



**DANCE THEATRE OF HARLEM SCHOOL**

**INTERNATIONAL STUDENT REGISTRATION FORM WINTER SESSION 2008-2009**

**STATUS:** ♦ New Student ♦ Transfer Student ♦ SEVIS ID # (Attach I-20 Visa Form) \_\_\_\_\_

**PASSPORT INFO:** Passport # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Country of issuance: \_\_\_\_\_

**PROGRAM:** PROFESSIONAL TRAINING PROGRAM **LEVEL:** \_\_\_\_\_

**STUDENT INFORMATION: (PLEASE PRINT)**

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal or Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ E-Mail \_\_\_\_\_

♦ Date of Birth \_\_\_\_\_ ♦ Age \_\_\_\_\_ ♦ Male ♦ Female ♦ Social Security # \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Ethnicity \_\_\_\_\_

Name of Current School of Dance: \_\_\_\_\_ Phone # \_\_\_\_\_

**PRIMARY GUARDIAN / EMERGENCY CONTACT INFORMATION: (PLEASE PRINT)**

Primary Guardian Name & Relationship to Student: \_\_\_\_\_ ♦ Home Phone \_\_\_\_\_ ♦ Mobile Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Primary Guardian: Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Guardian: Place of Business \_\_\_\_\_ ♦ Work Phone \_\_\_\_\_ Position \_\_\_\_\_

Household income range: ♦ None ♦ \$5,000-\$19,999 ♦ \$20,000-\$40,999 ♦ \$50,000-70,999 ♦ \$80,000-\$100,000+

How did you hear about the DTHS? ♦ Reputation ♦ Media ♦ Recruitment ♦ Word of mouth ♦ Family ♦ Other

Primary Guardian Signature or Student's Signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_