

STUDENT APPLICATION SUMMER 2010

Summer Intensive Program (B or Tourist Visa)



Type directly onto this form, print it, and scan it to ECI or mail it to ECI after printing. You can also fill-out by hand and then mail to ECI.

Complete and return with \$100 non-refundable application fee (money order, traveler's check or wire transfer) to:

Attach Passport
Photo Here

ADMISSIONS

Educational Consortium Institute
P.O. Box 2434
Aptos, CA 95001-2434 USA
Or FAX to 831-684-2753

I need transportation from SFO \$70

I need transportation from San Jose \$60

OPEN ENROLLMENT

PLEASE MARK THE DATES YOU WILL ATTEND. Students must arrive on either Saturday or Sunday and enter classes on a Monday.

I will attend from: _____ to _____ number of weeks X \$985= _____
mo / day / year mo / day / year total cost

Passport Number: _____ Freshman (9th) Sophomore (10th)
Country of Residence: _____ Junior (11th) Senior (12th)
Student Family Name: _____ First Name: _____ Middle: _____
Street Address: _____ City: _____ State / Province: _____
Country: _____ Postal Code: _____ Telephone: _____
Student e-mail: _____ Birth City: _____ Birth Country: _____
Nationality: _____ Date of Birth: _____ Age: _____ Gender: Male Female
mo / day / year

Father's Family Name: _____ First Name: _____ Middle: _____
Address if different from student _____
Street address City Province Country Postal Code
Tel: _____ e-mail: _____ Date of Birth: _____ Speaks English: Yes No
mo / day / year
Mother's Family Name: _____ First Name: _____ Middle: _____
Address if different from student _____
Street address City Province Country Postal Code
Tel: _____ e-mail: _____ Date of Birth: _____ Speaks English: Yes No
mo / day / year

EDUCATIONAL CONSORTIUM INSTITUTE

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List the name and address of the school you are currently attending:

School Name: _____ **Address:** _____

Grade currently enrolled: _____ **Have you ever been expelled or suspended?:** Yes No

If yes, please explain: _____

List any medications you are taking and the reason for the medication: _____

Do you have any special requests or any special needs: _____

Please attach a copy of your passport to this application.