English Language Institute ELI

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San Francisco, CA 94102
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Fax: (415) 434-0539
Email: elisf@sonic.net
Website: www.elisf.com

Application for Admission

Biographical Information:

Please print or type your name as it appears in your passport.

Name: _____
Last First

Gender: ☐ Male ☐ Female Date of birth: ___/___/___
Month Day Year

Foreign Address:

Street 1: _____

Street 2: _____

City, state: _____

Postal code: _____

Country: _____

Phone number: _____

Country of birth: _____

U.S. Address:

Street: _____

City, state: _____

Postal code: _____

Phone number: _____

Mobile number: _____

Email: _____

Country of citizenship: _____

Emergency contact: _____
Name Relationship Phone

Admissions Information:

Form I-20 ☐ Yes ☐ No ☐ Initial ☐ Transfer

When will you start classes? ___/___/___
Month Day Year

Program type:
☐ English as a Second Language
☐ English as a Second Language Plus After-school Conversation or Pronunciation
☐ TOEFL Preparation
☐ Private lessons

Homestay ☐ Yes ☐ No

How long are you going to study at ELI? _____

How did you hear about ELI? _____

Student Signature: _____ Date: ___/___/___
Month Day Year

I certify that the information in this application is true and correct.