



Accredited by: ACSI, ACTS & NAAS
State of Washington Approved

INTERNATIONAL ADDENDUM

Date: _____
Grade Entering: _____
School Year: 20____ / 20____

Family Name _____ Student Name: (Last) _____ (First) _____ (MI) _____

Birth Date: ____ / ____ / ____ Gender: Male Female
MM / DD / YYYY

Country of Birth _____ Country of Citizenship _____

Foreign Address Line 1 _____

Foreign Address Line 2 _____

City _____ Province/Territory _____

Postal Code _____ Country _____

SIGNATURES

Father/Guardian _____ Date _____ Mother/Guardian _____ Date _____