

APPLICATION FORM



Intensive English Program (IEP)
English as a Second Language Program

General Information

FAMILY NAME (Surname)	FIRST NAME	DATE OF BIRTH (Month/Day/Year)	GENDER
ADDRESS IN HOME COUNTRY		CITY	STATE/PROVINCE
COUNTRY		POSTAL CODE	
TELEPHONE		EMAIL	
COUNTRY OF BIRTH		COUNTRY OF CITIZENSHIP	

**NON-REFUNDABLE
APPLICATION FEE
\$65 USD**

- CHECK ENCLOSED
- WIRE TRANSFER
- MONEY ORDER
- CREDIT CARD
- CASH

HOUSING

- I request assistance with housing.

PARENT/GUARDIAN	RELATIONSHIP	TELEPHONE	EMAIL
-----------------	--------------	-----------	-------

Would you like your Parent/Guardian to also receive correspondence regarding your application, including billing information? (Please check one) Yes No

SECONDARY EMERGENCY CONTACT	RELATIONSHIP	TELEPHONE	EMAIL
-----------------------------	--------------	-----------	-------

NAME OF HIGH SCHOOL/UNIVERSITY	YEAR OF GRADUATION	COUNTRY OF HIGH SCHOOL/UNIVERSITY	TOEFL SCORE (if completed)
--------------------------------	--------------------	-----------------------------------	----------------------------

Are you planning to attend the New York Film Academy? Yes No Plan to attend other schools _____

Please indicate a Program Length, start date and location.

(12 weeks minimum session for I-20 students):

- 12 weeks 24 weeks 36 weeks 48 weeks

- Los Angeles New York

Intended start date (Month/Day/Year) _____

**Health insurance is required upon registration.*

International Students Only

- Do you plan to apply for the F-1 student visa to enter the US? Yes No
- Are you in the US as an F-1 student and plan to transfer your I-20 to The ESL School of NYFA? Yes No
- Will you be in the US in another immigration status other than F-1 student and do not require an I-20 Certificate? Yes No

How did you learn about the ESL School of NYFA?

- Search Engine _____ Website/Social Network _____ Magazine/Newspaper _____
- Outdoor Advertisement _____ TV/Radio _____ Event/School Fair _____
- NYFA Cafe-24th&Lexington NYFA Cafe-Battery Park Flags-17 Battery PI Building Flags-Wall Street Bull
- Referral _____ Other _____

Students Declaration:

I paid US \$65 to cover my application fee. I understand that my application form will not be processed if the application fee is not paid. I **certify that the information given above is a correct statement of my arrangements for financing my studies at the ESL School at NYFA.**

STUDENT'S SIGNATURE _____

DATE _____