



# LISMA LANGUAGE CENTER

•1125 Willis Avenue, Albertson, NY 11507 • phone (516) 625-3455 • fax (516) 625-3032

## **Application for Admission**

### **1. Personal Information**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: (Home Country)

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

\*Please indicate your country telephone code

Email address: \_\_\_\_\_

Address: (In USA if it is available)

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_

Student Status: U.S. Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Non-Immigrant \_\_\_\_\_

If you are a non-immigrant student, please indicate your VISA Type: \_\_\_\_\_

### **2. Enrollment Information**

Program you are applying for: Full time \_\_\_\_\_ Part time \_\_\_\_\_ (AM) \_\_\_\_\_ (PM) \_\_\_\_\_

Semester you are applying for: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

This summer program is only for remediation and for students who have not met the 80% attendance requirement.

Program Start Date: \_\_\_\_\_

### **3. Program Information**

Please indicate programs you wish to enroll.



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Course Code	Course Description	Instructor	Time

- \* Course will be closed without minimum registrants.
- \* Changes may appear without prior notice to students.

## 4. Refund Policy

\* \$100.00 Registration fee is NON-Refundable.

- Withdrawal from school before the first day of class; refund of 100% of tuition and fees.
- Withdrawal from school before the end of the second week of the semester; refund of 50% of tuition and fees.
- Withdrawal from school during the third week of classes and the end of the fourth week of classes; refund of 25% of tuition and fees.

\* After 4 weeks from the time of registration, no refund will be given regardless of classes attended.

## 5. Application Statement

My signature below indicates that all information in this application is complete, accurate, and honest. I further understand that the information furnished on this application form, together with information and materials of any kind received by Long Island Conservatory LISMA Language Center from any source, become the property of the Long Island Conservatory/ LISMA Language Center and cannot be 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 completed application form:

1. Copy of passport
2. Student's latest transcript
3. Completed / Signed Statement of Financial Statement (& Affidavit of Support if necessary)
4. Immunization Form/ Doctor's Statement should student have any pre-existing medical condition.