

A P P L I C A T I O N

FOR ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAM



Where Passion and Potential Meet.

A C C E L A C A D E M Y

1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

Phone: 215-635-5780

Fax: 215-635-0455

Web: www.accel-academy.com

E-Mail: esl@accel-academy.com



APPLICATION FORM (PAGE 1)

ACCEL ACADEMY- English as a Second Language Program
1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

PERSONAL INFORMATION

1. Student's Name: _____
As it appears on passport Family Name First Name Middle Name

2. Home Address: _____
(Permanent address) Number and Street District Borough

Apartment Building / Unit

City Province Country

Phone Number Email Address

3. Address in U.S.: _____
(Address while studying) Number and Street

City State Zip Code

Home Phone Number Cell Phone Number



4. Date of Birth (mm/dd/yy): ____ / ____ / ____

5. Sex: Male Female

6. Country & City of Birth: _____

7. Country of Citizenship _____

8. Native Language : _____

9. Will you need an I-20 Form? Yes No

ACADEMIC INFORMATION

1. Current education level:

Grade _____ College/University Graduate School Other _____

2. If you are a student currently attending elementary school, middle school, or high school, you must submit your last two years of transcripts.

3. If you are a college student, please supply your TOEFL or TOEIC score below.

TOEFL _____ Test Date _____ Score _____

TOEIC _____ Test Date _____ Score _____

4. If you have not taken any official TOEFL or TOEIC test, estimate your ability in English.

Non Speaker Beginner High Beginner Intermediate Advanced High Advanced

5. Objective you want to achieve through ESL program:

Transfer to Middle School Transfer to High School Apply to College or University
 Apply to Graduate School Business / Conversation Other _____



APPLICATION FORM (PAGE 2)

ACCEL ACADEMY- English as a Second Language Program

1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

6. Semester you are applying for:

- Student Year (January - August)
 Winter Camp
 Summer Camp
 Fall (September - December)
 Spring (January - May)
 Summer (June - August)

7. How long do you plan to study at Accel Academy? _____

HOUSING SELECTION AND HEALTH CONCERNS

1. Will you need assistance to arrange housing while attending Accel Academy? Yes No

If yes, check your housing preference. Host Family (Home Stay) Area Apartment

2. If you have any medical problems or allergies, please explain:

FAMILY AND DEPENDENTS OF APPLICANT FOR F-2 VISA

1. Are you married? Yes No
2. Do you have any spouse or dependent who is coming with you? Yes No
3. If yes, please fill in list with names, dates and country of birth.

Name	Date of Birth	Country of Birth	Relationship with Applicant

APPLICANT/PARENT SIGNATURE

If applicant is under 21, his/her parent or guardian must sign this section.

Name

Relationship to Applicant

Signature

Date



RELEASE OF RECORDS AUTHORIZATION

ACCEL ACADEMY- English as a Second Language Program
1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

Name of Student: _____
Family Name First Name Middle name

Date of Birth: _____
Month / Date / Year

The United States Citizenship and Immigration Services (USCIS) may request any or all of the information required to be kept by 8 C.F.R. on any individual student or class of students, upon notice to the school. The school must respond to such requests, and may not insist on a subpoena. The student should authorize the release of such records to the USCIS.

AUTHORIZATION FOR RELEASE OF RECORDS:

I authorize to release of my personal records to the United States Citizenship and Immigration Services (USCIS) upon its request.

If applicant is under 21, his/her parent or guardian must sign this section.

Name Relationship to Applicant

Signature Date



MEDICAL AUTHORIZATION FORM

ACCEL ACADEMY- English as a Second Language Program
1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

Name of Student: _____
Family Name First Name Middle name

Date of Birth: _____
Month / Date / Year

Medical expenses in United of States of America are very costly. The student must be prepared to meet any unexpected medical expenses while student is staying in the US. **Student must provide evidence of travel and medical insurance.**

By signing at the bottom of this form, the student certifies the following:

Undersigned will supply proper medical insurance during the applicant's term at Accel Academy.

