

## Boston International Academy Application

### PERSONAL INFORMATION

#### LEGAL NAME IN FULL

LAST NAME

FIRST NAME

MIDDLE

#### HOME COUNTRY ADDRESS

STREET NUMBER, STREET NAME

CITY/TOWN

STATE/PROVINCE

ZIP CODE

COUNTRY

#### MAILING ADDRESS IN USA

STREET NUMBER, STREET NAME

CITY/TOWN

STATE

ZIP CODE

#### PHONE ( )

(AREA CODE) PHONE NO.

#### CELL PHONE ( )

(AREA CODE) PHONE NO.

#### EMAIL ADDRESS

#### GENDER

MALE

FEMALE

#### DATE OF BIRTH

MM / DD / YYYY

#### BIRTH PLACE

COUNTRY OF BIRTH

NATIONALITY

#### EMERGENCY CONTACT

NAME OF PERSON

RELATION TO PERSON

PHONE NO.

**PASSPORT AND VISA INFORMATION**

**PASSPORT NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**CURRENT VISA STATUS (IF APPLICABLE)**  F-1  J-1  H-1B  B1  B2  OTHER \_\_\_\_\_

**EXPIRATION DATE OF CURRENT STATUS:** \_\_\_\_\_ **D/S:** \_\_\_\_\_  
DURATION OF STAY

**PLEASE STATE ANY DEPENDENTS – YOUR WIFE/HUSBAND AND/OR CHILD/CHILDREN**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**AGENT INFORMATION**

**I CERTIFY THAT I WAS RECUITED TO BIA BY** \_\_\_\_\_  
AGENT COMPANY NAME

WEBSITE \_\_\_\_\_ CONTACT NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

**INITIAL STUDENTS (NEW I-20 FORM, FIRST TIME F-1 VISA APPLICANTS)**

**MAIL ORDER REQUEST**

I would like my I-20 form sent via express mail. I understand I will need to include \$90 in my application for this option.

I would like my I-20 form sent via regular mail.

**TRANSFER STUDENTS**

**I-94 CARD NUMBER** \_\_\_\_\_

**I CERTIFY THAT I AM/WAS MOST RECENTLY A FULL-TIME STUDENT AT** \_\_\_\_\_  
NAME OF SCHOOL

INTERNATIONAL STUDENT ADVISOR NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

SEVIS ID NUMBER \_\_\_\_\_ LAST DAY OF CLASS STATED ON I-20 FORM ( MM / DD / YYYY )

**PROGRAM AND SESSION INFORMATION**

**PLEASE CHECK THE PROGRAM YOU WOULD LIKE TO ATTEND:**

TOEFL     ESL     OTHER \_\_\_\_\_

**HOW MANY SESSIONS WILL YOU ATTEND?** \_\_\_\_\_

- ❖ It may take 1 month to 3 months to receive your visa. Please put that into consideration when choosing the session you would like to begin.
- ❖ Please note that each level is broken into 4 sessions, each covering a section of the book. 4 sessions covers 1 entire book equivalent to 1 level.

**PLEASE CHECK THE SESSIONS YOU WOULD LIKE TO ATTEND:**

<b>2011</b>		<b>2012</b>	
<input type="checkbox"/> Jan 3 - Jan 28	<input type="checkbox"/> Jun 27 - July 22	<input type="checkbox"/> Jan 2 - Jan 27	<input type="checkbox"/> Jun 25 - July 20
<input type="checkbox"/> Jan 31 - Feb 25	<input type="checkbox"/> Jul 25 - Aug 19	<input type="checkbox"/> Jan 30 - Feb 24	<input type="checkbox"/> Jul 23 - Aug 17
<input type="checkbox"/> Feb 28 - Mar 25	<input type="checkbox"/> Aug 29 - Sep 23	<input type="checkbox"/> Feb 27 - Mar 23	<input type="checkbox"/> Aug 27 - Sep 21
<input type="checkbox"/> Mar 28 - Apr 22	<input type="checkbox"/> Sep 26 - Oct 21	<input type="checkbox"/> Mar 26 - Apr 20	<input type="checkbox"/> Sep 24 - Oct 19
<input type="checkbox"/> May 2 - May 27	<input type="checkbox"/> Oct 24 - Nov 18	<input type="checkbox"/> Apr 30 - May 25	<input type="checkbox"/> Oct 22 - Nov 16
<input type="checkbox"/> May 31 - Jun 24	<input type="checkbox"/> Nov 21 - Dec 16	<input type="checkbox"/> May 28 - Jun 22	<input type="checkbox"/> Nov 19 - Dec 14

**SOURCE INFORMATION**

**WHERE DID YOU HEAR ABOUT BIA?**

- Friend (Full Name): \_\_\_\_\_  Agent
- Internet (Website address): \_\_\_\_\_  Outdoor Sign
- Newspaper: \_\_\_\_\_  Other \_\_\_\_\_

**MEDICAL EMERGENCY STATEMENT**

In the event of illness or injury, I authorize medical treatment and release of medical information for medical treatment and insurance purposes. I accept responsibility for medical expenses outside the limits of my health insurance. I declare this statement to be true and understand I may be expelled if this statement is false.

**FINANCIAL STATEMENT**

I understand that I will need at least US \$1,000 for living expenses each month in addition to the tuition cost at BIA. I agree to be responsible for these expenses. I declare this statement to be true and understand I may be expelled if this statement is false.

I have read the information in this application provided by BIA. I understood and acknowledge BIA tuition, refund, and attendance policies. Submission of this signed application constitutes an acceptance of the terms and conditions stated above, as well as in agent and transfer school information and in the medical emergency and financial statements.

**SIGNATURE OF APPLICANT****DATE**

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**PARENT OR GUARDIAN****DATE**

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(If applicant is under 18)

## DEPOSIT & FEES PAYMENT METHOD

**I would like to make payment by:**

1)  CHECK     MONEY ORDER

*Note: All checks must be drawn from a United States bank and must have the bank name imprinted on the check.*

2) **Credit / Debit card** (Select one)     VISA     MASTERCARD

CARDHOLDER NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

3) **Wire transfer** (BIA bank account information is as follows):

ACCOUNT NAME: Boston International Academy (BIA)

ACCOUNT #: 004601370203

BANK NAME AND ADDRESS: Bank of America, 100 Federal Street, Boston, MA 02110

BANK OF AMERICA Swift Code: BOFAUS3N, CHIP #: 0959

## Letter of Financial Support

I, \_\_\_\_\_ will be providing \_\_\_\_\_ with financial  
Name of sponsor Name of student

support during his/her study at Boston International Academy. I understand the cost of attending Boston International Academy is approximately \$1,750 per month for full tuition and housing. I have adequate funds to support his/her academic endeavors. A bank statement is being provided for your review.

Signature: \_\_\_\_\_

Relation to student: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach a bank statement in English, less than 6 months old that shows total USD amount in available funds.