



IEP Application Form
*Required Field, please type or print legibly

PART 1. Applicant Information

Florida resident Visitor If visitor, type of visa: _____

Applicant Name* Last name: _____ First Name: _____

Sex: Male Female Date of Birth*: ____/____/____

Country of birth*: _____

Native Language*: _____ Email Address*: _____

Mailing Address**: _____ City: _____

State: _____ Zip Code: _____

Telephone Number**:(____) ____ - _____

Emergency contact name*: _____ Emergency contact telephone*:(____) ____ - _____

How did you hear about us? A Friend Google Search Facebook YouTube Other: _____

What's the reason you want to study English? Academic Professional General Skills Other: _____

PART 2: Program Information

Start Date*: _____ End Date: _____

Course duration*

3 months 6 months 9 months 12 month

Preferred Schedule*

Days M-R 9AM-2PM Nights M-R 4PM-9PM

Select course(s):

All classes: Full tuition \$3,160/12 weeks All classes: Monthly payments \$1095/ 4 weeks

Speaking and Listening \$350/ 4 weeks Reading and Writing \$250/ 4 weeks

Grammar for Communication \$550/ 4 weeks

Tuition \$ _____

Placement Test \$35 Registration \$50 per class \$ _____ Book(s) \$ _____ **Total \$ _____**

Terms and Conditions

Refund Policy for first month or quarter paid in IEP.

If Withdrawal or Cancellation occurs:

Within 2 Days of Start Date or During 1st Week
During 2nd Week
After 2nd week

The School Will Refund:

80% of TOTAL tuition
60% of TOTAL tuition
No refunds

This policy will apply to all future quarters that are paid for. Students who pay for less than 1 month of classes will receive NO refunds for tuition. Prices are subject to change.

School Activities and Events

Tampa Language Center hosts school activities both in school and in the community for all students. This may require transportation to and from such outings. Teachers are there to guide and coordinate and will not be held responsible for your well-being and/or your belongings. If you choose to participate in a school-related event, you agree and recognize that you are a willing participant in such events, and Tampa Language Center will not be held liable or responsible for any incidents or injuries that may occur.

By signing below I acknowledge that I have read, understood, and I accept all the Terms and Conditions above.

_____ X _____
Student or Guardian's name (Printed) Student or Guardian's signature Date

PART 3: Student Needs Survey

Why do you want to study English? Academic Reasons General English Skills Other: _____

I am interested in: TOEFL IELTS GRE GMAT None of these Other: _____

What area/s are you most interested in improving? Number them from 1 (most important) to 6 (least important) and do not repeat numbers:

____ Grammar ____ Writing ____ Listening ____ Speaking ____ Reading ____ Vocabulary