

Personal Information

First Name:
Family Name:
Gender: Male Female **Birthdate:** (dd/mm/yy)
Street Address:
City:
Province: **Postal Code:**
Country:
Telephone:
Emergency Contact:
Emergency Number:
Email:

Approximate Level of English: (Check appropriate box)

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<small>Beginner</small>	<small>Pre-Intermediate</small>	<small>Mid-Intermediate</small>	<small>Lower-Advanced</small>				
<small>Elementary</small>	<small>Lower-Intermediate</small>	<small>Upper-Intermediate</small>	<small>Upper-Advanced</small>				

Accommodation and Miscellaneous

Type of housing: Homestay University Dormitory (Junior Summer Only)
 Half-Board Single
 Half-Board Double
 Junior Homestay Full Board
Housing Start: **Housing Finish:**
Do you smoke? Yes No
Do you require airport pick-up? Pick-up Drop-off 2-way No
Flight details: (date, time, flight #):

Do you require medical insurance? Yes No
(All students MUST have medical coverage for their full study period at IH San Diego)
Insurance Start: **Insurance Finish:**
(Student Guard is the official medical insurance provider for IH San Diego)

Medical problems or allergies:

Students registered for 1 month or less of housing must give 2 weeks written notice if leaving before the registered housing finish date. For students registered for more than 1 month of housing, 1 month written notice must be submitted if leaving before the registered housing finish date. No refund will be issued for students dismissed from the IH Housing program. Refunds are issued on a pro-rate basis. The Housing Placement fee is non-refundable.

How did you hear about us?
 Friend Internet Magazine Agency Other

Program Information

Registration (Today's) Date (dd/mm/yy):
Programs: (Please check all that apply)
 Semi-Intensive Summer Junior Program - Homestay
 Intensive Summer Junior Program - Campus
 Intensive-Plus Winter Junior Program - Homestay
 Private General (Indicate number of hours)
 Private Executive (Indicate number of hours)
 Intuition Homestudy (Check weekly study hours)
 15 hours 20 hours General Executive
Class Start: (dd/mm/yy) **Class Finish:** (dd/mm/yy)
Notes:

Waiver Liability Release

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by me, the undersigned, I waive, release, remise and forever discharge INTERNATIONAL HOUSE SAN DIEGO from all actions, causes of actions, claims, proceedings, suits, liabilities, obligations and costs which now or hereafter exist by reason of any act or omission of INTERNATIONAL HOUSE SAN DIEGO while on the campus, field trips, including IH SAN DIEGO's housing services or any other school related activity after the execution of this release.

In this release, INTERNATIONAL HOUSE SAN DIEGO includes INTERNATIONAL HOUSE SAN DIEGO'S respective directors, officers, employees, agents, predecessors, successors, assigns, liquidators, receivers, receiver managers, trustees, owners, sub-contractors and shareholders.

I shall not comment or continue any actions, causes of action, claims, proceedings, or suits against INTERNATIONAL HOUSE SAN DIEGO nor do I know of any actions, causes of action, claims, proceedings, or suits against anyone in respect of anything hereby released which may result in an action, claim, proceeding, or suit against INTERNATIONAL HOUSE SAN DIEGO. If there exists any such actions, causes of action, claims, proceedings, or suits, then I shall indemnify and save harmless INTERNATIONAL HOUSE SAN DIEGO from all resulting liabilities, obligations, costs, suits, proceedings, claims, causes of action and actions.

I acknowledged that I must have Health Insurance coverage during my stay in U.S.A and I am insured by _____ (name of insurance company)

I also give permission for INTERNATIONAL HOUSE SAN DIEGO'S staff/instructors/escorts to take my son or daughter, _____ (name of student) to a doctor or hospital and hereby authorize medical treatment including but not limited to emergency surgery and will fully and completely assume all responsibility for all medical bills.

I _____ (name of student / parent / guardian) have read and completely understand this document.

<input type="text"/>	<input type="text"/>
Print Student's first and last name	Today's date
<input type="text"/>	<input type="text"/>
Signature of Student /Parent / Guardian	Witness

I have read, understand and accept all of the enrolment conditions and refund policies.

Student Signature: **Date:**
Agent's Stamp: