



Application Signature Form

Sent by:

Name (as it appears on your application):

<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Family Name	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> First Name	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Middle Name
<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Birth Date (Month/Day/Year)	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Country of Birth	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Country of Citizenship
<div style="display: flex; justify-content: space-around; margin-top: 10px;"><div><input type="checkbox"/> Male</div><div><input type="checkbox"/> Female</div></div>		

Permanent Foreign Address:

<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Street Address or PO Box		
<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> City, State	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Country, Postal Code	
<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Telephone	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Fax	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Email

Program Details:

<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Program That You Wish To Attend	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> ELS Center That You Wish To Attend
<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Requested Starting Date	<div style="background-color: yellow; width: 40px; height: 1.2em; margin-bottom: 2px;"></div> Number of Sessions

Airport Pick-Up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Insurance Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
I want my acceptance materials sent by: <input type="checkbox"/> Regular Airmail <input type="checkbox"/> Express Courier Service		
Housing: <input type="checkbox"/> Student Residence Required <input type="checkbox"/> Host Family Required <input type="checkbox"/> I do not require ELS housing		

I agree to accept full responsibility for any expenses incurred while studying at ELS Language Centers and I have read and understand the ELS cancellation and refund policy. I also agree to accept full responsibility for my actions while participating in the Program and any related activities (including excursions and/or internships) and agree to assume all risk of harm arising from my participation, unless caused by ELS' negligence. In case of illness and/or injury, permission is granted to any appropriate medical center to examine or treat and make necessary referrals to outside physicians as indicated. Permission is also granted to release information regarding applicant's health to other designated individuals. I authorize ELS Language Centers to release information regarding my studies to my sponsoring agency or my guardian. I further authorize ELS Language Centers to release my ELS academic records to any colleges or universities to which I apply for admission.

Applicant's Signature	Date
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Signature of Parent or Guardian if Applicant is Under 18	Date
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