



Boston International Academy
1642 Commonwealth Avenue, Brighton, MA 02135
TEL: (617) 731-6390 | FAX: (617) 731-6391
www.bia.edu

PASSPORT AND VISA INFORMATION

PASSPORT NUMBER: LP1111111 **EXPIRATION DATE:** Jan/01/2020

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: _____

NAME: _____ DOB: _____ Country of Birth: _____ RELATIONSHIP: _____

NAME: _____ DOB: _____ Country of Birth: _____ RELATIONSHIP: _____

AGENT INFORMATION

I CERTIFY THAT I WAS RECRUITED TO BIA BY _____ Langpedia _____
AGENT COMPANY NAME

_____ Maiko Yokaichiya _____
WEBSITE CONTACT NAME CONTACT NUMBER

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

MAIL ORDER REQUEST

I would like my documents and I-20 form sent via express mail. I understand I will need to include \$65 in my application for this option.



Boston International Academy
 1642 Commonwealth Avenue, Brighton, MA 02135
 TEL: (617) 731-6390 | FAX: (617) 731-6391
 www.bia.edu

PROGRAM/COURSE AND SESSION INFORMATION

PLEASE CHECK YOUR SCHEDULE PREFERENCE: Morning Evening Weekend

PLEASE CHECK THE PROGRAM or COURSE YOU WANT:

Full-Time: Premium TOEFL Premium ESL TEFL/TESOL 2-Week Courses*:

**Offered in December during Fall IV session only.* Speaking & Pronunciation
 Writing & Composition
 Business English

ESL: Premium ESL 24 Premium ESL 28 (pick one **Electives** course) Premium ESL 32 (pick two **Electives** courses)

TOEFL: Premium TOEFL 32

Afternoon Electives: Oral Communication Academic Writing & Note-Taking Business English

Part-Time: Afternoon Electives OR Intensive ESL

Afternoon Electives: Oral Communication Academic Writing & Note-Taking Business English

ESL: Intensive ESL 20

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 CHECK THE SESSIONS YOU WOULD LIKE TO ATTEND:

2017		2018	
<input type="checkbox"/> Jan 3 - Jan 27	<input type="checkbox"/> June 19 - July 16	<input type="checkbox"/> Jan 2 - Jan 28	<input type="checkbox"/> June 18 - July 15
<input type="checkbox"/> Jan 30 - Feb 24	<input type="checkbox"/> July 17 - Aug 13	<input type="checkbox"/> Jan 29 - Feb 25	<input type="checkbox"/> July 16 - Aug 12
<input type="checkbox"/> Feb 27 - Mar 24	<input checked="" type="checkbox"/> Aug 14 - Sep 10	<input type="checkbox"/> Feb 26 - Mar 25	<input type="checkbox"/> Aug 13 - Sep 9
<input type="checkbox"/> Mar 27 - Apr 21	<input type="checkbox"/> Sep 11 - Oct 8	<input type="checkbox"/> Mar 26 - Apr 22	<input type="checkbox"/> Sep 10 - Oct 7
<input type="checkbox"/> Apr 24 - May 19	<input type="checkbox"/> Oct 10 - Nov 5	<input type="checkbox"/> Apr 23 - May 20	<input type="checkbox"/> Oct 9 - Nov 4
<input type="checkbox"/> May 22 - June 16	<input type="checkbox"/> Nov 6 - Dec 3	<input type="checkbox"/> May 21 - June 17	<input type="checkbox"/> Nov 5 - Dec 2
	<input type="checkbox"/> Dec 4 - Dec 17		<input type="checkbox"/> Dec 3 - Dec 16

Tuition Agreement

I hereby agree to pay the tuition amount of \$850 for the program that I am enrolling in. I acknowledge that tuition payments submitted after Friday of the first week of the session will be assessed a \$50 late fee.

Student's Signature: 山田花子



Boston International Academy
1642 Commonwealth Avenue, Brighton, MA 02135
TEL: (617) 731-6390 | FAX: (617) 731-6391
www.bia.edu

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

*Please note that you must pay an **additional \$20 service fee** if you use a wire transfer.



Boston International Academy
1642 Commonwealth Avenue, Brighton, MA 02135
TEL: (617) 731-6390 | FAX: (617) 731-6391
www.bia.edu

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 \$2200 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.



Boston International Academy
1642 Commonwealth Avenue, Brighton, MA 02135
TEL: (617) 731-6390 | FAX: (617) 731-6391
www.bia.edu

Acknowledgement of Terms Enrollment Agreement

I, Hanako Yamada, have read and understood the policies and procedures outlined in this application.

By submitting this form for enrollment at Boston International Academy, I agree to comply with the registration, payment, and refund terms outlined throughout this application.

Your signature on this agreement acknowledges that you have been given reasonable time to read and understand its contents and that you have received information explaining the courses, policies, and procedures of the school. Immediately upon signing this agreement, you will be given a copy of it to keep. No payments from the student will be accepted by the school until this agreement has been signed, dated, and submitted by the student.

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 \$1,200 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.

Date: Jul/01/2017

Signature: 山田花子

Please Note: If you need this application to be translated or clarified, we will provide you with a translator or translated copy.