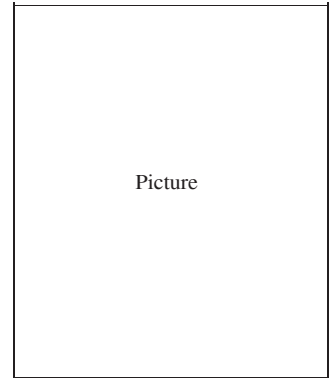




Long Island Conservatory
LISMA Language Center



Application for Admission

1. Personal Information

Name : _____
(First) (Middle) (Last)

Date of Birth : ____/____/____ Gender : Male ____ Female ____
(Month) (Date) (Year)

Address : (Home Country)

Street _____ Apt No. _____

City _____ State _____ Zip _____ Country _____

Telephone : _____ Emergency Tel : _____
* Please indicate your country telephone code.

Address : (In U.S.A if it is available)

Street _____ Apt No. _____

City _____ State _____ Zip _____

Telephone : _____ Emergency Tel : _____

Student's Status : U.S Citizen ____ Permanent Resident ____ Non-Immigrant ____

*If you are a non-immigrant student, please indicate you VISA type : _____

2. Enrollment Information

Program you are applying for : ESL Full Time _____
ESL Part Time _____ (If checked) Morning _____
Evening _____
Weekend _____

Semester you are applying for : Fall ____ Spring ____ Summer ____ Year of ____

3. Program Information

Please indicate programs you want to enroll.

Course Code	Course Description	Instructor	Time

* Course will be closed without minimum registrants.

4. Refund Policy

- *No Refund and No Transfer of payment
- *\$100.00 Registration fee is NON-Refundable.

5. Application Statement

My signature below indicates that all information in this application is complete, accurate, and honestly presented. I further understand that the information furnished on this application form, together with information and materials of any kind received by Long Island Conservatory LISMA Language Center from any source, become the property of the Long Island Conservatory / LISMA Language Center and cannot be returned. All materials will be used for official purposes.

Applicant Signature

Date

Parent/Guardian Signature (if the applicant is under 18)

Date