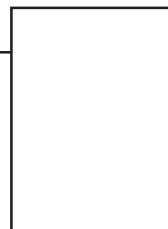




PROGRAM APPLICATION

PERSONAL INFORMATION

Family Name _____ Gender (male / female) _____
First name _____
Birthdate month _____ / day _____ / year _____
Country of Citizenship _____ Preferred name/Nickname _____
Country of Birth _____ Passport # _____
Home Phone _____
Home Address _____
City _____ Prefecture _____ Country _____ Postal Code _____
E-mail address: _____



PARENT'S INFORMATION

Father's Name _____ Mother's Name _____
Phone # _____ Phone # _____
E-mail for reports: _____

ENGLISH LEVEL

What is your English ability (please circle): Fluent / Good / Fair / Very basic
Have you taken the TOEFL? yes / no If so, what was your score? _____
Have you ever been to an English speaking country before? yes / no
If yes, when / where? _____

COURSE INFORMATION

Choose your location: ELCI ~ Monmouth ELCI ~ Albany
Indicate your choices: Start Date: _____ Number of Weeks: _____
 Intensive General English Track Intensive High School Preparation Track
 Intensive University Preparation Track
Electives: TOEFL GED (Monmouth only) On-Line High School (Monmouth only)
 On-Line College HAVA (Homestay And Volunteer America)
Speciality Courses:
 Head Start to High School July 5 July 18 Aug. 1
 Super Summer FLEX
 American Friend

Do you need a student visa? yes / no (Short-term Specialty and HAVA students can come on a visitor visa)
(You must include a bank statement and the application fee of \$100 in order for us to issue your I-20.)
Do you want airport pick-up? yes / no (Transfer from Portland International Airport to your homestay)

PAYMENT OPTIONS

How do you want to pay for your program? VISA/MasterCard Cash Wire Transfer

If VISA/MasterCard: Card # _____/Expiration Date: _____

Signature: _____

If Wire Transfer: Name of sender _____

Name of student _____

Please mail completed form to:
ELCI, 300 North Stadium Drive, Monmouth, OR 97361 USA
FAX: 503-838-4476
 Questions? E-mail: info@elci.us

How did you hear about the ELCI? _____

(If you choose to fax this form, please mail the original with a picture. Thank you.)

I, _____, do swear that the information provided in this application is accurate.
 I do understand and acknowledge, that photographs of student activities are and will be taken during my attendance at the ELCI. Such photos as may be taken there may be used, at the discretion of the ELCI staff, for promotional purposes in print and on the World Wide Web with my complete permission.

I understand that the ELCI may release information to my parents.

 Signature (Student)

 Date

 Witness Signature

 Date

In the event of a medical emergency the ELCI or the Host parents of the student above have permission to make medical decisions, authorize medical treatment and stand in *loco parentis* for the parents signing below.

 Signature (Parent)

 Date

 Witness Signature

 Date

ELCI Immunization Record

Oregon law requires proof of immunization be provided or a religious or medical exemption be signed prior to a child's (any student below the age of 18) attendance at school.

Required Vaccines	Required Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Diphtheria/Tetanus (DTaP, DT, Td, TdaP) <input type="checkbox"/> Check here if child did not receive pertussis vaccine	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /
	Polio (IPV or OPV)	/ /	/ /	/ /	/ /	/ /
	Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease / / (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /
	Measles/Mumps/Rubella (MMR) <i>or</i>					
	Measles vaccine only	/ /	/ /	/ /	/ /	/ /
	Mumps vaccine only	/ /	/ /	/ /	/ /	/ /
	Rubella vaccine only	/ /	/ /	/ /	/ /	/ /
	Hepatitis B (Hep B)	/ /	/ /	/ /	/ /	/ /
	Haemophilus Influenza Type B (Hib) Required only under age 5 years	/ /	/ /	/ /	/ /	/ /

I certify that the above information is an accurate record of this child's immunization history.

Printed name of Physician: _____

Physician's Signature: _____ Date: _____