



International Mid Pac College

Application Form/Enrollment Agreement

Name			☐ Male ☐ Female	
Last/Family name		First name	Middle	
Date of Birth (Month/Day/Year)	/	/	Age	E-mail
Citizenship (e.g. Japan)		Country of birth (e.g. S. Korea)		
Home Country Address				
Street address			Apartment /House number	
City	Prefecture/State/Province	Country	Postal code	
Home Phone (Begin with country code)		Cell Phone (Begin with country code)		
Hawaii Address				
Street Address			HI	Zip Code
Home Phone (Begin with area code)		Cell Phone (Begin with area code)		
Visa Status				
☐ I am a visitor on a Tourist Visa/ Visa Waiver Program (max. 90 days)			less than 18 hrs	
☐ I am an F1 student or another non-immigrant visa holder (e.g. E2, J1, R1)			up to 18 hrs	
☐ I am a U.S. citizen or a resident			up to 18 hrs	
☐ I don't know. I need help.				
Program Info				
☐ I want to enroll in IECP		from _____ to _____		
Option _____ for _____ week(s)				
☐ I want to enroll for a private lesson		from _____ to _____		
☐ I am in a special program		from _____ to _____		
		Month/Day/Year Month/Day/Year		
☐ I don't know. I need help.				
Have you ever attended IMPAC? ☐ No ☐ Yes (IEPP / IECP) If yes, when? From _____ to _____ (mm/yyyy) (mm/yyyy)				
IECP Course Options* 15 hours per week (Mon-Fri) () are hours of class per week Option A= Listening &Speaking(6) + Grammar(6) + Reading & Writing(3) Option B= Listening &Speaking(6) + Grammar(6) + Vocabulary(3) 9 hours per week(Mon-Fri) Option C= Listening &Speaking (6) + Reading & Writing (3) Option D= Listening &Speaking (6) + Vocabulary (3) *Non-visitors can take 18 hour/week at 15 hour/week tuition rate				
Emergency contact in Hawaii				
Name	Relationship	Phone	E-mail	
Emergency contact in Home Country				
Name	Relationship	Phone	E-mail	

PLEASE READ AND SIGN

- I understand that International Mid Pac College (IMPAC) has the right to change policies, prices and programs without prior notice.
- I certify that this application form is complete and accurate to the best of my knowledge.
- I agree to follow all IMPAC rules, terms, conditions during my enrollment at IMPAC.

X

Signature of Applicant

Date (mm/dd/yy)

X

Signature of Parent/Guardian (if applicant is under 18)

Date (mm/dd/yy)