

Academia Language School – English Studies Application Form

Name*			
Last Name (Family Name)		First Name	Middle Name
Country of Citizenship*	Place of Birth*	Date of Birth*	Sex (Circle one)*
	City Country	Month/Day/Year	Male / Female / Other
Hawaii Address			Contact Information
Street Number Street Name Apt. Number City Zip Code			Home _____ Cell _____
Address in Home Country*			Contact Information
Street Number Street Name Apt. Number			Home _____ Cell _____ Fax _____
City Province Country Zip Code			
E-mail address*			Are you a past student of Academia? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?
Course Dates*	<u>For Transfer Students Only</u>		Visa Status (Circle one)
Start _____ End _____ Month/Day/Year	School Name _____ Program enrolled in _____ Date Finished or expected last day _____ Month/Day/Year		Do you have an F-1 visa? Y / N If No, (Check one) <input type="checkbox"/> I will apply for F-1 visa. <input type="checkbox"/> I will change my status. <input type="checkbox"/> Other _____
Emergency Contacts			
Hawaii _____		Tel _____	
Home Country _____		Tel _____	
Name of Contact Person and relationship			
Do you have any dependents? Yes <input type="checkbox"/> (If yes, fill out dependent form) No <input type="checkbox"/>			
<p style="text-align: center;">Please read and sign</p> <ul style="list-style-type: none"> I understand that Academia has the right to change policies, prices, and programs without prior notice. I certify that the information provided on the application form is correct. I will be responsible for reading, understanding, and accepting all school policies. I further agree to all terms and conditions provided by Academia Language School. Textbook fee is not included. Textbook fee is roughly \$85-100 per term. I understand that I must be fully vaccinated for COVID-19 before entering the U.S. and my program start date at Academia. If a student is under 18 years old, then a legal guardian must sign on behalf of the student. 			
Signature of Applicant*		Date*	
_____		_____	
		(Month/Day/Year)	