

# IES Hillcrest Special Programs APPLICATION FORM

Mail or Fax completed application form to:  
1807 Robison Ave. Suite 201  
San Diego CA 92103  
Phone: 619-299-2252 Fax: 1-619-291-3322  
Email: studyatIES@gmail.com

## ***Personal Information***

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: Male  Female

\* As it appears in your passport

1) Permanent Address (in your home country): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

2) Local address in the U.S. (street/city/state/postal): \_\_\_\_\_

Local Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3) Emergency contact. First Name/Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your Date of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_  
(month/day/year)

Visa type for entrance into the US:  F-1  Other: \_\_\_\_\_

If you are in the US now, your visa status: \_\_\_\_\_ I-94 number: \_\_\_\_\_ School Transfer from: \_\_\_\_\_

How long have you studied English? \_\_\_\_\_ years Your English level is: Beginner  Intermediate  Advanced

How did you hear about IES?  Internet  Agent  Yellow Pages  Ad \_\_\_\_\_  Friend \_\_\_\_\_  Other \_\_\_\_\_

## ***Course and Accommodation Information***

Select Program	Price for Program	Number of Weeks
<input type="checkbox"/> English and Surf Program	\$1350.00	4
<input type="checkbox"/> English and Golf Program	\$1375.00	4
<input type="checkbox"/> IES Parents and Kids Program	\$1300.00	2
<input type="checkbox"/> IES Youth Program	\$1000.00	2

Course start date: Monday, \_\_\_\_\_ Estimated length of stay: \_\_\_\_\_ weeks  
(month/day/year)

**ACCOMMODATION:**  Homestay

Do you smoke?  Yes  No  
Do you want children in your homestay?  Yes  No  
Do you have special eating habits?  Yes  No  
If yes, please specify \_\_\_\_\_

Residence Club

Private Room or  Shared room

No Accommodation requested

Do you need airport transfer service?  Yes  No

Do you need medical insurance?  Yes  No

Do you wish to purchase express delivery for your acceptance packet?  Yes  No

Do you have any allergies?  Yes  No If yes, please explain \_\_\_\_\_

Do you have a physical handicap?  Yes  No If yes, please explain \_\_\_\_\_

## ***Application Agreement and Health Declaration***

I understand that the fees for this program are payable in full before the course start date and agree to pay them in accordance with the application conditions. I certify that I am able to provide for all other expenses related to my stay in the United States. I authorize the release of my records and transcripts to my sponsoring organization, admission offices, family members, and International Educational Services. I am aware that I should have medical insurance for the duration of my stay in the US. In the event of a medical emergency, I authorize any hospital or doctor to initiate treatment and release medical information or diagnostic for insurance purposes. I release International Educational Services and its representatives from any liability for such measures taken on my behalf. I confirm that I have read and accepted the Application Agreement and Health Declaration and have received a signed copy.

Based on International Educational Services' current fees, I understand my **total program fee** will be \$ \_\_\_\_\_.

Signature: \_\_\_\_\_ Signature of Guardian\*: \_\_\_\_\_ Date: \_\_\_\_\_  
(\*If applicant is under 18 years of age)

*For credit card payments only, please provide credit card information:*

MasterCard  Visa Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print name of cardholder, exactly as it appears on the card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_ Signature of student: \_\_\_\_\_

I authorize International Educational Services to charge \$ \_\_\_\_\_.