Undersigned authorizes qualified medical diagnosis and treatment of illness or injury to this applicant, and authorizes release of medical information for medical treatment and insurance purposes.

Undersigned understands that applicant is responsible for his/her medical expenses during study at Accel Academy.

Undersigned understands that applicant is responsible for medical expenses outside the limits of any applicable medical insurance and that pre-existing health conditions are not covered by health insurance.

If applicant is under 21, his/her parent or guardian must sign this section.

Name Relationship to Applicant

Signature Date



AFFIDAVIT OF SUPPORT

ACCEL ACADEMY- English as a Second Language Program 1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

Name of Student: _____
Family Name First Name Middle name

Date of Birth: _____
Month / Date / Year

TO STUDENT OR SPONSOR:

The applicant must realize that he/she cannot expect to work once he/she is in the United States. Therefore, the applicant or sponsor is responsible for the cost of living, tuition, and fees needed during the stay in the United States.

If the applicant is 21 years or older and responsible for his own financial support, the applicant must complete and sign this section. If the applicant is under 21 years of age or is sponsored or receiving a grant or loan, the parent or sponsoring organization must complete this section.

Name of Sponsor: _____
Family Name First Name Middle name

Date of Birth: _____ Occupation: _____
Month / Day / Year

Relationship to Applicant: Self Parent Guardian Other _____

Sponsor's Address: _____
Number and Street

City City/Country Postal/Zip code

I, the undersigned, swear that I will be fully responsible for all expenses including round trip air-fare, tuition fees, living expenses, health insurance fees and any other miscellaneous expenses, caused by the above applicant during his/her stay at Accel Academy in the United States of America. I also certify that I have the funds to support all such costs, and I agree to be legally responsible for all costs incurred by the applicant in connection with studies at Accel Academy. Attached is an original statement from the bank verifying that the necessary funds are available to cover all of the applicant's expenses in the United States.

Signature

Date



CERTIFICATE OF DEPOSIT

ACCEL ACADEMY- English as a Second Language Program
1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

Name of Student: _____
Family Name First Name Middle name

Date of Birth: _____
Month / Day / Year

TO SPONSOR OR GUARANTOR:

The United States Citizenship and Immigration Services (USCIS) requires that the following be completed and returned to Accel Academy before a decision concerning enrollment can be made. The applicant must submit guarantor/sponsor's certificate of deposit issued by a bank official along with this form.

The bank statement submitted by the applicant or sponsor should show adequate funds to cover the cost of living and tuition during the first year. If the student has any dependent staying in America, the applicant must show adequate funds to cover the dependent also. Please refer to the tuition and living expenses information sheet.

TO BANK OFFICIAL:

Please state the total amount of funds in all liquid accounts. When this is completed, please type your name and seal your signature with the official bank seal. If the bank has its own certificate of deposit form written in English, the applicant may submit that instead.

Name of Bank: _____ Account: _____

Account Holder: _____ Balance: _____

Name of Bank Official Title of Bank Official

Signature Date

Please seal or stamp this form with official seal of the bank. Thank you.



VACCINATION RECORD

ACCEL ACADEMY- English as a Second Language Program
1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

Name of Student: _____
Family Name First Name Middle name

Date of Birth: _____
Month / Day / Year

Ask your doctor to fill out this form. If your doctor has another form with all of this information, you may submit that instead.

TO BE FILLED BY MEDICAL DOCTOR:

- | | | | | |
|-------------------|-------|-------|-------|-------|
| 1. Hepatitis B | _____ | _____ | _____ | _____ |
| 2. Diphtheria | _____ | _____ | _____ | _____ |
| 3. Tetanus | _____ | _____ | _____ | _____ |
| 4. Poliomyelitis | _____ | _____ | _____ | _____ |
| 5. Measles | _____ | _____ | _____ | _____ |
| 6. Mumps | _____ | _____ | _____ | _____ |
| 7. German Measles | _____ | _____ | _____ | _____ |
| 7. Chickenpox | _____ | _____ | _____ | _____ |

Please seal or stamp this form with official seal of the doctor. Thank you.

