# PERSONAL INFORMATION

# Exactly as it appears on your passport:

Name	□ Mr								
- rane	Last First  Ms			Middle					
Address (Permanent)		Street	Province Postal code				City		
		State or Provi	nce	Posta.	l code		Country		
Student Email									
Telephone				Country					
Date of Birth	Month: (e.g.Januar	<b>Day:</b>	Year:	City of Birt	h				
PARENT/GUARDI	AN INFO	RMATION							
Name					Relationship				
Telephone					Email Address				
How did you hea		ISL?   W	ebsite	□ Agency	□ Friend/I	Relative	□ Previous	Student	
PROGRAM SELEC	TION								
Number of Weel	ks 🗆	I week	□ 2 weeks	□ 3 weeks	☐ 4 weeks	□ 5 weeks	□ 6	weeks	
Start Date	Mo	onth:	Day:	Year:	End Date	Month	Day:	Year:	
Junior Summer	Programs					Note:	Please visit our we	ebsite for program dates	
San Francisco:				San Diego:			Washington,	D.C:	
□ UC Berkeley Campus				□ USD Camp			_	etown Campus	
Los Angeles:  ☐ PU Campus				☐ USD Camp	ous + CaliforniaTrip		New York Ci  □ Barnar	ty: rd/Columbia Campus	
□ PU Campus +	California <sup>7</sup>	Trip					□ Durnar	a/Colambia Campa	
<b>Junior</b> Homestay	Program	<b>s</b> - San Diego							
□ January		[	□ March		□ July				
Course Selection	n								
☐ English for Fu	iture Lead	ers	□ Care	eer & Business D	evelopment (BI+)	□ Engl	ish for Highe	r Education (BI+)	
Virtual Program	S								
☐ Private Lesson	□ BlockA: I	4.00 -16.30 l	JTC 🗆	Block B:00.00 - 2.30	)UTC	Block C:7.0	00 - 9.30 UTC		

## ARRIVAL & DEPARTURE INFORMATION\*

	ARTORE	ONIAHON							
Reserva	tion Number	(please provide if	available):						
	Month:	Day:	Year:	Time		Airline:			
Arrival	MONTH:	Day.	ieai.	Time		Flight No./Res.Code			
	CISLTransfer Service Requested:								
	M d		Year:	Time		Airline:			
Departure	Month:	Day:				Flight No.			
	CISLTransf	er Service Requ	uested: 🗆 yes	□ no	CIS	L UNMS Service Requested?	: □ no		
			tudent, <b>please p</b> i	rovide a c	opy of th	eir airline ticket. Additional fee	es will be applied for a residential student requ		
n Unaccompanied /	viinor Service (UIN	I/VIS).							
ACCOMMODA	TION								
☐ Homestay	□ (	Jniversity		١	Number o	ofWeeks:			
Arrival Date: Mo	onth:	_Day: Ye	ear		Depa	rture Date: Month:	Day:Year		
o vou have any	allergies or r	nedical condition	one?   Yes	□ No (I	f ves e	(plain:)			
o you have any	anci gies oi i	nedical condition	Jii3. — IC3	- 140 (1	1 / C3, C				
HOMESTAY ON	NLY								
What are your h	nobbies/intere	sts?							
PAYMENT INFO	DMATION								
ATMENT INC	RMATION								
I affirm that I	will pay CISL t	the amount of S	\$	by the	e followir	g method:			
Payment Metho	d □ Bank\	<b>V</b> ireTransfer			□ C	redit Card (3% - 4% fee applies)			
NOTE:A \$150 re	fundable security	, deposit is require	ad upon arrival to	the campus	s deposit is	returned after check-out is comp	oleted by CISL and University Staff to		
insure nothing is	•	deposit is require	ed upon annvanto	the campu	, черозіс із	returned after check-out is comp	neted by CISE and Offiversity Staff to		
Agreement: This a									
School.I have read,ung policy,schedule,prices						Applicant Signature (Require	ed to process application)		
costs of the program o	luring my child's enti	ire stay at CISL.In case	e of illness or injury, i	•	, , , , ,				
my child to be examine during the duration o		essary.I agree to prov	ide medical insurance		king the box and typing my name above,I confirm I in this application is accurate, and that I have read				
-		ering the United Stat	es that have not bee	en answered o	or	and agree to the terms and con	aditions listed within this form.		
esolved by the school	must be directed to	o my local consulate o							
Customs Enforcemer	it (ICE) (www.ice.g	gov).				Parent/Guardian Signature	(Required if applicant is under 18 years of age		
Photo Release: Stu for publicity purpose:		v photos and video ta	ken during the progr	☐ E-Signature Option: By chec that all the information provided and agree to the terms and con	☐ E-Signature Option: By checking the box and typing my name above, I confirm that all the information provided in this application is accurate, and that I have read and agree to the terms and conditions listed within this form.				
Please sign and	return to Cl	SL San Diego/I	unior			and agree to the terms and con	GREETS ISSUE WITHIN THIS TOTAL.		
Programs via e			ariioi						
CISL San Diego	un co junio			Name of Parent/Guardian					
636 Broadway, Sui									
San Diego, Californ Ph. +1 619 239- 33						Date			
E-mail: juniors@cis									
,	-					i i			

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# REGISTRATION REQUIREMENTS - REFUND & CANCELLATION POLICY

#### Registration Requirements

In order to enroll in a junior program we need to receive a completed junior program application and a deposit which will be applied to the overall cost of the program.

The deposit amount is determined by the date of enrollment (see deposit requirement below).

## Release Forms/Student & Parent Agreement

Release forms and other applicable waiver documents must be completed and sent at the time of enrollment. Please contact the Junior Programs Department (juniors@cisl.edu) for a list of the documents applicable to your program.

## **Program Fees**

No documentation will be issued until we receive the program deposit. Students will not be permitted to start the program unless full payment has been received. Full payment will need to be paid 30 days prior to arrival date.

## Deposit/Payment

90 days or more prior to the student's arrival: 25% deposit required

61-89 days prior to the student's arrival: 50% deposit required

31-60 days prior to the student's arrival: 75% deposit required

0-30 days prior to the student's arrival: 100% payment required

#### Cancellations & Refunds

The parent/guardian/representative must inform CISL in writing of the student's cancellation. Cancellation fees are charged as follows:

90 days or more prior to the student's arrival: full refund of deposit paid, minus \$300

61-89 days prior to the student's arrival: 75% refund of deposit paid, minus \$300

31-60 days prior to the student's arrival: 50% refund of deposit paid, minus \$300

0-30 days prior to the student's arrival:no refund

#### Payment of Refunds

Refunds will be paid within 30 calendar days of the request. We can only pay refunds to the person or company from whom the funds originated.

#### Changes to Enrollments

We reserve the right to charge an administration fee of \$100 each time program details are changed after confirmation documents have been issued.





