

| 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: _____ State: _____

Home Country Address: _____

City: _____ Province: _____ Postal Code: _____

United States Address (if applicable): _____

City: _____ Province: _____ Postal Code: _____

STUDENT CONTACT

Student Phone Number: _____ Whatsapp/Telegram 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:

Start Date (mm/dd/yyyy): _____

Length of study (in weeks): _____

English Program/Package:

General English
Private Lessons
Business English
Exam Preparation
Pathway to College
Junior Study Tour
Family Package

Program Intensity:

Standard 12 - 12 hours per week
Standard 15 - 15 hours per week
Intensive 18 - 18 hours per week
Intensive 21 - 21 hours per week
Super Intensive 27 - 27 hours per week

English Level:

Beginner
Intermediate
Advanced

Airport Transfer:

None
One way
Roundtrip

Schedule Option:

Morning Class
Afternoon Class*
Evening Class*
Full-day Class

Accommodation:

None
Shared Apartment
Residence
Homestay

Type of Bedroom:

Single
Double
Shared

*Subject to availability

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) in the next page):

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 Signature: _____

Date: _____