Name of Doctor Title or Position

Street Address

City State/Country Postal Zip Code

Signature Date



TRANSFER VERIFICATION FORM—SIDE 1

ACCEL ACADEMY- English as a Second Language Program

1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

INSTRUCTIONS

The purpose of this form is to confirm eligibility for school transfer processing in accordance with the F-1 regulations of the Bureau of Citizenship and Immigration Service (formerly the U.S. Immigration and Naturalization Service.) The student and the Designated School Official must complete this form in order for Accel Academy to issue a Certificate of Eligibility (I-20) for Nonimmigrant Student Status (F-1). Please follow the instructions below:

1. Complete “Part I” below.
2. Notify the school you are currently attending of your intent to transfer to Accel Academy. A Designated School Official at your current school will need to complete “Part II” of this form. If your record has been entered into the SEVIS system, the Designated School Official at your current institution will also need to (1) Enter into SEVIS your intent to transfer to Accel Academy, and (2) Enter into SEVIS a “transfer release date” on which your electronic record will become accessible to Accel Academy for processing.
3. Return this completed Transfer Verification Form by an F-1 Student to Accel Academy. Please include copies of all immigrant-related documents listed below:
 - (a) Copy of the data page of un-expired passport including the passport expiration
 - (b) Copy of I-94 Departure Record (the small white card usually stapled into passport)
 - (c) Copies of ALL previous I-20s issued by other schools
 - (d) Copy of most recent visa stamp
 - (e) Completed Transfer Verification Form by an F-1 Student
4. Report to the Accel Academy no later than 15 days after the start date indicated on your Accel Academy Form I-20 to complete the transfer process. Bring your passport and all immigration documents with you.

PART I (TO BE COMPLETED BY STUDENT)

I hereby authorize my current International Student Advisor or Designated School Official (DOS) at the school named below to complete Part II of this form and either return it to me or send it to:

Haewan Rho, DSO

Accel Academy: English Language Program

1329 W. Cheltenham Avenue, Melrose Park, PA 19027 Phone: (215) 635-5780 Fax: (215) 635-0455

Student's Name _____
As it appears on passport Family Name First Name Middle Name

Date of Birth _____ Student ID Number _____

Name of School _____

Student's Signature

Date



TRANSFER VERIFICATION FORM—SIDE 2

ACCEL ACADEMY- English as a Second Language Program
1329 West Cheltenham Avenue, Melrose Park, PA 19027 U.S.A.

PART II (TO BE COMPLETED BY A FOREIGN STUDENT ADVISOR)

Please check one of the boxes below, provide the information requested, and return this form to the student or to us via mail or fax.

Verification of School and F-1 Student Status in SEVIS.

- Yes**, our school is authorized to enroll international students in SEVIS.

School Authorization Code _____ 214F _____

- Yes**, the record for the above-referenced student has been entered into SEVIS.

A SEVIS to SEVIS transfer in accordance with 8 CFR214.2(f)(8)(ii)© will be processed by Accel Academy.

F-1 Student's SEVIS Identification Number _____

F-1 Student's Transfer Release Date in SEVIS _____

- No**, the record for the above-referenced student has not been entered into SEVIS and will not be entered by our school. A Non-SEVIS to SEVIS transfer in accordance with 8CFR214.2(f)(8)(ii)(B) will be processed by Accel Academy.
- No**, our school is not authorized to enroll international students in SEVIS. A Non-SEVIS to SEVIS transfer in accordance with 8CFR214.2(f)(8)(ii)(B) will be processed by Accel Academy.

Student's Eligibility for Verification Transfer

- I hereby confirm that, to the best of my knowledge, the above referenced student (1) has been enrolled in a full-course of study, (2) is considered to be maintaining lawful F-1 status, and (3) is eligible for notification transfer.
- I hereby confirm that, to the best of my knowledge, the above-referenced student is not eligible for notification transfer for the following reason(s). Please attach separate sheet if you need additional space.

Name of DSO

Institution / Title

Street Address, City, State, Zip

Signature of DSO

Date

E-Mail Address