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Transfer-In

Initial F-1

Change of Status

Resident

Other

Part 1 Program and Optional Services

Program : ESL TOEFL IELTS

Class Time: Morning Afternoon Evening

Quarter: Winter Spring Summer Fall

Starting Date: _____ Ending Date: _____
 Month Day Year Month Day Year

Please choose one or more of the following services as needed:

Additional fees will apply for the following services, for more information please contact your Student Representative.

Express Mail

Airport Pick Up

Homestay Placement

Part 2 Student Information

Name: _____
 Family Name First Name Middle Name

Date of Birth: _____ Gender: ☐ Male ☐ Female
 Month Day Year

Country of Birth: _____ Country of Citizenship: _____

U.S. Address:

 Street Address City State Zip code

Telephone: _____ E-mail: _____

Part 3 Address of Your Home Country or Permanent Residence

 Street Address City Province / State

 Country P.O. Box / Postal Code Phone Number

If you have dependents, fill out the following:

Spouse	Name: _____	Date of Birth: _____	Male Female
Child	Name: _____	Date of Birth: _____	Male Female
Child	Name: _____	Date of Birth: _____	Male Female

Name: _____ Student status: _____ Notes: _____

Part 4 Emergency Contact

Name : _____ Relationship : _____

Phone : _____ E-mail : _____

Part 5 Office Use Only

Payment Information

Course Title _____ Level _____ () Morning Afternoon Evening

Clock Hours _____ Start date _____ End Date _____

ITEM	AMOUNT	METHOD	DATE	INVOICE NO.
Registration Fee (nonrefundable)	\$			
Tuition Fee	\$			
Mailing Fee	\$			
Books	\$			
Others:	\$			
TOTAL FEES	\$			

*** If a course is canceled due to insufficient enrollment, all money including registration fees will be refunded.**

Notes: _____

Part 6 You are Responsible for Paying The Above Amount

Do not sign this agreement until you have read all three pages

This enrollment agreement is legally binding when signed by the student and accepted by the institution.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Student Signature (type your name)

Date

Authorized School Official

Date

Part 7 Signature of Person Preparing The Form if Other Than above

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Print your name

Signature (type your name)

Date

Acknowledgment

1. For Initial I-20 students, the non-refundable application fee is valid for 12 months.
2. All the international (I-20) students are required to attend school full-time to remain in status.
3. It is mandatory you notify us any time your phone number and / or address changes.

STUDENT'S RIGHT TO CANCEL AND REFUND INFORMATION

You may cancel your contract and obtain a refund of charges paid for school without any penalty or obligations before midnight on the seventh day after enrollment or after your first class session, whichever is later, by hand delivering or mailing a completed Notice of Cancellation form to the address shown on the front of this Agreement. You have the right to withdraw from a program of instruction at any time. If you withdraw from a program of instruction after the cancellation period, the institution shall remit a refund minus a \$150 registration fee within 45 days following your withdrawal. You are only responsible to pay for educational services rendered and unreturned equipment. The refund due will be calculated using the last date of attendance.

LASC shall have a refund policy for the return of unearned institutional charges if the student cancels an enrollment agreement or withdraws during a period of attendance. All refunds are prorated and will be calculated on a basis of days attended. The amount owed equals the daily charge for the program multiplied by the number of days student attended, or was scheduled to attend prior to withdrawal. No refunds will be given for students who have attended over 60% of days paid.

HYPOTHETICAL REFUND EXAMPLE

$$\text{Tuition Paid - Registration Fees} \times \frac{\text{Days of instruction paid for but not received}}{\text{Days of instruction paid for}} = \text{Actual Refund}$$

Cancellation, Withdrawal, and Refund Policy

No Notice of Withdrawal

In the event that no notice of withdrawal (written or verbal) is provided, an institution must automatically administratively withdraw a student after s/he has been absent for a maximum of 30 consecutive calendar days (excluding any scheduled breaks of the institution) and complete a refund calculation, processing any refunds to or on behalf of the student.

No Shows

If an applicant never attends class (no-show) or cancels the enrollment prior to the class start date, all refunds due must be made within forty-five (45) calendar days of the first scheduled day of class or the date of cancellation, whichever is earlier.

NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION

The transferability of credits you earn at LASC is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the certificate you earn in our ESL program is also at the complete discretion of the institution to which you may seek to transfer. If the certificate that you earn at this institution is not accepted at the institution to which you may seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason, you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending LASC to determine if your certificate will transfer.

NOTICE TO ALL PROSPECTIVE STUDENTS

Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable.

Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833, www.bppe.ca.gov, toll-free telephone number (888) 370-7589 or by fax (916) 263-1897. A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (888) 370-7589 toll-free or by completing a complaint form, which can be obtained on the bureau's website.

I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet.