



Application Form

Name

| | |
|---|------------------|
| Family Name | First Name |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth |
| Country of Citizenship | Country of Birth |

Address

| | |
|----------|---------------|
| Street | Zip Code |
| City | State/Country |
| Phone No | E-Mail |

Courses

| | | | | |
|--|---|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Intensive | <input type="checkbox"/> Standard Plus | <input type="checkbox"/> Mini Group | <input type="checkbox"/> Private |
| <input type="checkbox"/> First Cambridge | <input type="checkbox"/> Advanced Cambridge | <input type="checkbox"/> Business | <input type="checkbox"/> TOEIC /TOEFL | |
| Course Start/Date | | <input type="checkbox"/> Length of Stay/.....Weeks | | |
| Knowledge of English | | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |

Accommodation

| | | | | |
|-------------------|--|--|--|--|
| Homestay | <input type="checkbox"/> Single room – no meals | | | |
| | <input type="checkbox"/> Double room – no meals | | | |
| | <input type="checkbox"/> Incl. Half board (Breakfast - Dinner) | | | |
| | <input type="checkbox"/> Family with children | <input type="checkbox"/> Family without children | <input type="checkbox"/> not important | |
| | <input type="checkbox"/> Smoker | <input type="checkbox"/> Non-Smoker | <input type="checkbox"/> not important | |
| | <input type="checkbox"/> Do you like pets? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> not important | |
| | <input type="checkbox"/> Special medication / Allergies | | | |
| Student Residence | <input type="checkbox"/> Standard | <input type="checkbox"/> Superior | <input type="checkbox"/> Hostel | |

Arrival Information

| | | | |
|----------------|------------------------------|-----------------------------|--------------|
| Date | Airline | Flight No | Arrival Time |
| Airport Pickup | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

| | | | | |
|--|------------------------------------|-------------------------------------|----------------------------------|---------------------------------|
| Where did you first hear about CSL (please indicate) | | | | |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Friends | <input type="checkbox"/> Others |

Payment Conditions

| | |
|---|---|
| To guarantee your application and mailing of the necessary information, you must pay tuition and registration fees in advance. We accept credit card payment or wire transfers to our bank. | |
| <input type="checkbox"/> | VISA/MasterCard/American Express: Account No:Expiration Date: |
| <input type="checkbox"/> | Wire Transfer: California School of Languages: Santa Monica, Bank of America-450 B Street, San Diego CA 92101 Account No. 026009593-00500-24674 - Swift Code: BOFAUS3N |
| <input type="checkbox"/> | Signature/Date |

Please read CSL's terms and conditions for the refund/cancellation policy located on the homepage www.csl-losangeles.com.



The above-listed school and student enter into this agreement under which the student will pay tuition & fees. The student agrees to adhere to the school's terms and conditions as set forth below. Any written contract or agreement shall not become operative until the student attends the first class or session of instruction.

Method of Payment: *Payment is due in full before the start of class; payment to be made by student ___ by 3rd party___. CSL accepts wire transfers, credit, personal checks, travelers' checks, and cash.*

It is further understood that all new students are required to have health insurance for the duration of their stay in the United States and are responsible for any medical bills incurred.

Please acknowledge that you have read, understood, and agreed to the terms and conditions stated on this document and that you affirm that you have sufficient funds to cover all costs for tuition, accommodation and personal expenses during your course at CSL. In the event of illness and/or injury, you authorize CSL to take appropriate action for your care and safety if it is needed. According to the Department of Homeland Security, it is the responsibility of the individual to obtain the proper visa to coincide with the purpose of his/her visit to the U.S.A.

ACCEPTED: _____

Student Signature

_____/_____/2009

Mo Day Year

_____/_____/2009

Mo Day Year

School Official Name: _____

REFUND PROVISIONS

TUITION (A NON-REFUNDABLE REGISTRATION FEE OF US\$60 * WILL APPLY TO ALL BOOKINGS TO CSL)

The first session of study begins on Registration and Orientation day which is every Monday unless it is a national holiday and then it is on Tuesday.

EXAMPLES OF CANCELLATIONS: BEFORE COURSE BEGINS

Up to seven (7) days before the first day of a course, tuition fees, less the Registration Fee, can be refunded if CSL receives notification of withdrawal. If withdrawal occurs seven (7) days or less before the start of the course, \$250 of tuition fees is non-refundable.

| CIRCUMSTANCE | AMOUNT OF REFUND |
|---|---------------------------|
| Student does not receive authorization from US Immigration before the course begins and provides written notification to CSL | 100% of tuition fees paid |
| Student withdraws more than seven (7) days before the start of the course and provides written notice of withdrawal , or never attends the institution: | 100% of tuition fees paid |

EXAMPLES OF CANCELLATIONS: AFTER COURSE BEGINS

| CIRCUMSTANCE | AMOUNT OF REFUND |
|--|---|
| Student withdraws*** from a course of four weeks or less: | No refund |
| Student withdraws*** from a course greater than four weeks within the first fifty (50) percent of the course's duration and provides written notice of withdrawal before the scheduled end date of the course: *** <i>withdrawal refers to the day student last attends classes</i> | The first four weeks of the course are non-refundable. Additional weeks will be refunded on a prorated basis—30% cancellation fee, and are calculated from the last recorded day of attendance (any part of a week attended is considered a full week for refund calculations). |
| Student withdraws*** from a course greater than four weeks after fifty (50) percent of the course has been completed: | No refund |
| Student changes from an Intensive or Super Intensive to Standard course at any time after course has begun: | No refund |



Refund Example: A student enrolls in a 08 weeks Intensive 20 lesson course and pays a \$60.00 application fee and \$1680.00 tuition. The student withdraws*** after completing 3 weeks of the course and provides written notice of withdrawal***. The pro-rata refund would be calculated as follows:
\$1740.00 - \$60.00 = \$1680.00 - \$840.00 = \$840.00. - \$252 (30%) = \$588 Refund

All refunds due will be made within 30 days following the date upon which the student's cancellation or withdrawal*** has been determined. Cancellation or withdrawal*** shall occur when you give written notice at the address of the school shown on the front page of this agreement.

REGISTRATION FEE WAIVER

CSL will waive the \$60.00 registration fee if the student returns to enroll in CSL within one year of the initial program start date, and CSL will waive this fee for transfer students from local schools.

HOUSING CANCELLATION

If you cancel your Host Family accommodation seven (7) days or less before arrival, one week of accommodation fees will be non-refundable. After arrival, CSL requires 4-weeks written notice of cancellation. If you leave the home stay before the 4 weeks is up, you will be subject to a cancellation penalty equal to the amount of the first 4 weeks in the accommodation, or if less than 4 weeks remain, minus the amount remaining. If you cancel other accommodation (Student Residence , etc.) that was arranged by CSL, you may be subject to the cancellation penalty of the Student Residence, etc.

I HAVE READ, UNDERSTAND & ACCEPT THE CONDITIONS OF TUITION/HOMESTAY PRINTED ON THIS FORM.

| | |
|--|------|
| Signature of applicant | Date |
| Signature of parent/guardian (if applicant is under 18 at the time of making this booking) | Date |

REGISTRATION

California School of Languages, Inc. (CSL) is registered with the State of California as an education provider.

This institution does not participate in the **Student Tuition Recovery Fund** offered by the State of California.