

STUDENT INFORMATION

First Name: _____ Last Name: _____

Male Female Birthdate (mm/dd/yy): ___/___/___ Nationality: _____ Passport Number: _____

Address: (Home/Apt #, Street): _____ City: _____

Province/State: _____ Country: _____ Postal Code: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Emergency Contact Name: _____ Emergency Tel: (____) _____

STUDY INFORMATION SECTION A

Start date: (mm/dd/yy): ___/___/___ Weeks of study: _____

Enriched English Language Full Time \$210/week
 Enriched English Language Intensive \$275/week (please select your elective below)
 Enriched English Language Super Intensive \$340/week (please select your elective below)

Academic Year (36 Weeks) \$6500

Electives: Test Preparation (TOEFL/IELTS/ESOL) Professional English (Business/Medical) Specialized English Other

ESL PLUS PROGRAMS:

Enriched English Language Program PLUS YOGA \$275/week

Program Fee \$ _____ X _____ # weeks: Section A Total _____

ACCOMMODATION INFORMATION (IF APPLICABLE) SECTION B

Start date: (mm/dd/yy): ___/___/___ Weeks of Accommodation : _____

Homestay with 3 meals per day \$ 200/week
 Homestay with 2 meals per day \$ 190/week
 Other \$ _____/_____

Do you have any dietary restrictions? yes no
 If yes, please specify name: _____

Do you smoke? yes no
 (most families do not allow smoking indoors)

Do you have medical condition(s) we should be aware of? yes no
 If yes, please specify name: _____

Do you take daily medication? yes no
 If yes, please specify name: _____

Do you have allergies? yes no
 If yes, please specify: _____

Do you have medical insurance? yes no
 If yes, specify company: _____

Interests & Comments: _____

Homestay Fee \$ _____ X _____ # weeks + \$150 placement fee: Section B Total _____

AIRPORT SERVICES (OPTIONAL) SECTION C

Do you require an Airport Pick up? yes no Airline: _____ Flight Number: _____

Pick up ONLY \$100
 Pick up and Return \$150

Arrival Date: _____ Arrival Time: _____ Arriving From _____

Airport Fee Section C Total \$ _____

MEDICAL INSURANCE (STRONGLY RECOMMENDED) SECTION D

Do you require Medical Insurance? yes no

Start date: (mm/dd/yy): ___/___/___ End date: (mm/dd/yy): ___/___/___

Total Number of days: _____

Medical Insurance Fee: \$2/day X _____ #days Section D Total _____

FEE CALCULATOR

Program Fee	\$ _____	section A total	
Program Registration Fee	\$ 100		
Text Book Deposit Fee	\$ 75		
Homestay Fee (if applicable)	\$ _____	section B total	
Airport Fee (if applicable)	\$ _____	section C total	
Medical Insurance Fee (if applicable)	\$ _____	section D total	
			Grand Total
			\$ _____

STUDENT CONTRACT

I declare that the information I have given is correct and accurate. I have read and understood all terms and Conditions

Student signature: _____ Date: (mm/dd/yy): _____