

Note: The starting date must be on a Monday.

Have you previously studied at Zoni? Yes No

How long are you going to study at Zoni? _____

Do you want us to help you find accommodations? Yes No

Do you want us to arrange airport pick-up? Yes No

If yes, please write the name of the airport _____

Sponsor Information

Last name _____ First name _____ MI _____

Number and street _____

City _____ State _____ Zip code _____

Country _____ Phone number _____ Email _____

Relationship to the student _____

PART III – Visa Requirement Data

You must have a passport valid for at least 6 months.

Mail Service Request

Yes Yes, I would like my I-20 form to be sent to my home address. I understand that a mailing fee must be paid before my documents can be sent.

No No, please hold my I-20 form, which will be claimed by my relative, representative or by me.

Are you including your children and spouse as dependents (F-2 status holders)? Yes No

If yes, please complete Part IV- Dependents information sheet; otherwise, skip to Part V- Educational Data

PART IV – Dependents Information

Dependent 1

Last name: _____ First name: _____ MI: _____

Date of birth: _____ Sex: Female Male Nationality: _____ Country of birth: _____

Relationship to the student: _____

Dependent 2

Last name: _____ First name: _____ MI: _____

Date of birth: _____ Sex: Female Male Nationality: _____ Country of birth: _____

Relationship to the student: _____

PART V – Educational Data

Highest level of education completed:

Primary School High School College/University Graduate School

Emergency Contact

Name _____

Phone number _____

Address _____

Relationship _____

City, state and zip _____

Country _____

Note: Submitting this application does not guarantee your admission to Zoni. All required documentation has to be submitted along with this form. Along with this application, the student has to pay a **non-refundable US\$100 registration fee**.

SIGNATURE

I certify that the information supplied on this application is complete and correct to the best of my knowledge. I agree to abide by the rules and regulations of the school as set forth in the Zoni Language Centers' catalog, with which I am familiar.

APPLICANT/REPRESENTATIVE SIGNATURE _____ DATE _____