

# Registration Form

# CAPSTONE ENGLISH MASTERY CENTER



a subsidiary of Educational Research Associates,  
a nonprofit research corporation

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United States of America

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## For Office Use Only

Student # \_\_\_\_\_

Date Received \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ ☐ Male ☐ Female  
*Family Name First Name Middle*

### Present or Anticipated Address in U.S., if any:

Host Family (if any) \_\_\_\_\_

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City / State / Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Fax \_\_\_\_\_

### Permanent Address in Your Native Country:

Street Address 1 \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City \_\_\_\_\_

State / Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

Country of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_

Social Security # or Individual Taxpayer ID #

( if any ) \_\_\_\_\_

Immigration Admission # \_\_\_\_\_

Driver's License # \_\_\_\_\_

State \_\_\_\_\_

### Previous education:

Name of High School \_\_\_\_\_ Dates \_\_\_\_\_ Did you Graduate? ☐

Name of University \_\_\_\_\_ Dates \_\_\_\_\_ ☐

### What is Your Educational Goal in the U.S.?

(for example, English, Bachelor's degree, Master's degree, or Ph.D., and expected Major):

Do you need an I-20 for an F-1 student visa? ☐ Yes ☐ No

If "Yes" all shaded areas of this form are **required**.

Are you now in the U.S. on an F-1 visa? ☐ Yes ☐ No

What school issued your I-20? \_\_\_\_\_

*Name of School*

*Telephone*

*City / State / Zip*

*Fax*

CONTINUED ON REVERSE

Do you plan to bring any dependents with you to the United States? ☐ Yes ☐ No *If "Yes" enter names below*

Family Name

First Name

Date of Birth

Country of Birth

Relationship to F-1 Student

Person to be notified in case of emergency:

Relationship

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Where did you learn about Capstone? (Friend or Relative, Capstone Student or Teacher, Yellow Pages, Internet, Advertisement, etc.)

Date I Plan to Start Attending: \_\_\_\_\_

Attending

☐ Full days ☐ Independent Study

☐ Half days ☐ Evening

Tuition Payable by:

☐ Month

☐ Quarter year (3 months)

I hereby certify that all information provided on this registration form is correct and true, and assume responsibility for prompt payment of tuition and supplies

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Parent/Sponsor signature

*If you need an I-20 form to apply for a Student Visa or maintain F-1 Student Status, be sure to include financial information with this registration form*

All Enrollments Incur a Non-refundable \$50 Registration Fee  
Minimum Attendance Period – 2 Months (Except by Prior Arrangement)  
All Terminations/Withdrawals **MUST** be made to the registrar **IN WRITING**

No Option Carries Interest • Finance Charge – NONE • Annual Percentage Rate – ZERO

The information contained in the current Capstone English Mastery Center catalog and Tuition Schedule should be considered as part of this application.

NOTICE! — Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.