



Optimus Language School

English as a Second Language
www.ols.edu

Tel. 714-990-4657
451W. Lambert Rd. Suite 210, Brea, CA 92821

APPLICATION FOR ENROLLMENT

● **Student Information:.**

Last Name	
First Name	
Middle Name	
Country of Birth & Citizenship	
Date of Birth (mm/dd/yyyy)	
Email Address	
Phone Number	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Status You Will Attend As	<input type="checkbox"/> Foreign Student (F-1) <input type="checkbox"/> Resident <input type="checkbox"/> Other:
Education Completed	<input type="checkbox"/> High School <input type="checkbox"/> 2-year College <input type="checkbox"/> University or Higher (or currently attending)

* Preferred Class Schedule: Morning (8:00-11:50 am) Afternoon (1:00– 4:50 pm)

* Course Starting Date: _____

* Number of Quarters you will be attending:

- 1 quarter (3 months) 2 quarters (6 months) 3 quarters (9 months)
 4 quarters (12 months) 5 quarters (15 months) 6 quarters (18 months)

* How did you hear about Optimus Language School?

- Newspaper Friend Internet Other: _____

*What areas do you need help in? Mark all that apply.

- reading writing listening speaking vocabulary
 grammar skills needed to work in the U.S. skills needed to live in the U.S.

* What is your reason for taking this course and what are your future plans?

● **Person to notify in case of an emergency:**

Name: _____ Relationship: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

(Information below to be filled out by international students only)

● **Please indicate how you would like us to deliver your I-20:**

- Express Mail (Outside U.S. \$100.00 / Within U.S. \$25 will apply)
- Pick up (by friend or relative in the U.S.A.)

● **Current International Address:**

Street Number

City State Zip Code

Home Phone Cell Phone

● **Optional Services:**

1. **Airport Pick-up Service?** Yes No

Flight information: Arrival Date: _____

Time (am/pm): _____

Airline: _____

Flight #: _____

2. **Please indicate your housing preferences:**

- I am planning to live with a family member who is currently living in the United States.

If this box is checked, you must also provide the U.S. address below:

Street Number

City State Zip Code

Home Phone Cell Phone

- I would like to participate in the Homestay program.

If this box is checked, please fill out the information below:

Approx. move-in date: _____

Approx. move-out date: _____

Would you stay at a home that has a small dog? Yes No

Would you stay at a home that has a large dog? Yes No

Would you stay at a home that has a cat? Yes No

Are there any foods you cannot eat? Yes No

If yes, please explain: _____

What are your hobbies, interests, etc.? _____

Do you have any allergies or other health problems? Yes No

If yes, please explain: _____

Do you smoke? Yes No

SMOKERS PLEASE NOTE: Many families in California do not host students who smoke. Of the families that permit smoking, all require smoking outdoors. Please be aware that you will not be permitted to smoke inside the house.

● **Fees (for office use only)**

Non-Refundable Application fee:	\$	<u>200</u>
Non-Refundable SEVIS fee:	\$	<u>200</u>
Tuition fee:	\$	<u> </u>
Other fees		
Express Mail:	\$	<u> </u>
Homestay Placement:	\$	<u> </u>
Other:	\$	<u> </u>
Total Fees:	\$	<u> </u>
Tuition:	\$	<u> </u>
Total Tuition & Fees Payment:	\$	<u> </u>

* All fees can be paid in cash, personal check, international or postal money order, traveler’s check, cashier’s check, and direct wire transfer. Please make checks payable to: **Optimus Language School**

● **Refund Policy**

- A. The application fee of \$200.00 is non-refundable. For more information, please make a request to admission@ols.edu.
- B. Prepaid tuition is generally non-refundable. The Director may make the decision to issue a credit/refund on an individual basis after meeting with the student to discuss options. For more information, please make a request to admission@ols.edu or meet with the Director.
- C. If OLS cancels or discontinues a course OLS will refund the tuition on a pro rata basis. Refunds will be paid within 30 days of cancellation.

* My signature below certifies that I have read, understand, and agreed to my rights and responsibilities, and that the instructions of the cancellation and refund policies have been clearly explained to me.

Signature of Student _____ **Date** (month, day, year): ____/____/____

Signature of Official _____ **Date** (month, day, year): ____/____/____

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