



Silicon Valley ESL Campus

Student Application Form

*Please type the application or print it legibly in black ink

1. Student Information

Last Name: _____ First Name: _____

Middle Name: _____

Date of Birth (MM/DD/YYYY): _____

Gender: ☐ Male ☐ Female ☐ Other

Country of Citizenship: _____

Native Language: _____

Email Address: _____

Phone Number: _____

Home Address:

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

2. Student Status

Please select one:

☐ Local Student

☐ International Student (F-1 Visa)

☐ Transfer Student

☐ Other: _____

For International Students:

Passport Number: _____

Current Visa Status: _____

SEVIS ID (if applicable): _____

Current School (Transfer Students Only):

3. ESL Program to Start

Spring Term (Apr ~ Jun), 20_____

Summer Term (July ~ Sep), 20 _____

Fall Term (Oct ~ Dec), 20_____

Winter Term (Jan ~ Mar), 20_____

4. Program Selection

Please select the program you wish to enroll in:

English Programs

- ☐ Conversation English
 - ☐ Business English
 - ☐ Job & Career English
 - ☐ TOEFL / IELTS Preparation
 - ☐ IT & Tech English
-

5. Conversation Track Placement

(For Conversation English Students)

Please select your current level:

- ☐ Beginning Conversation
 - ☐ Intermediate Conversation
 - ☐ Advanced Discussion
 - ☐ Placement Test Required
-

6. Schedule Preference

Please select your preferred class schedule:

Morning Classes

- ☐ Monday / Wednesday
- ☐ Thursday / Friday
- ☐ Monday - Thursday Intensive

Afternoon Classes

- ☐ Monday / Wednesday
- ☐ Tuesday / Thursday
- ☐ Monday - Thursday Intensive

Evening Classes

- ☐ Monday / Wednesday
- ☐ Tuesday / Thursday
- ☐ Monday - Thursday Intensive

Saturday Classes

- ☐ Saturday Only
-

6. English Learning Goals

What are your primary goals for studying English?

- ☐ Daily Conversation
- ☐ Academic Preparation
- ☐ College Admission
- ☐ TOEFL / IELTS Preparation

- ☐ Career Advancement
 - ☐ Job Search & Interviews
 - ☐ Business Communication
 - ☐ Technology & IT Communication
 - ☐ Other:
-

7. English Proficiency Self-Assessment

Please rate your current English ability:

Skill	Beginner	Intermediate	Advanced
Speaking	☐	☐	☐
Listening	☐	☐	☐
Reading	☐	☐	☐
Writing	☐	☐	☐

8. How Did You Hear About Us?

- ☐ Friend / Family
- ☐ Social Media
- ☐ Google Search
- ☐ Community Organization
- ☐ Educational Agent

☐ School Referral

☐ Other:

9. Agreement

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that tuition and fees are subject to the school's policies and procedures.

Student Signature: _____

Date: _____

Office Use Only

Application Received Date: _____

Placement Test Completed: ☐ Yes ☐ No

Level Assigned: _____

Program Assigned: _____

Start Date: _____

Student ID Number: _____

Processed By: _____

Notice of Nondiscriminatory policy to students

OIKOS University admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.