



# American Language Programs, Inc.

## STUDENT INFORMATION FORM

56 Hobbs Brook Road, Boston, Massachusetts 02493 USA

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To prospective student: Please take a few moments to **carefully** and **legibly** complete this questionnaire. Your responses will assist us in placing you with the appropriate family as quickly as possible

### I. General Information

Full Name: \_\_\_\_\_  
last or family first middle initial

Address: \_\_\_\_\_

City/Town/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: (Country Code/Town/City/Region Code) + Telephone Number: \_\_\_\_\_

FAX (if applicable): \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_

### II. Personal Information

Date of Birth (mm/dd/yy): \_\_\_\_\_ Sex (circle one): *MALE FEMALE*

Highest Level of Education: \_\_\_\_\_

Profession and/or Employer Name: \_\_\_\_\_

Address of School/Employer and Telephone Number (Country Code)(City Code): \_\_\_\_\_

Number of Years of Previous English Study: \_\_\_\_\_

English Level (circle one): *novice low-intermediate intermediate high-intermediate advanced*

Reasons for Studying English: \_\_\_\_\_

Hobbies/Activities: \_\_\_\_\_

Do You Smoke Cigarettes? Yes \_\_\_/No \_\_\_ (If yes, families require you smoke outside the home)

Allergies/Medical Conditions: \_\_\_\_\_

Medications You Will Take While Studying with ALP: \_\_\_\_\_

Medical Insurance Name and Policy Number (Required): \_\_\_\_\_

*Anything else you think we should be aware of? (If you need more room, please explain on back)*

### **IMPORTANT \*Study Locations\***

Boston, MA / Orlando, FL / Palm Beach, FL / Boca Raton, FL / Miami, FL / Phoenix, AZ  
San Francisco, CA / Los Angeles, CA / New York City & New Jersey / Vancouver, B.C, Canada

### **IMPORTANT \*\*Dates of study/homestay\*\***

[START] Month/Day/Year: \_\_\_/\_\_\_/\_\_\_ [END] Month/Day/Year: \_\_\_/\_\_\_/\_\_\_

\*\*\*Program you are interested (circle): (A) Standard (B) Business & Specialized -Vocabulary (C) 5\*Deluxe

\*\*\*\*Number of hours per week (circle): (A) 15 (B) 20 (C) 25 (D) Customized Program

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

*Please Return Promptly!*