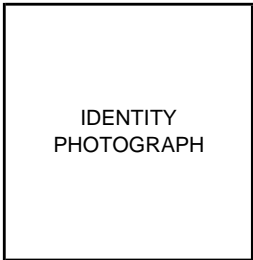




FRENCH REPUBLIC

LONG-STAY VISA APPLICATION FORM

This application form is free



EMBASSY OR CONSULATE STAMP	BOX FOR VISA NUMBER STICKER
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1. Surname (Family name) <b>Thunderbird</b>		<b>For official use only</b>	
2. Former surname(s)		Application date:	
3. First name(s) <b>Johnny</b>		Application number:	
4. Date of birth (day-month-year) <b>15/07/2004</b>	5. Place of birth <b>Queens, NY</b>	7. Current nationality <b>USA</b>	
	6. Country of birth <b>USA</b>	Nationality at birth, if different:	
8. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	9. Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)		
10. For minors: Surname, first name, address (if different from applicant's) and nationality of parental authority / legal guardian			
11. National identity number, where applicable:			
12. Type of travel document <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Other travel document (please specify):			
13. Number of travel document <b>142950827</b>	14. Date of issue (DD/MM/YY) <b>22/05/2018</b>	15. Valid until (DD/MM/YY) <b>21/05/2028</b>	16. Issued by <b>USA</b>
17. Applicant's home address (no., street, city, postcode, country) <b>8000 Utopia Parkway Queens, NY 11439 USA</b>			
18. Email address <b>thunderj@stjohns.edu</b>		19. Telephone number(s) <b>718-990-6105</b>	
20. If you are resident in a country other than the country of current nationality, please state:			
Number of residence permit	Date of issue	Valid until	
21. Current occupation <b>Student</b>			
22. Employer (employer's address, email and telephone number) - For students, name and address of educational institution <b>St. John's University 8000 Utopia Parkway Queens, New York 11439 718-990-2000; studyabroad@stjohns.edu</b>			
23. I request a visa for the following purpose:		Date:	
<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Studies	<input type="checkbox"/> Training period/education	<input type="checkbox"/> Marriage <input type="checkbox"/> Medical reasons
<input type="checkbox"/> Family stay	<input type="checkbox"/> Private stay/Visitor	<input type="checkbox"/> Re-entry visa	<input type="checkbox"/> <b>GRANTED</b>
<input type="checkbox"/> Official taking up of duties	<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> <b>REFUSED</b>	
24. Name, address, email address and telephone number in France of inviting employer / host institution / family member, etc. <b>St. John's University Paris Campus 93 rue de Sèvres, 75006; Paris, France +33-1-7745-8901; khatchaf@stjohns.edu</b>			
25. What will be your address in France during your stay?  <b>St. John's University Paris Campus 93 rue de Sèvres, 75006; Paris, France</b>			

26. Intended date of entry into France or the Schengen Area

**27 August 2024**

27. Intended duration of stay on the territory of France

Between 3 and 6 months       From 6 months to one year       More than one year

28. If you intend to stay in France with members of your family, please state:

Family relationship	Surname(s), first name(s)	Date of birth (DD/MM/YY)	Nationality

Family relationship	Surname(s), first name(s)	Date of birth (DD/MM/YY)	Nationality

29. What will be your means of support in France?

**Cash, credit card, and pre-paid accommodation**

Will you be granted a scholarship?       YES       NO (Mark yes or no, as appropriate)

If yes, write the name, address, email address and telephone number of the institution and the amount of the scholarship:

**Note: You do not need to disclose this information.**

30. Will you be supported by one or several person(s) in France?

YES       NO

**\*\*Only fill out this section if you are relying on a financial guarantor as indicated in your proof of financial support\*\***

31. Are members of your family resident in France?

YES       NO

**If yes, state their name, nationality, relationship with you, address, email address and telephone number:**

32. Have you been resident in France for more than three consecutive months?

YES       NO

**If yes, specify at which date(s) and for what purpose**

**At which address(es)?**

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant French authorities and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul or revoke a visa issued will be entered into, and stored in the French VISABIO biometric database for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at borders, national immigration and asylum authorities for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of France are fulfilled, and of identifying persons who do not or who no longer fulfil these conditions. Under certain conditions the data will also be available to designated French authorities and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The French authority responsible for processing the data is: [...].

Pursuant to Act No 78-17 of 6 January 1978 on Data Processing, Files and Individual Liberties, I am aware that I have the right to obtain from the French government the communication of the data relating to me recorded in the VISABIO database and the right to request that such data which are inaccurate be corrected or possibly deleted only if processed unlawfully. This right of access to and possible correction of such data shall be exercised by applying to the head of mission or consular post. It may be possible to refer to the National Commission on Data Processing and Liberties (CNIL) if I choose to question the conditions under which the personal data relating to me are protected.

I am aware that any incomplete application will increase the risk of my visa application being refused by the consular authority and that the said authority may have to retain my passport while my application is being processed.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under French law.

I undertake to leave the French territory before the expiry of the visa, if granted, and if I have been refused the right to stay in France after the expiry of the visa.

Place and date

**Queens, NY  
20/05/2024**

Signature

(for minors, signature of the parental authority / legal guardian)

*Johnny Thunderbird*