



APPLICATION FOR ENROLLMENT

(One registration form per client)

“The mission of the Lingua Center at Broward College is to provide effective language education leading to the mastery of a new language”

The Lingua Center is devoted to fulfill the mission of empowering students as well as language service clients with effective communication in English, Spanish, and many other languages around the world. Lingua offers quality language education through a proven natural, multisensory approach, delivered by professional educators who utilize engaging and state-of-the-art materials and technology, leading to students’ success. Lingua provides such education in an immersion, yet relaxed environment, in an ethical and professional way. The goals of the Intensive English Program are: to prepare speakers of other languages to learn, improve and master the English language; to guide international students in a successful transition into American institutions of higher education; and to offer key resources to executives and individuals in the enhancement of their professional skills and personal growth.

First Name _____ Middle Initial _____ Last Name _____ Gender: Male Female Visa Status _____
 (Non US Residents)

Day Phone _____ Evening Phone _____ Cell Phone _____ Last 4 digits of SS _____

E-mail Address _____ Fax _____ Company Name _____

Office Address _____ City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____ Zip Code _____

Country of Birth _____ Country of Citizenship _____ Date of Birth _____ Age (if under 18) _____

Native Language (s) _____ Language(s) Spoken _____

Language(s) of Study _____ Referred by _____

ADMINISTRATIVE USE:

Student Number: _____
 Teacher: _____
 Materials: _____

Estimated Level:

Beginner
 Advanced
 Intermediate
 Proficient

Schedule:

Length: _____ weeks or _____ months
 Time: From _____ to _____
 Start Date: _____
 End Date: _____
 # of AH / CH per day: _____ / _____

Program:	IE:	Supplemental:	Schedule:	Customized Language Program(only):
_____ Customized (1 student)	1 Mod	Conversation	_____ Mon	Preferred Times:
_____ Customized (2 students)	2 Mod	& Accent Reduction	_____ Tue	_____ Early Morning
_____ Customized (3+ students)	3 Mod	I; II; III;	_____ Wed	_____ Morning
_____ Intensive English (IE)	4 Mod	Business I	_____ Thurs	_____ Noon
_____ Semi-Intensive English (SIE)	5 Mod	Business II	_____ Fri	_____ Afternoon
_____ Part-Time English (PTE)	6 Mod	TOEFL Prep.	_____ Sat	_____ Evening
	7 Mod		_____ Sunday	Number of Hours:
				_____ 1 Module 36 CH
				_____ 2 Modules 72 CH
				_____ 3 Modules 108 CH
				_____ 4 Modules 144 CH
				_____ Other _____

Program Costs:	Enrollment: \$ _____	Other: \$ _____	Payment Method:
Enrollment (one-time fee, valid for 1 year):	\$ _____	Paid on: _____	_____ Cash
Materials (Payable upon receipt):	\$ _____	c / cc / ch _____	_____ Check
Other (Field Trips):	\$ _____	Materials: \$ _____	_____ Online
Tuition	\$ _____	Paid on: _____	_____ Wire Transfer
Total	\$ _____	c / cc / ch # _____	_____ Credit Card: Visa / MC / Amex

(If credit card, please fill in the following information):

_____ I authorize LLC to charge my credit card if necessary, but would prefer to pay by check or cash on the due date

Credit Card Number: _____ Expiration Date: (____ / ____) Card Holder: _____
 (month / year)

Code: _____ Address on Card Account: _____ Card Holder Signature _____

Tuition Installment Payment Plan: # of Installments _____

1 st \$ _____ Due _____ Paid on: _____ c / cc / ch # _____	5 th \$ _____ Due _____ Paid on: _____ c / cc / ch # _____
2 nd \$ _____ Due _____ Paid on: _____ c / cc / ch # _____	6 th \$ _____ Due _____ Paid on: _____ c / cc / ch # _____
3 rd \$ _____ Due _____ Paid on: _____ c / cc / ch # _____	7 th \$ _____ Due _____ Paid on: _____ c / cc / ch # _____
4 th \$ _____ Due _____ Paid on: _____ c / cc / ch # _____	8 th \$ _____ Due _____ Paid on: _____ c / cc / ch # _____

I have read and understood the General Release and Program Conditions and Payment set forth on the next pages of this form and I agree to submit to them.

