



# The Calverton School

**The Calverton School -BAL214F004700**  
**F-1 IMMIGRATION TRANSFER IN FORM**  
300 Calverton School Rd  
Huntingtown, MD 20639 410.535.0216

## **For International Students Transferring form another U.S. Secondary Institution to The Calverton School**

**Instructions:** PLEASE COMPLETE THE FOLLOWING STEPS TO OBTAIN YOUR TRANSFER I-20

**Step 1:** Submit a Certificate of Deposit in English dated within the past three months to demonstrate ability to cover the cost of tuition, room and board, for 4 years at The Calverton School. Please submit this document to the Registrar at The Calverton School by fax at 410-535-6169 or email at drhoads@calvertonschool.org.

**Step 2:** Complete SECTION I of this form below, sign and date it.

**Step 3:** Have current U.S. Secondary Institution complete SECTION II of this form and send it back to the Registrar at The Calverton School by fax at 410-535-6169 or email at drhoads@calvertonschool.org.

### **SECTION I –To be completed by parent/student**

I give permission to the U.S. institution listed in SECTION II to release the information necessary to complete the immigration transfer to The Calverton School.

STUDENT'S NAME \_\_\_\_\_  
(as it appears on their passport) Last First Middle

Country of Citizenship: \_\_\_\_\_ DOB \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

U.S. Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Please note the I-20 will be mailed to the student's permanent address as stated on the application for admission unless otherwise indicated here:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SECTION II –To be completed by designated school official at current U.S. Institution**

Please indicate the date you plan transfer the student's SEVIS immigration record to The Calverton School :

SEVIS Release Date: \_\_\_\_\_ Student SEVIS Number: \_\_\_\_\_

Has the family met their financial obligation to your institution? \_\_yes \_\_no, please explain:  
\_\_\_\_\_

U.S. Institution: \_\_\_\_\_ Name & Title of DSO: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of DSO: \_\_\_\_\_ Date: \_\_\_\_\_