



## APPLICATION FOR TRANSFER

● **Student Information:**

Last Name	
First Name	
Middle Name	
Country of Birth & Citizenship	&
Date of Birth (mm/dd/yyyy)	
Email Address	
Phone Number	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Status You Will Attend As	<input type="checkbox"/> Foreign Student (F-1) <input type="checkbox"/> Resident <input type="checkbox"/> Other:
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: \_\_\_\_\_

\* 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)**

● **Please indicate how you would like us to deliver your I-20:**

- Express Mail (Outside U.S. \$50 / Within U.S. \$10 will apply)
- Pick up (by friend or relative in the U.S.A.)

● **Current International Address:**

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Street Number

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City State Zip Code

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Home Phone Cell Phone

● **Optional Services:**

1. **Airport Pick-up Service?**  Yes  No

Flight information: Arrival Date: \_\_\_\_\_

Time (am/pm): \_\_\_\_\_

Airline: \_\_\_\_\_

Flight #: \_\_\_\_\_

2. **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:

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Street Number

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City State Zip Code

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Home Phone Cell Phone

- I would like to participate in the Homestay program.

If this box is checked, please fill out the information below:

Approx. move-in date: \_\_\_\_\_ Approx. move-out date: \_\_\_\_\_

Would you stay at a home that has a small dog?  Yes  No

Would you stay at a home that has a large dog?  Yes  No

Would you stay at a home that has a cat?  Yes  No

Are there any foods you cannot eat?  Yes  No

If yes, please explain: \_\_\_\_\_

What are your hobbies, interests, etc.? \_\_\_\_\_

Do you have any allergies or other health problems?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you smoke?  Yes  No

**SMOKERS PLEASE NOTE:** Many families in California do not host students who smoke. Of the families that permit smoking, all require smoking outdoors. Please be aware that you will not be permitted to smoke inside the house.

● **Fees (for office use only)**

Non-Refundable Application fee (I-20 processing):	\$	<u>100</u>
SEVIS fee:	\$	<u>          </u>
Textbooks:	\$	<u>60</u>
Other fees		
Express Mail:	\$	<u>          </u>
Homestay Placement:	\$	<u>          </u>
Other:	\$	<u>          </u>
Total Fees:	\$	<u>          </u>
Tuition:	\$	<u>          </u>
Total Tuition & Fees Payment:	\$	<u>          </u>

\* All fees can be paid in cash, personal check, international or postal money order, traveler’s check, cashier’s check, and direct wire transfer. Please make checks payable to: American English Language School

● **Refund Policy**

- A. The application fee of \$100 is non-refundable. For more information, please make a request to [admission@aels.edu](mailto:admission@aels.edu).
- B. 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.
- C. 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, understand, 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**  
451 W. Lambert Road Suite 210, 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)	