I certify that the information I submit on this form is accurate and complete.

Signature: _____ Name: _____ Date: _____
 (If Participant is under 18 years of age, please print name of Parent/Guardian, sign and complete information)

Program Official Signature: _____ Position: _____ Date: _____

GENERAL RELEASE AND PROGRAM CONDITIONS AND PAYMENT

Upon acceptance of enrollment by Lingua Language Center (LINGUA), the following terms and conditions on this English version only are legally binding for all students participating in any adult language program at LINGUA during the 2019-2020 academic year. They supersede all previous terms and conditions and are subject to the law of the State of Florida. If litigation arises from a breach of this agreement, the Parties agree that venue shall be in Broward County, Florida. The undersigned (Student or Parent/Guardian if Student is under 18) has received and read the current school catalog. The minimum age to participate in LINGUA's adult programs is 15 years. There is no upper age limit. The undersigned has read, understood, and received a copy of this executed agreement. The undersigned understands that the Program may involve contact with other individuals attending the Program. The undersigned understands that food or drink may be provided to Student while attending the Program. The undersigned desires that Participant be permitted to participate in the Program, and, as a material inducement to allow Participant's involvement in the Program, the undersigned hereby releases and agrees to hold harmless LINGUA and its officers, employees, agents, servants, representatives and volunteers (collectively referred to as "LINGUA") from and against any and all manner of actions, causes of action, liabilities, controversies, agreements, promises, damages, rights, injuries, judgments, claims and demands of any nature whatsoever at law or in equity, that student or the undersigned may have now or in the future, for or by reason of Participant's involvement in the Program. The undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of such participation. The undersigned agrees to save, defend, indemnify and hold harmless LINGUA from and against any and all manner of actions, causes of action, liabilities, controversies, agreements, promises, damages, injuries, rights, judgments, claims and demands of any nature whatsoever at law or in equity, that are or may be asserted, entered or claimed against LINGUA or any of its constituents, by any person or entity or by reason of the Participant's acts, negligence, willful misconduct or omissions to act, while attending the Program or participating in any activities as part of the Program. Further, the undersigned WAIVES ANY CLAIM against LINGUA arising from such participation, including any claim for negligence and does COVENANT NOT TO SUE LINGUA relating to such participation. This indemnification and hold harmless shall continue notwithstanding any negligence on the part of LINGUA relating to such action, damage or claim. In case of emergency, LINGUA is authorized to seek medical treatment and transportation for Participant from such physicians, hospitals and ambulance services as may be chosen by it in its reasonable discretion. The undersigned acknowledges that LINGUA has no obligation to seek such treatment or transportation. The undersigned understands that he/she is responsible for furnishing Participant's insurance in case of injury. The undersigned accepts full financial responsibility for payment of any and all such medical services. The undersigned agrees that this Release Form shall be binding on the undersigned's heirs, successors and assigns. Any provision in this General Release that is prohibited or unenforceable under Florida or Federal law shall be ineffective to the extent of such prohibition without invalidating the remaining provisions hereof. The undersigned agrees and acknowledges that Participant will be responsible for transportation to and from the LINGUA facility, and that LINGUA will have no responsibility for such transportation. The undersigned agrees that participants under the age of eighteen (18) may not arrive at the LINGUA facilities more than ten minutes prior to Participant's scheduled program and must be picked up from LINGUA's facilities immediately upon the conclusion of the Participant's scheduled program. LINGUA WILL NOT BE RESPONSIBLE FOR THE CARE OF ANY MINOR PARTICIPANT AFTER THE CONCLUSION OF SCHEDULED PROGRAMS AND IS NOT OBLIGATED TO CONFIRM THAT A PARENT PICKS UP THE MINOR. Failure by the Participant to adhere to the rules of LINGUA will entitle LINGUA to prohibit further use of its facilities by the Participant.

Liability: LINGUA and its representatives will not be liable for loss, damage or injury to persons or property, except when such liability is imposed by law. Neither shall LINGUA be liable for services not supplied due to a reason out of its control.

