

Eurocentres San Diego Application Form

(Both sides of this form must be completed by the student)

Personal Information (please print clearly)

| | | | | |
|---|---------------------------------|----------------------------------|--------------|-----------------------|
| First Name: | | Middle Name (s): | Family Name: | Preferred Given Name: |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of Birth: (MM/DD/YY) / / | Nationality: | Native Language: |
| Visa Type: Study <input type="checkbox"/> Visitor <input type="checkbox"/> Immigrant <input type="checkbox"/> Working Holiday <input type="checkbox"/> | | | Passport #: | |
| Stay in San Diego: (MM/DD/YY) From / / to / / | | | | |

Present Address

| | | | | |
|--------------|------|-------|-----------------|----------|
| Street: | | City: | Province/State: | Country: |
| Postal Code: | Tel: | Fax: | E-mail: | |

Permanent Address (Where your family lives)

| | | | | |
|--------------|------|-------|-----------------|----------|
| Street: | | City: | Province/State: | Country: |
| Postal Code: | Tel: | Fax: | E-mail: | |

Emergency Contact

| | | | | |
|---|-------|---------------|-----------------|----------|
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | Name: | Relationship: | | |
| Street: | | City: | Province/State: | Country: |
| Postal Code: | Tel: | Fax: | E-mail: | |

Program Choices

| | | |
|--|-------------------------------|--------------------------|
| School Location: San Diego <input type="checkbox"/> | Start Date: (MM/DD/YY) / / | Length: _____ (weeks) |
|--|-------------------------------|--------------------------|

General English Courses: (applicants must be 16 years or older)

- | | |
|--|--|
| <input type="checkbox"/> Basic (Core Program) (20 lessons per week) | <input type="checkbox"/> LSP/LYP Basic (Core Program) (20 lessons per week) |
| <input type="checkbox"/> Specialized Intensive (25 lessons per week) | <input type="checkbox"/> LSP/LYP Specialized Intensive (25 lessons per week) |
| <input type="checkbox"/> Specialized Super-Intensive (30 lessons per week) | <input type="checkbox"/> LSP/LYP Specialized Super-Intensive (30 lessons per week) |
| <input type="checkbox"/> Premier (Check one) | <input type="checkbox"/> Specialized (Elective) Class Add-On (5 lessons per week) |
| <input type="checkbox"/> Intensive | <input type="checkbox"/> Super-Intensive |

University Pathway Program: (See University Pathway Brochure)

- ☐ University Pathway Program
☐ Specialized Intensive ☐ Specialized Super-Intensive

Exam Preparation Courses:

- ☐ Cambridge Intensive (25 lessons per week)
☐ Cambridge Super- Intensive (30 lessons per week)
☐ IELTS Basic (20 lessons per week)
☐ IELTS Intensive (25 lessons per week)
☐ IELTS Super-Intensive (30 lessons per week)

Additional Services

Accommodations: ☐ Yes (Full Board)
☐ Yes (Half Board)
☐ Residence _____ (please specify)
☐ No Accommodations (please include your Canadian address)
Arrival Date: (MM/DD/YY) ____/____/____ Departure Date: (MM/DD/YY) ____/____/____

Are you a smoker? ☐ Yes ☐ No
Do you have any special requests related to medical condition, allergies or diet?
If Yes, which? ☐ Yes ☐ No

Requests cannot be guaranteed

Airport Reception:

☐ Yes ☐ No Airline Flight # Date ____/____/____ (MM/DD/YY)

Airport Drop-Off:

☐ Yes ☐ No Airline Flight # Date ____/____/____ (MM/DD/YY)

State of Health:

Illnesses?: ☐ Yes ☐ No Specify: _____
Allergies?: ☐ Yes ☐ No Specify: _____
Medication?: ☐ Yes ☐ No Specify: _____
Food Exemptions? ☐ Yes ☐ No Specify: _____
Other?: ☐ Yes ☐ No Specify: _____

STUDENT GUARD Medical Insurance:

☐ Yes ☐ No Start: (MM/DD/YY) ____/____/____ Finish: ____/____/____
If NO, please indicate Insurance Company and Policy Number

English Language Skills - What is your own assessment of the present level of your skills in English?
(See General Brochure Page 9, or Pathway Brochure Page 4)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Consent and Acknowledgement

I hereby register for this program declaring, to the best of my knowledge, that all information on this application form is correct. I will notify the school immediately in the event of any changes to any of this information. I have read and agree to abide by the school's Dispute Resolution, Dismissal and Refund Policies which apply to my program(s) in addition to the Homestay regulations (available upon request) and all other school Accommodation regulations. I also understand that in the event I am registering through a representative or an educational agency, they may receive compensation from the school. I understand that Eurocentres San Diego assumes no responsibility for any representations, warranties, or agreements made on its behalf which are not solely contained in printed material produced by Eurocentres San Diego. I understand that Eurocentres San Diego collects, retains, and uses personal information in accordance with FERPA guidelines and the Eurocentres San Diego Information and Privacy Code. I am agreeing to the collection, retention, and use of my per-sonal information by Eurocentres San Diego.

I give the school permission to release any information regarding my program to my educational agent and/or family member. ☐ Yes ☐ No

I give Immigration & Citizenship USA permission to release any information regarding the status of my Visitor Visa and/or Study Permit. ☐ Yes ☐ No

Applicant or Parent / Legal Guardian Signature _____ Date: (MM/DD/YY) ____/____/____

Parent/Legal Guardian Consent

This section must be completed by the parent or legal guardian of any student under 18 years of age.

The participant agrees to participate in the entire program and will follow safety instructions and all School and Host Family Rules and Regulations. The parent or legal guardian also authorizes the school and/or the Host Family to attain medical treatment for the participant in the event it is required and agrees to the decisions and instructions given. It is understood that the school and the host family are not responsible for any medical instructions, decisions and expenses.

| | | | |
|---|-------|-----------------|---------------|
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | Name: | | Relationship: |
| Street: | City: | Province/State: | Country: |
| Postal Code: | Tel: | Fax: | E-mail: |

Applicant or Parent / Legal Guardian Signature _____ Date: (MM/DD/YY) ____/____/____

Refund Policy

A student who is enrolled in classes at Eurocentres San Diego can cancel the enrollment agreement and receive a refund for any reason. The following guidelines will be applied:

1. The notice of cancellation must be in writing; a student's withdraw may be brought about by his or her written notice or by his or her conduct, including, but not limited to, lack of attendance.
2. Eurocentres San Diego will refund one hundred percent (100%) of the amount paid for institutional charges, less the registration fee not to exceed \$200.00, if the notice of cancellation is made through attendance at the first class session, or the seventh class day after enrollment, whichever is later.
3. 3. If a student withdraws or cancels the enrollment agreement during a period of attendance for which he or she has paid, the student will be entitled to the re-funding of the unearned institutional charges on a pro rata basis provided that he or she has completed sixty percent (60%) or less of the program. Example: A student who has paid a tuition fee of \$3,300.00 for a 12-week program and a registration fee of \$200.00 is called home on a family emergency at the end of her third week in the program. If she provides a written request to cancel her program, she will receive back \$2,475.00, which equates to the tuition fee for the final nine weeks of the program.
4. 4. Eurocentres San Diego shall pay or credit the refund within forty-five (45) days of the student's cancellation or withdrawal.