



# LANGUAGE EXCHANGE INTERNATIONAL®

## Application for Admission 2010

Please read all material concerning our courses and optional services. Select the program, length of study and the special services you desire. Complete the application form (please print) and send it with the appropriate fees to our main campus at:

**LANGUAGE EXCHANGE INTERNATIONAL,**  
500 N.E. Spanish River Boulevard, Suite 19, Boca Raton, Florida  
Phone: (561) 368-3913 Fax: (561) 368-9380 E-Mail: info@LanguageExchange.com

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_  
 USA Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Sex  Female  Male Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
 I-20 Requested  Yes  No If yes, see bottom of back page. Native Language \_\_\_\_\_  
 How did you hear about LANGUAGE EXCHANGE INTERNATIONAL? \_\_\_\_\_

**Please check most appropriate level:**

Beginning  Intermediate  Advanced  Post-Advanced

**Please check the program you wish to take:**

Standard I English  TOEFL Prep  Leisure  TEFL Teacher Training  
 Standard I A English  Executive  Private Instruction \_\_\_\_\_ lessons per week  
 Standard II English  Conversational English (*evening*)  Conversational English (*afternoon*)

Course Dates \_\_\_\_\_ Number of Weeks \_\_\_\_\_

**ACCOMMODATION INFORMATION:**

Homestay Accommodation Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_  
 Single Room  Shared Room  
 Hotel Accommodation Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

LANGUAGE EXCHANGE INTERNATIONAL observes the following holidays: New Year's Day, Martin Luther King Day, Presidents' Day, Good Friday, Memorial day, Independence Day, Labor Day, Thanksgiving Day (including the following Friday), and Christmas day. The school is closed on these days and group classes are not recoverable. (See LEI School Calendar).

If student is under 18 years of age, a parent or guardian must complete the following information and sign a medical consent form. The form will be sent upon registration and the original must be returned prior to arrival.

Parent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/Country \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_