Enrollment: Payment for IEP is due by Thursday of the week prior to start date to secure placement. Payment for CLP is due one week prior to start date. CLP of over 13 CH per week becomes a Customized Language Boot Camp (CLBC). Payment for CLBC is due two weeks prior to start date. The IEP is divided in eight (8) modules of twelve (12) weeks each. All programs are eligible for tuition and materials installment payment plans. For installment payment programs, a credit card is required. However, student may pay by cash or check at least five (5) business days before the automatic withdrawal due date. Should payment not be submitted on the due date, LINGUA reserves the right to charge your credit card for such amount owed. If LINGUA is unable to charge credit card for the amount due, payment must be submitted in a timely manner to avoid late charge fees. Payments made later than five (5) Days after due date will incur an additional late charge of 1.5% monthly (18% annually) of the total amount due.

Initials: _____

Cancellation and Refund Policy: Because federal regulations require educational institutions to report changes in student status, non-immigrant international students under an F-1 visa may request refunds upon notification of withdrawal or cancellation, refunds will be processed as detailed below. If the student has enrolled in Lingua through an authorized recruiting agent, the student will receive a refund under the same terms applied to students enrolled directly at LINGUA minus the percentage charged by the recruiting agency, based on the total amount paid by the recruiting agency to LINGUA.

REFUNDS

If an applicant never attends class (no-show) or cancels the contract prior to the class start date, all refunds due will be issued within forty-five days (45) calendar days of the first scheduled day of class or the date of cancellation, whichever is earlier. For an enrolled student, the refund due will be calculated using the last date of attendance (LDA) and be paid within forty-five (45) calendar days from the documented date of determination. The date of determination is the date the student gives verbal or written notice of withdrawal to the institution or the date the institution terminates the student. In all eligible cases, refunds are calculated based upon tuition at our normal prices and not promotional or discounted prices.

CANCELLATIONS

Program Cancellation: If LINGUA cancels a program subsequent to a student's enrollment, the institution will refund all monies paid by the student.

Rejection of Applicant: If an applicant is rejected for enrollment by LINGUA, or if a prospective student has his/her visa application rejected, a full refund of all monies paid, less non-refundable charges, will be made.

Cancellation Prior to the Start Day of Class or No Show: If an applicant accepted by LINGUA cancels prior to the start of scheduled classes or never attends class (no show), LINGUA will refund all monies paid, less any actual non-refundable costs incurred by LINGUA in the maximum amount of \$500. Non-refundable charges include the application/registration fee of \$150 and \$350 administrative fees. Since LINGUA is not paid directly for transportation, housing or health insurance, students cancelling their services will arrange their refunds directly with the appropriate vendors.

If an applicant accepted by LINGUA enters the United States on an I-20 obtained through LINGUA and subsequently cancels prior to the start of scheduled classes or never attends class (no show), LINGUA will retain:

- For a program of 12 weeks or less, all the tuition charges for up to four weeks of the Period of Financial Obligation* and any actual nonrefundable costs incurred by LINGUA in the maximum amount of \$500. Non-refundable charges include the application/registration fee of \$150 and a \$350 administrative fee.
- For a program of more than 12 weeks all the tuition charges for up to six weeks of the Period of Financial Obligation* and any actual nonrefundable costs incurred by LINGUA in the maximum amount of \$500.00. Non-refundable charges include the application/registration fee of \$150 and administrative fee of \$350.

*PERIOD OF FINANCIAL OBLIGATION shall be defined as the training period for which a student is legally obligated to pay, which may be less than the total period of enrollment, if tuition is charged in smaller increments, such as by the month, term, and/or session. Under no circumstances may a period of financial obligation exceed a 12-month period.

WITHDRAWAL OR TERMINATION AFTER START OF CLASS:

Period of Financial Obligation – Four Weeks or Less: LINGUA will retain all the tuition charges for the Period of Financial Obligation.

Period of Financial Obligation Greater than Four Weeks: For students who withdraw at any point in the first four weeks, LINGUA will retain the charges applicable to the first four weeks. For students who withdraw after the first four weeks but before or at the mid-point of the Period of Financial Obligation, LINGUA will retain a prorated amount of tuition. For students who withdraw after the midpoint, LINGUA will retain all of the charges for that Period of Financial Obligation.

Prorated refunds will be calculated on a weekly basis. When determining the number of weeks, LINGUA will consider a partial week the same as if a whole week were completed, provided the student was present at least one day during the scheduled week.

