

**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  Full Time IELTS Preparation \$210/week   
 Enriched English Language Intensive 1 \$275/week  (please select your elective below) Full Time I Speak. Program \$210/week   
 Enriched English Language Intensive 2 \$340/week  (please select your elective below)  
 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 (OPTIONAL) SECTION B.**

Start date: (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Weeks of Accommodation : \_\_\_\_\_  
 Homestay with 3 meals per day \$ 200/week Do you have any dietary restrictions?  yes  no  
 If yes, please specify name: \_\_\_\_\_ If yes, please specify name: \_\_\_\_\_  
 Do you have any medical condition(s) we should be aware of?  yes  no Do you smoke?  y e s  no  
 If yes, please specify name: \_\_\_\_\_ (most families do not allow smoking indoors)  
 Do you take daily medication?  yes  no Do you have medical insurance?  yes  no  
 If yes, please specify name: \_\_\_\_\_ If yes, specify company: \_\_\_\_\_  
 Do you have allergies?  yes  no Interests & Comments: \_\_\_\_\_  
 If yes, please specify: \_\_\_\_\_  
 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 (MANDATORY) SECTION D**

Do you require Medical Insurance through the school ?  Yes  No. I have already made my Medical Insurance arrangements through another provider.  
 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		
Homestay Fee (if applicable)	\$ _____	section B total	
Airport Fee (if applicable)	\$ _____	section C total	
Medical Insurance Fee (if applicable)	\$ _____	section D total	
			<b>Grand Total</b>
			\$ _____

**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): \_\_\_\_\_