



## AMERICAN ENGLISH LANGUAGE SCHOOL

3230 E. IMPERIAL HWY. STE 301 BREA, CA 92821 714.990.4657 WWW.AELS.EDU

### APPLICATION FOR ENROLLMENT

● **Student Information:**

Last Name	
First Name	
Middle Name	
Country of Birth & Citizenship	&
Date of Birth (mm/dd/yyyy)	
Email Address	
Phone Number	Country Code:                      Phone:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Application Type	<input type="checkbox"/> F-1 Initial Attendance <input type="checkbox"/> F-1 Transfer <input type="checkbox"/> Change of Status <input type="checkbox"/> Tourist (B-1/B-2) <input type="checkbox"/> Local (Green Card or Citizen) <input type="checkbox"/> Other (i.e. J-1, L-1):
Education Completed	<input type="checkbox"/> High School <input type="checkbox"/> 2-year College <input type="checkbox"/> University or Higher

● **Do you plan to bring your spouse/children?**  Yes  No

If yes, please list your spouse/children on the last page. (Page 4)

\* Class Schedule:

Morning (9:00 am - 12:50 pm)

\* Course Starting Date (mm/dd/yyyy): \_\_\_\_\_

\* Number of Quarters you will be attending:

1 quarter (3 months)                       2 quarters (6 months)                       3 quarters (9 months)

4 quarters (12 months)                       5 quarters (15 months)                       6 quarters (18 months)

\* How did you hear about American English Language School?

Newspaper       Friend                       Internet                       Other: \_\_\_\_\_

\*What areas do you need help in? Mark all that apply.

reading                       writing                       listening                       speaking                       vocabulary                       TOEFL

grammar                       skills needed to work in the U.S.                       skills needed to live in the U.S.

\* What is your reason for taking this course and what are your future plans?

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● **Person to notify in case of an emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

**(Information below to be filled out by international students only)**

● **Current International Address:**

Street Name		Street Number	
City / Province		Country	
Zip Code		Phone Number	

● **Please indicate your housing preferences:**

- I am planning to live with a family member who is currently living in the United States.

If this box is checked, you must also provide the U.S. address below:

Street			
City		State	
Zip Code		Phone Number	

- I would like to participate in the Homestay program.

- I would like to participate in  Airbnb  Hotel  Other: \_\_\_\_\_

● **Fees (For office use only)**

Non-Refundable application fee: \$150  
 SEVIS fee: \$350  
 I-20 Form Handling fee: \$100  
 Tuition Deposit: \$200  
 Homestay Placement: \$200

Total Fees Paid:  **\$800 (without Homestay)**  **\$1,000 (with Homestay)**

\* All fees can be paid with a personal check, international or postal money order, traveler’s check, cashier’s check, direct wire transfer, or credit card. All wire transfers will be subject to a \$30 processing fee. All card transactions are subject to a 4% processing fee. Please make checks payable to: American English Language School

● **Refund Policy**

- A. The application fee of \$150 is non-refundable.
- B. The tuition deposit of \$200 will be credited towards your tuition only if enrolled. The tuition deposit is non-refundable if you decide to cancel your enrollment. If your visa application is denied, the tuition deposit is refundable.
- C. Prepaid tuition is generally non-refundable. The Director may make the decision to issue a credit/refund on an individual basis after meeting with the student to discuss options. For more information, please make a request to [admission@aels.edu](mailto:admission@aels.edu) or meet with the Director.
- D. If AELS cancels or discontinues a course, AELS will refund the tuition on a pro rata basis. Refunds will be paid within 30 days of cancellation.

\* My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the instructions of the cancellation and refund policies have been clearly explained to me.

**Signature of Student** \_\_\_\_\_ **Date** (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Signature of Official** \_\_\_\_\_ **Date** (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**American English Language School**  
3230 E. Imperial Highway Suite 301, Brea, CA 92821  
Tel. (714) 990-4657  
[admission@aels.edu](mailto:admission@aels.edu)

- Please list your spouse or children below:

Relationship	
Last Name	
First Name	
Middle Name	
Country of Birth & Citizenship	/
Date of Birth (mm/dd/yyyy)	

Relationship	
Last Name	
First Name	
Middle Name	
Country of Birth & Citizenship	/
Date of Birth (mm/dd/yyyy)	

Relationship	
Last Name	
First Name	
Middle Name	
Country of Birth & Citizenship	/
Date of Birth (mm/dd/yyyy)	