

## HOMESTEAD SCHOOLS, INC. 23800 Hawthorne Blvd Suite 200 Torrance, CA 90505

## INTERNATIONAL STUDENT APPLICATION FORM

Applicant's Name:						
Last	First			Middle		
Gender: □ Male □ Fema	ale					
U.S. Postal Address:						
Street	City	State		Zip		
Foreign Address:						
Street	City	State	Postal Code	Country		
Country of Citizenship		Country of Birth		Date of Birth (mm/dd/yyyy)		
Telephone Numbers:						
U.S Home	Cell		Foreign -	Home	Cell	
Educational Background:	□ High So	chool 🗆 Colleg	geOthe	er		
Desired Program: □Vocationa	al Nursing	□ Medical Assis	sting □ Pharm	acy Technician		
Desired Schedule: □ Evening	□ Morning					
Requested Course Start Date	Month	Day	Year			

Emergency Contact Informati	ion:			
1. Name:Address:		Relationship:		
Telephone: (Home)	(Cell)		_ (Work)	_
2. Name:Address:		•		
Telephone: (Home)	(Cell)		_ (Work)	
Certified true and correct:				
<del>-</del>	Student Signature	<del></del>	Date	