



1111 W. 24<sup>th</sup> St. Suite D  
 Austin, TX 78705  
 512.473.2557  
[info@allstexas.com](mailto:info@allstexas.com)  
[www.allstexas.com](http://www.allstexas.com)

## Austin Language Learning School

### Intensive English Program Application (for Students with the F-1 Student Visa)

After completing this form, please pay the **\$150 non-refundable application fee**.

**Student ID:** \_\_\_\_\_ **App Fee Paid?** \_\_\_\_\_ **Book Fee Paid?** \_\_\_\_\_ **(For Office Use Only)**

<b>FIRST NAME:</b>		<b>FAMILY NAME:</b>	
<b>GENDER:</b>	MALE or FEMALE	<b>BIRTHDAY:</b>	MONTH DAY YEAR
<b>EMAIL:</b>		<b>PHONE:</b>	
<b>US ADDRESS:</b>	STREET APT. # CITY PROVINCE/STATE COUNTRY ZIP CODE	<b>FOREIGN ADDRESS:</b>	STREET APT. # CITY PROVINCE/STATE COUNTRY ZIP CODE
<b>PASSPORT NUMBER:</b>		<b>PASSPORT COUNTRY:</b>	
<b>NATIONALITY:</b>		<b>LANGUAGE(S) SPOKEN:</b>	
<b>INTENDED START &amp; END DATE:</b>		<b>FACEBOOK:</b>	
		<b>INSTAGRAM:</b>	
		<b>TWITTER:</b>	

### Emergency Contact Information

<b>FIRST NAME:</b>		<b>FAMILY NAME:</b>	
<b>PHONE:</b>		<b>LANGUAGE(S) SPOKEN:</b>	
<b>EMAIL:</b>		<b>RELATION:</b>	

### F-1 Visa Information

Are you transferring your I-20 from another school?	Y or N
Do you have dependents (children/spouse) coming with you?	Y or N
Are you changing visa status? (J1 to F1, for example)	Y or N



## Financial Statement

The United States Immigration and Naturalization Service require evidence that a student is able to pay for all expenses while studying in the United States.

1. How long do you plan to study at ALLS? \_\_\_\_\_

2. Arrival date: \_\_\_\_\_

3. Students MUST study a minimum of 18 hours/week. Estimate of school and living expenses is:

<b>USD \$2200/month:</b>	3 months: \$6600	6 months: \$13,200
	4 months: \$8800	12 months: \$26,400

4. Person financially responsible for you: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ email: \_\_\_\_\_

**\*NOTE:** if the person financially responsible for you is in the USA and will be your sponsor, that person must fill out Form I-134, Affidavit of Support.

I have read and understand the above estimated school and living expenses. I certify that the necessary funds are available, and I accept full responsibility for these expenses.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Schedule Options

Please choose to take the Elective Class **OR** the Test Prep Class.

### CORE CLASSES:

Monday – Thursday 9 am – 1 pm      X      (REQUIRED)

### ELECTIVE:

Wednesday 1:30 – 3:30 pm      —      (18 hrs/week with core classes)

### TEST PREP:

Monday and Thursday 1:30 – 3:30 pm      —      (20 hrs/week with core classes)

**FULL TUITION PAYMENT IS DUE BY THE FIRST WEDNESDAY OF THE SESSION.**



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### Refund Policy (\*If student is under 18, parent must sign)

- Application Fee/Books are **non-refundable**.
- ALLS will refund all tuition before the session starts if (1) visa application is denied (2) an ALLS program is cancelled (3) student does not attend as planned.
- If Refund Request is submitted AFTER classes begin, but BEFORE WEEK 2 of a session\*, student will receive a 50% refund of tuition.
- If Refund Request is submitted anytime DURING WEEK 2 a session \*, student will receive a 25% refund of tuition.
- NO Refund Requests will be accepted AFTER WEEK 2 a session\*.
- NO Refund Requests will be accepted for classes missed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Medical Release (\*If student is under 18, parent must sign)

In the event of an emergency situation involving death, serious injury or illness, or a non-emergency situation requiring medical treatment – I, \_\_\_\_\_, hereby grant permission for any/all medical attention and/or treatment to be administered as recommended by professional medical personnel. I also consent to the release of any information concerning my wellbeing or medical condition to the listed emergency contacts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Social Media Consent (\*If student is under 18, parent must sign)

I give permission to Austin Language Learning School (ALLS) to use my comments and/or photo(s) on their social media platforms, the ALLS website, and for all other marketing purposes, unless otherwise stated. I also give permission to ALLS to add my accounts on social media in order to inform me of weather updates and other important information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Office Use ONLY.

I-20 SENT TO STUDENT ON:		ADMISSION #:	
PORT OF ENTRY:		DATE OF ENTRY:	

**PLEASE ATTACH A COPY OF STUDENT PASSPORT AND VISA DOCUMENTS TO THIS APPLICATION.**