

ECI SUMMER 10 WEEK SUMMER INTENSIVE PROGRAM - STUDENT APPLICATION

Complete and return with \$100.00 nonrefundable application fee (money order, traveler's check or wire transfer) to:
 Admissions
 Educational Consortium Institute
 PO Box 2434
 170 Carol Way
 Aptos, CA 95003 USA

**Please attach one passport
 photograph
 to this application.**



Date _____ Male _____ Female _____

MARK SUMMER SESSION CHOICE

___ 10-Week Summer English Intensive **June 14 – August 11, 2006 (OPEN ENROLLMENT)**
 ___ Session 1 only June 14 - July 14, 2006
 ___ Session 2 only July 14 - August 11, 2006
 ___ Or your own dates _____ to _____ @ \$695 per week (2006)
 ___ Yes, I need airport transportation: ___ San Jose (SJC) \$45 ___ San Francisco (SFO) \$55

Grade Entering ___ Freshman ___ Sophomore ___ Junior ___ Senior

Student Name (First, Middle, Last) _____ Date of Birth (M/D/Y) _____ Country of Citizenship _____

Street Address _____ City _____ State/Prefecture _____

Country _____ Postal Code _____ Home Telephone _____ Home Fax _____ e-mail _____

Name of Mother _____ Occupation _____ Work Phone _____

Address if different from above _____

Home Phone if different from above _____ e-mail _____

Name of Father _____ Occupation _____ Work Phone _____

Address if different from above _____

Home telephone if different from above _____ e-mail _____

Parents' marital status ___ married ___ separated ___ divorced ___ never married ___ widowed

Have you ever been suspended or expelled from school? ___ Yes ___ No

If yes, please explain _____