



ASC English

1106 Commonwealth Ave., Boston, MA 02215
Tel: 617-730-3705 Fax: 617-730-3700

Application for Part-Time (no visa support) Students

1. Please complete and sign this application form.
2. Please send the completed application by mail, fax, or email to :

<u>Mailing Address :</u>	<u>Fax :</u>	<u>Email :</u>
Admissions ASC English 1106 Commonwealth Avenue, Boston, MA 02215	+617-730-3700	info@ascenglish.com

Cancellation and Refunds

If you cancel at any time prior to the beginning of a session, all payments except the application fee and the tuition deposit will be returned to you. If you decided not to continue studying after classes begin, we regret that the tuition for the session is not refundable.

PERSONAL INFORMATION

LEGAL NAME IN FULL

LAST NAME

FIRST NAME

MIDDLE

MAILING ADDRESS IN USA

STREET NUMBER, STREET NAME, APARTMENT NUMBER

CITY/TOWN

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

GENDER

☐ MALE

☐ FEMALE

DATE OF BIRTH

MONTH/DAY/YEAR

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

EMERGENCY CONTACT

NAME OF PERSON

RELATION TO PERSON

PHONE NO.



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Please Check the session when you wish to begin:

2020 Sessions

- | | | | |
|---|--|--|--|
| ☐ Jan 6– Jan 31 | ☐ Mar 30 – Apr 24 | ☐ Jun 22 – Jul 17 | ☐ Sep 28 – Oct 23 |
| ☐ Feb 3 – Feb 28 | ☐ Apr 27 – May 22 | ☐ Jul 20 – Aug 14 | ☐ Oct 26 – Nov 20 |
| ☐ Mar 2 – Mar 27 | ☐ May 26 – Jun 19 | ☐ Aug 31 – Sep 25 | ☐ Nov 23 – Dec 18 |

- | |
|--|
| ☐ Morning Class ☐ Afternoon Class ☐ Evening Class |
|--|

Where did you hear about ASC English Boston?

- | |
|---|
| ☐ Friend (Full Name): _____
☐ Internet (Website): _____
☐ Newspaper: _____ ☐ Front sign
☐ College _____
☐ Other _____ |
|---|

Locations:

- | |
|--|
| ☐ Main Campus
(1106 Commonwealth Ave.)
☐ Downtown Boston
(65 Harrison Ave, 6 th Floor) |
|--|

I have read and understand the information provided by ASC English. I understand and acknowledge the expenses for attending ASC English and fully understand the refund policy. I am aware that the \$120.00 application fee and the \$250.00 tuition deposit are non-refundable; and there is no refund on the price difference if I change from TOEFL to ESL class.

Signature of applicant _____ Date _____

Parent/guardian (if applicant is under 18 years of age) _____ Date _____

FOR B1/B2 VISA (TOURISTS) ONLY:

"I certify that I want to study English at ASC for the sole purpose of improving my experience in the United States while visiting here on vacation. I am not intending to attend a course of study that will lead to a degree or certification or to prepare to take a standardized exam."

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR GUARDIAN _____ DATE: _____

(IF APPLICANT IS UNDER 18)



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Payment options:

1. Pay in person by card, cash, or check
2. Pay online by filling out this form

REQUIRED PAYMENT FOR FIRST TIME ENROLLMENT

NON-REFUNDABLE APPLICATION FEE	\$ 120.00
NON-REFUNDABLE SUPER A PROGRAM TUITION DEPOSIT	\$ 250.00

Note: All tuition payments must be made in full prior to the beginning of the first class.

METHOD OF PAYMENT

1) I prefer to make payment by check or money order.

Enclosed find payment of: _____

2) Please charge my (Select one) ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CARDHOLDER NAME (PLEASE PRINT): _____

SIGNATURE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ Billing Zip Code: _____

I authorize the above named business to charge the card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, and for the amount indicated above. I certify that I am an authorized user of this card and that I will not dispute the payment with my card company so long as the transaction corresponds to the terms indicated in this form.

ASC also accept wire transfers for an additional cost of \$45.00. Our bank account information is as follows:

Account Name: ISSC Management, Inc.

Account #: 4660 0825 3817

Bank Name and Address: Bank of America, 100 Federal Street, Boston, MA 02110

Bank of America ABA# 026009593

MEDICAL EMERGENCY STATEMENT:

In the event of illness or injury, I authorize medical diagnosis and treatment of injury or illness to the applicant and release of medical information for medical treatment and insurance purposes. I accept responsibility for medical expenses outside the limits of any medical insurance and those pre-existing conditions not covered by health insurance. Submission of this application constitutes an acceptance of the terms and conditions of enrollment included in the application package.

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT OR GUARDIAN (if under 18) _____ DATE: _____



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Part-Time (no visa support) Students Tuition and Fees

Application Fee for Part-time Students	\$120	Non-refundable
Enrollment Deposit	\$250	Non-refundable

ASC English Part-time Student Pricing: Morning 21 hours/week		
Program	Tuition	Weeks
ESL- 3 classes/day	\$925	4
ESL- 3 classes/day	\$1,700	8
ESL- 3 classes/day	\$2,460	12
ESL- 3 classes/day	\$3,200	16
ESL- 3 classes/day	\$3,850	20
ESL- 2 classes/day	\$720	4
ESL- 2 classes/day	\$1,400	8
TOEFL	\$1,050	4
TOEFL	\$1,950	8
TOEFL	\$2,760	12
TOEFL	\$3,400	16
ASC English Part-time Student Pricing: Afternoon & Evening 18 hours/week		
Program	Tuition	Weeks
ESL- 5 days/week	\$750	4
ESL- 5 days/week	\$1,400	8
ESL- 5 days/week	\$1,980	12
ESL- 4 days/week	\$600	4
ESL- 3 days/week	\$500	4