



Elite Language Institute

Application for Admission

11498 Luna Rd., Suite 101 Farmers Branch, TX 75234
Office: 972-616-1197 / Fax: 972-616-1198 / www.elidallas.com

APPLICATION FEE \$310.00 Initial Student \$210.00 Transfer Student

Student Information

Family Name _____ First Name _____ Middle Initial _____ Date of Birth: ____/____/____

Gender: Male Female Country of Birth: _____ Country of Citizenship: _____

Address in home country:

Street _____ City _____ State or Province _____ Country _____

Postal Code _____ Telephone _____

Dependent Information: How Many? _____ 1) Name: _____ Date of Birth: ____/____/____

2) Name: _____ Date of Birth: ____/____/____ 3) Name: _____ Date of Birth: ____/____/____

Address in U.S (If known): _____

Telephone _____ Cell Phone _____ Fax _____ E-mail _____

Emergency Contact Information: _____
Person's Name _____ Telephone Number _____

Date you wish to begin at ELI: 2012 (Students can register at the beginning of each month)

Trimester I (January 9-April 26) 2012				Trimester II (May9-August25) 2012				TrimesterIII (September5-December22) 2012			
January 9	February 6	March 5	April 2	May 7	June 4	July 2	July 30	September 4	October 1	October 29	November 26

Optional Services

Airport Pick – Up Service? ___ Yes ___ No ___ I do not have my flight information. I will inform ELI as soon as possible.

I have my flight information: Arrival Date: _____ Time: _____ a.m. / p.m. Airline: _____ Flight #: _____

Housing Placement Service? ___ Yes ___ No If yes, how long do you plan to stay? _____ Type: Home stay with Meal Home stay without Meal

Please list any health problems, allergies or food you cannot eat: _____

Please state any other comments or preference: _____

Statement of Financial and Health Responsibilities

I acknowledge that I have read, understand and agreed to the terms in this application. I certify that I will be fully responsible for all expenses, including but not limited to school, living and medical expenses, while attending ELI. I also agree to accept full responsibilities for my actions while participating in the Program and any related activities, including but not limited to, excursions and agree to assume responsibilities for all injuries that may occur from my participation. In case of illness and/or injury, permission is granted to any appropriate medical center for examination and/or treatment and/or referral to outside physicians.

Signature of Applicant _____ Date _____ Signature of Parent or Guardian if Applicant is under 18 _____ Date _____

CANCELLATION AND REFUND POLICY

A full refund will be made to any student who cancels the enrollment contract within 72 hours (until midnight of the third day excluding Saturdays, Sundays and legal holidays) after the enrollment contract is signed and a tour of the facilities and inspection of the equipment is made by the prospective student.

1. *Refund computations will be based on the program time expressed in clock hours.*
2. *The effective date of termination for refund purposes will be the earliest of the following:
(a) the last date of attendance; or
(b) the date of receipt of written notice from the student.*
3. *If tuition and fees are collected in advance of entrance and the student does not enter school, not more than \$100 shall be retained by the school, less non-refundable fees.*
4. *If the student fails to enter the program, withdraws, or the program is discontinued at any time before completion of the program, the student will be refunded the pro rata portion of tuition, fees, and other charges that the number of class hours remaining in the program after the effective date of termination bears to the total number of class hours in the program.*
5. *A full refund of all tuition and fees is due in each of the following cases:
(a) an enrollee is not accepted by the school;
(b) if the program of instruction is discontinued by the school and this prevents the student from completing the program; or
(c) if the student's enrollment was procured as a result of any misrepresentation in advertising, promotional materials of the school, or misrepresentations by the owner or representatives of the school.*
6. *Initial students who enter the US with an I-20 issued from E.L.I. who do not enroll at the school, forfeit the first month's tuition of \$595 and will not be refunded the application fee of \$310.*
7. *Students terminated from E.L.I. due to violations of school policy, attendance policy or local, state, or federal law will receive no refund.*
8. *If a student withdraws on or after the first day of the month, then the refund shall be determined as indicated:
During the first week of the month: 80%
After the first week of the month: no refund*
9. *Refunds will be totally consummated within 45 days after the effective date of termination or withdrawal.*

I have read and understood the cancellation and refund policy and this was made clear to me before I entered the United States and/or enrolled at E.L.I.

Signature

____/____/____
Date

Student Enrollment Agreement

► Programs: 1) Language Program (Approved by SEVIS but *not regulated by TWFC*)

ESL Level I ___ / Level II ___ / Level III ___ / Level IV ___

Level V ___ / Level VI ___ / TOEFL I II ___

2) Computer Training Program (Approved by SEVIS and *regulated by TWFC*)

MS Word ___ / MS Excel ___ / PowerPoint ___ / QuickBooks ___

► Tuition: \$ _____ Books: \$ _____ Application Fee: \$60.00

Miscellaneous Fees: \$ _____ (For _____)

Effective Date: Enrollment is effective on ___ / ___ / ___

TOTAL COST: \$ _____

Method of Payment: *Please check one.*

Cash ___ / Check ___ / Cashier Check ___ / Money Order ___ / Other ___

Credit Card #: _____ EXP. Date: ___ / ___

- All costs, class meeting times, and locations are subject to change.
- Payment will be made in full before the start of the first day of class. No interest is charged.
- Please see our tuition policy on our website: www.elidallas.com _____

“Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed the amounts paid by the debtor hereunder.”

▷ Elite Language Institute, LLC will give equal opportunity to all applicants regardless of race, sex, or natural origin. Approved and regulated by the Texas Workforce Commission, Career Schools and Veterans Education Department, Austin, Texas and SEVIS. I have received a copy of this enrollment agreement and the catalog. (**Initial**) _____

▷ **If a student withdraws on or after the first program day, then the refund shall be determined as indicated:**

- During the 1st Program Week 80%
- After the 1st Program Week *No Refund* Student/Guardian **Initial** _____

▷ **An initial I-20 student must maintain enrollment at E.L.I. for six months before they become eligible to transfer**
Student/Guardian **Initial** _____

▷ **A transfer I-20 student must maintain enrollment at E.L.I. for four months before they become eligible to transfer**
Student/Guardian **Initial** _____

_____/_____/_____
Signature of Student Printed Name of Student Date

_____/_____/_____
Signature of Authorized School Official Printed Name of Authorized School Date
(PDSO or DSO) Official