CHARGES OTHER THAN TUITION

The application/registration fee of \$150 and administrative fee of \$350 are non-refundable (not to exceed \$500), except for cancellation of program by LINGUA. Rejection of Applicant: If an applicant is rejected for enrollment by an institution, or if a prospective student has his/her visa application rejected, a full refund of all monies paid, less non-refundable charges, will be given.

FIELD TRIPS

Any student going on a school-sponsored field trip must submit a properly completed and signed "Field Trip Permission Form." Students participating in International Field Trips must also submit a properly completed and signed "Student Medical/Medication Information" form prior to other preparations for the trip. This form must be signed by the student (if appropriate) or the student's parent or legal guardian, in the event the student is a minor child.

Initials: _____

CANCELATION OF THE FIELD TRIPS

By signing the permission form, the student (if appropriate) and parents/legal guardians affirm that he/she/they have approved the participation in the school-sponsored academic or extracurricular field trip with full knowledge that:

- LINGUA reserves the right to cancel a trip up to the departure date or to recall a trip in progress if local and/or international conditions so warrant or if security and safety concerns over which LINGUA had no control render it appropriate to cancel the trip. LINGUA will take the following criteria into consideration when making its decision: (a) U.S. Department of State Travel Advisory; (b) Homeland Security Advisory (alert status); and/or (c) Declaration of War or armed conflict.
- In such event that a trip must be canceled, school officials will make a reasonable effort to obtain a refund of monies paid by students. However, such refunds are not guaranteed. The student understand that he/she/they may lose any and/or all of the funds he/she/they have expended for the voluntary trip. Medical insurance is required for all multiple local field trips and international travel.

I am aware that when I am on a school sponsored trip, I am under the jurisdiction and supervision of the school employed sponsors/chaperons and that my behavior must conform to all LINGUA policies and regulations outlined in our academic catalog and that I must follow all reasonable instructions from chaperons. I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations.

INDIVIDUAL ABSENCES

LINGUA does not provide refunds for any individual absences by day, week, etc, that a student may incur during their Period of Enrollment.

CUSTOMIZED CLASS COMPLETION AND RESCHEDULING

Students enrolled in a customized program are permitted to make up a missed class provided written notice of inability to take the class is submitted to LINGUA's administration at least by noon of the business day prior to the scheduled class to avoid forfeiture.

A maximum of 15% of classes may be rescheduled. Students enrolled in customized programs must complete the course of study within the time frame specified on the course record, or as follows: within twelve (12) weeks for each module or level of proficiency consisting of 36 clock hours of class; six (6) weeks for half a level or module; and three (3) weeks for a quarter of a module. In harsh circumstances, LINGUA will allow customized language programs to be completed within a maximum time frame of 1.5 times the normal program length. Clients also have the option of purchasing a single two-hour class at a time. They will have the ability to reschedule that class once, provided they give written notice to LINGUA's administration at least by noon of the business day prior to the scheduled class to avoid forfeiture.

If a student is unable to attend class for an extended period of time, he/she must request a leave of absence, in accordance with our leave of absence policy, or class time will be forfeited and not eligible for makeups or refunds.

Tuition for any customized program comprised of two or more participants is non-refundable since this would affect the second party's contract, except where LINGUA converts a customized group class into a customized semi-private or private class. In this case, LINGUA will refund the withdrawn student according to the refund policy, and apply the remaining students' tuition towards a customized semi-private or private class, according to the effective rates for each participant remaining in the customized program

I have read and understood the General Release and Program Conditions and Payment set forth on this document and I agree to submit to them. If this document was not translated into my native language, I attest that the policies outlined herein were carefully explained to me and that I understand my rights and obligations set forth in the General Release and Program Conditions.

Name of Student: _____

Signature: _____ Date: _____

Release for use of Photographs and Video

I hereby give authorization to LINGUA to use photographs and videos of myself while participating in any school activities, including language training, extra-curricular activities, and field trips, in conjunction with any marketing, publicity, sales or promotional activities relating to LINGUA or any portion thereof. LINGUA may use, or license any such pictures or other reproductions for any purpose, commercial or otherwise, both during the Term of Enrollment and even after completion thereof. I hereby release Lingua from any and all claims whatsoever in connection with the use, reproduction, or publication of such images.

