



APPLICATION FOR ADMISSION

THE BEMENT SCHOOL
94 OLD MAIN STREET
PO BOX 8
DEERFIELD, MA 01342
Phone: 413-475-3044
Fax: 413-774-7863
esl@bement.org

FOR STUDENTS APPLYING TO THE ELAC SUMMER PROGRAM

Applicant Information:

First Name (as it appears on passport) Middle Name

Last Name (as it appears on passport) Nickname

Birthdate age current grade

Address (be specific)

Address (be specific)

City Province/State

Country Postal code/ Zip

Telephone Fax

Email

Instructions:

Application Deadline: Rolling Admission

Application Fee: \$60 US

Tuition: \$4,600 US

Signature of Applicant

Parent or Correspondent Information:

___ Check if address is same as applicant

___ Father ___ Mother ___ Consultant

email

Last name First name Mr./ Mrs./ Dr.

Complete Address:

Phone

Fax

Signature of Parent/Guardian