

SKY LANGUAGE SCHOOL

400 Commercial Ave., Palisades Park, NJ 07650
Tel: (201) 429-2012 Email: info@sky.edu Web: www.sky.edu

APPLICATION FORM

1. PERSONAL DETAILS

Title:	Date of Birth:	Native Language:
Surname:	Mobile Phone:	Email Address:
First name:	Address (U.S.A):	
Other names (if any):	City:	State: Zip:
Please Select One: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Immigrant If non-immigrant: VISA Type: _____		

3. ACADEMIC BACKGROUND

Year	High School, GED, or Higher Institute	Documentation
		<input type="checkbox"/> Attached <input type="checkbox"/> To Follow

4. INTENDED PROGRAM OF STUDY

Term Applying	Year: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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Level	Course Title	Level	Course Title

5. REFUND POLICY

- Refer to Enrollment Agreement

6. STUDENT DECLARATION

My signature below indicates that all information in this application is complete, accurate, and honestly presented. I further understand that the information furnished on this application form, together with information and materials of any kind received by SKY Language School from any source, become the property of the SKY Language School and cannot be returned. All materials will be used for official purposes only.

Applicant Signature

Date