		
Host family phone number(s):			

For students going through an exchange agency:

Exchange Agency:			
Agency Contact Name & Phone:			

Signature
(of person completing this form)

Relationship to student

Today's date