



IEP Application Form

*Required Field, please type or print legibly

PART 1. Applicant Information

☐ Resident ☐ Visitor If visitor, type of visa: _____

Applicant Name Last name: _____ First Name: _____ Middle Initial _____

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*: _____

Preferred Schedule

☐ Mornings M-R 9AM-2PM ☐ Nights M-R 4-9PM

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 \$ _____

*Information required for statistical purposes only.

**Contact information will be used for school-related matters only and will not be shared with third parties.

TAMPA LANGUAGE CENTER
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info@tampalanguagecenter.com
www.tampalanguagecenter.com

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 chose 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 checking this box, I acknowledge that I have read, understood, and I accept all the Terms and Conditions above.

Student or Guardian's name (Printed)

X _____

Student or Guardian's signature

Date

PART 3: Student Needs Survey

Approximate level of English?

☐ Level 1: Beginner (A1) ☐ Level 2: High Beginner (A2) ☐ Level 3: Pre-Intermediate (A2+ - B1) ☐ Level 4: Intermediate (B1+)

☐ Level 5: Upper-Intermediate (B2) ☐ Level 6: Advanced (C1) ☐ Level 7: Upper-Advanced (C1+)

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):

_____ Grammar _____ Writing _____ Listening _____ Speaking _____ Reading _____ Vocabulary

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