

APPLICATION FORM

WHICH LOCATION ARE YOU APPLYING TO?:

	New Jersey - 400 Commercial Ave, Unit A, Palisades Park, NJ 07650
□ N	ew York - 136-56 39th Ave, LL200, Flushing, NY 11354 (Main Campus) 1133 Willis Ave, Albertson, NY 11507 (Auxiliary)
1. Personal Info	rmation
Applicant Name:	Date of Birth/
Gender: Male F	emale
Home Address:	
Phone:	code, if not in the USA
	code, it not in the USA
	at from above:
Student Status: U.S. C	itizen Permanent Resident Non-Immigrant, VISA Type:
2. Enrollment Ir	nformation
Program you are applying f	For: Full Time Part Time
	for: Fall Spring Summer Year: remediation purposes and for students who have not met the 80% attendance requirement.
	Program Start Date:
3. Program Info	rmation
Please confirm the progra	m you wish to enroll in by checking the box below:
☐ English as a Sec	ond Language (ESL) and TOEFL Prep - IEP Levels 1-7
	nough registrants. Changes may appear without prior notice to students. istered an ESL Placement Exam to determine program eligibility. the Enrollment Agreement.
4. Application St	atement
on this application form, togeth	nat all information in this application is complete, accurate, and honest. I further understand that the information furnished er with information and materials of any kind received by Sky Language School from any source, become the property of the returned. All materials will be used for official purposes.
Applicant Signature	Date
Parent / Guardian Signature (if the applicant is under 18)	Date

Please enclose the following documents with this completed Application Form:

- 1. Photo-ID, i.e. Passport
- 2. High school diploma/transcript or equivalent
- 3. Latest transcript or diplomas/certificates for any post-secondary education attended (if any)
- *In addition, recent immigrants and international students may be required to submit additional documentation and will be contacted by a school advisor on a case-by-case basis with more information on how to complete their application.