Name of Student: _____

Signature: _____ **Date:** _____

**Authorization to Retrieve Confidential Information
(non-immigrant international students under pending Change of Status only)**

I hereby give authorization to LINGUA to obtain/retrieve my I-94 or EAC history information for the purpose of follow-up and timely extending of pending Change of Status petitions. This consent will automatically expire once I start my studies at LINGUA. I understand I have the right to refuse to sign this authorization. I hereby confirm that I have reviewed this consent and agree to it and that this consent was explained to me in a language that I am able to understand prior to signing my approval.

Name of Student: _____

Signature: _____ **Date:** _____

Field Trip Permission Form

I will participate or authorize my child _____ to attend to the field trips selected below. I understand that personal injury can and may occur and I hereby authorize LINGUA to seek and consent to emergency medical attention; and I further agree to be liable for and to pay all cost incurred in connection with such medical attention. I hereby release LINGUA, its employees, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by my or my child while participating in or traveling to and from this event.

I agree to accept full responsibility, financially or otherwise for any damage I or my child may do to the properties visited on outing. I hereby certify that I have received a Lingua school T-shirt, and that I understand that the T-shirt should be worn at all school events, field trips and activities.

The following is all of the insurance information, restrictions, allergy and medication information necessary to receive appropriate medical care:

I hereby give authorization to LINGUA to charge my credit card if necessary, as a confirmation that I will be attending to the following filed trips:

___ Lingua Ranch ___ Florida Keys ___ Miami Highlights ___ Orlando

Name of Student: _____

Signature: _____ **Date:** _____

(If Participant is under 18 years of age, please print name of Parent/Guardian and sign)

I-20 Request Form

Applicant Information: *Please print your name as it appears on your passport in all capital letters.*

Last Name: _____ First, Middle Name: _____
Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
Country of Birth: _____ City of Birth: _____
Country of citizenship: _____

Foreign Address

Address Line 1: _____
Address Line 2: _____
City: _____
State/Province: _____
Zip Code: _____
Country: _____
Phone Number: _____

U.S. Address

Address Line 1: _____
Address Line 2: _____
City: _____
State/Province: _____
Zip Code: _____
Country: _____
Phone Number: _____

Dependent 1:

Family Name: _____ First, Middle Name: _____
Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
Country of Birth: _____ City of Birth: _____ Birth: _____
Country of Citizenship: _____ Country of Permanent Residency: _____
Relationship to F-1 Student: _____

Dependent 2:

Family Name: _____ First, Middle Name: _____
Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
Country of Birth: _____ City of Birth: _____ Birth: _____
Country of Citizenship: _____ Country of Permanent Residency: _____
Relationship to F-1 Student: _____

Dependent 3:

Family Name: _____ First, Middle Name: _____ Name: _____
Date of Birth (MM/DD/YYYY): _____ Gender: Male Female
Country of Birth: _____ City of Birth: _____ Birth: _____
Country of Citizenship: _____ Country of Permanent Residency: _____
Relationship to F-1 Student: _____

STUDENT MEDICAL INSURANCE FORM

- Specify the details of the persons to be included in insurance coverage:

Applicant's Name (*): _____ Date of Birth: ___/___/___ Name of Spouse: _____ Date of Birth: ___/___/___ Name child1: _____ Date of Birth: ___/___/___ Name child2: _____ Date of Birth: ___/___/___

(*) Mandatory Insurance

- Address in your country of origin: _____

- Contact numbers: _____
- Email: _____
- Date from which to start your coverage: ___/___/___
- Date you wish to end coverage: ___/___/___
- Would you like to keep your international medical coverage, even after the end of your course?
Yes: _____ No: _____ If answered Yes, for how long: _____
- Do you or a family member have insurance coverage or any Medical Condition, such as recent operations, ongoing treatments, current medications, etc.: Yes _____ No _____
If answered yes, please explain:

- Maternity coverage: Yes _____ No _____
- Do you Smoke: Yes _____ No _____ # of cigarettes/day _____

I declare that all the information I have provided on this application is true and accurate to the best of my knowledge. I understand that incorrect information provided to in this form can result in health insurance denial of coverage.

Signature