

ORIENTATION SIGN IN SHEET FOR NEW AND RETURNING ESL STUDENTS

Date _____

| | | |
|------------------|--------|------------------|
| Full Name: _____ | | |
| First | Middle | Family/Last Name |

CIRCLE ONE: Spring -1 Spring-2 Summer Fall-1 Fall-2

Address in the United States Where You Live:

Street _____

Apartment _____

City, State, Zip Code _____

CIRCLE ONE: Is this the physical address (where you live)? Yes No

TELEPHONE NUMBER (US TELEPHONE NUMBERS ONLY) : (____) - _____ - _____

Emergency Contact (In US) _____

Name

Phone Number

EMAIL: _____

(PLEASE GIVE THE EMAIL ADDRESS YOU USE THE MOST)

SEVIS ID (On Your I-20): _____

For DSO Use Only

Registered _____/_____/_____