



APPLICATION FORM

STUDENT INFORMATION

Last Name: _____ First Name: _____ Gender: Male Female

Date of Birth (mm/dd/yyyy): _____ Country of Citizenship: _____

Country of Birth: _____ Country of Residence: _____

Home Country Address: _____

City: _____ Province: _____ Postal Code: _____

Foreign Address (if applicable, in case student is current living in another country):

City: _____ Province: _____ Postal Code: _____

STUDENT CONTACT

Student Phone Number: _____ Student Email: _____

Emergency Contact Last Name: _____ Emergency Contact First Name: _____

Emergency Contact Phone: _____ Emergency Contact Email: _____

Emergency Contact Relationship (father, mother, etc.): _____

Emergency Contact Address: _____

How did you hear about CLA? (social media, agent, friend, event, internet, etc):

ENGLISH PROGRAM INFORMATION

School Location: Los Angeles San Diego **Start Date (mm/dd/yyyy):** _____ **Lenght of study (in weeks):** _____

English Program:	Program Intensity:	English Level:	Accommodation:
General English	Independent 6 - 6 hours per week	Beginner	None
Junior Study Tour	Standard 12 - 12 hours per week	Intermediate	Shared Apartment
Business English	Standard 15 - 15 hours per week	Advanced	Student Residence
Exam Preparation	Intensive 18 - 18 hours per week		Homestay
Pathway to College	Intensive 21 - 21 hours per week		
Private Lessons	Super Intensive 27 - 27 hours per week		

Airport Transfer: None One way Roundtrip

How California Language Academy can reach you when you arrive?



VISA INFORMATION

VISA:

Initial F1	Change of Status
Transfer F1	Reinstatement
None F1	Other:

Dependent VISA Request

(if "yes" is selected, please fill the form(s) below):

Yes

No

DEPENDENT 1

Dependent 1 Last Name:

Dependent 1 First Name:

Dependent 1 Date of Birth (mm/dd/yyyy):

Dependent 1 Phone Number:

Dependent 1 Email Address:

Dependent 1 Relationship (husband, wife, son, daughter, etc.):

DEPENDENT 2

Dependent 2 Last Name:

Dependent 2 First Name:

Dependent 2 Date of Birth (mm/dd/yyyy):

Dependent 2 Phone Number:

Dependent 2 Email Address:

Dependent 2 Relationship (husband, wife, son, daughter, etc.):

DEPENDENT 3

Dependent 3 Last Name:

Dependent 3 First Name:

Dependent 3 Date of Birth (mm/dd/yyyy):

Dependent 3 Phone Number:

Dependent 3 Email Address:

Dependent 3 Relationship (husband, wife, son, daughter, etc.):

MY SIGNATURE BELOWS CERTIFIES THAT ALL INFORMATION IN THIS PAGE IS TRUE AND I HAVE RECEIVED AND READ THE CANCELLATION AND REFUND POLICY AND THE ATTENDANCE POLICY. I AM AWARE OF ALL THE FEES RELATED TO THE CHOSEN OPTIONS OF THIS FORM, INCLUDING THE VISA PROCESSES FEES.

AFTER THIS FORM IS SIGNED, PLEASE SAVE IT, RENAME THE FILE USING STUDENT'S LAST AND FIRST NAME, AND SEND IT TO INFO@CLA.EDU

Student's Signature _____

Date (mm/dd/yyyy):