



# International Student Application Form

South Beach Languages: 1556 Alton Road, Miami Beach, FL 33139  
SBL North: One Oakwood Blvd #150, Hollywood, FL 33020

[info@southbeachlanguages.com](mailto:info@southbeachlanguages.com)  
[www.southbeachlanguages.com](http://www.southbeachlanguages.com)

**Student Information. All information below must be exactly the same as it appears on your passport. Please print clearly.**

Family (Last) Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email \_\_\_\_\_  
Country of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_ Native Language \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_

Permanent Address in your country: \_\_\_\_\_

Local USA Address (if known): \_\_\_\_\_

### Enrollment Information

Studying English should be linked to an academic, professional or personal objective. Please describe why you want to improve your English (be specific): \_\_\_\_\_  
Highest level of education completed: \_\_\_\_\_  
On a scale of 1 (Beginner) to 10 (Advanced), how would you rate your English? \_\_\_\_\_

I am applying for:  
 Initial F1 Visa (from my country)  
 Transfer F1 (from another school)  
 Change of Status (from a B1/B2 visa)  
 Re-Entry  
Are you applying with any dependents (F2):  
 Yes  No How many? \_\_\_\_\_  
If yes, \$100 'F2' registration fee may apply.

Included with this application is a copy of my passport and a recent bank letter from:  
 My own bank account  
 My parent's or sponsor's account (If you have a sponsor, include the sponsor form & sponsor ID)

Each quarterly term (approx. 3 months) covers a level. 4 terms per year. Vacation 'breaks' given between terms. Register for a minimum of 1 term, to maximum 4 terms  
**How many terms will you study?** \_\_\_\_\_  
**When is your planned start date?** \_\_\_\_\_  
**2024 start date options:**  
January 15, April 8, July 15, October 7  
(Note: Transfer & 'Change of Status' start dates flexible)

### Payment Information

The discounted price is \$1350 per term (or option to pay \$499 in 3 monthly installments). No application fees for Transfers or 'Change of Status'. Your schedule/level will be determined by your placement test and availability upon enrollment.

**Calculate 1st Payment**  
<--Enter amount  
\_\_\_\_\_  
If applying from your country, add non-refundable \$150 Register Fee  
**= Total Due**  
\_\_\_\_\_

English Intensive	Morning On-site Classes	Evening On-site Classes
Choose Location:	9am-1:30pm Mon/Tue/Wed/Thu	5:30-10pm Mon/Tue/Wed/Thu
<b>Hollywood</b> <input type="checkbox"/>	<input type="checkbox"/> \$499 monthly <input type="checkbox"/> \$1350 1-term <input type="checkbox"/> \$2700 2-terms	<input type="checkbox"/> \$499 month <input type="checkbox"/> \$1350 1-term <input type="checkbox"/> \$2700 2-terms
<b>Miami Beach</b> <input type="checkbox"/>	<input type="checkbox"/> \$499 monthly <input type="checkbox"/> \$1350 1-term <input type="checkbox"/> \$2700 2-terms	(Evening classes only offered in Hollywood)

**Payment options:**  Enter credit card below  Request a PayPal invoice  Pay by Zelle in the USA: 305-815-4271

Name as it appears on card \_\_\_\_\_

Credit Card Account # \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_/\_\_\_\_ Security Code (digits on back of credit card) \_\_\_\_\_ (If card name differs, please provide ID)

I authorize SBL to charge the amount in the 'Calculate Payment' total box above.

Cardholder's Name	Cardholder's Signature	Date (MM/DD/YYYY)
_____	_____	_____

### Applicant's Pledge

I understand the estimated costs of attending South Beach Languages. I have enough money available to pay for ongoing tuition, health insurance, meals, housing and personal expenses. I understand F1 students must attend minimum 18 hours per week and follow F1 visa regulations. I understand and agree to the refund policy. I authorize SBL to access my i-94 and electronic files. I certify all statements on this form are true.

Full Name	Signature	Date (MM/DD/YYYY)
_____	_____	_____