

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 _____

Full Time iSpeakENGLISH \$210/week
Full Time intensive with Elective \$275/week (please select your elective below) Full Time IELTS Preparation \$210/week

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

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: _____

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

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): _____