

STUDENT INFORMATION PLEASE PRINT IN CAPITAL LETTERS

REGISTRATION FORM

NAME: _____ MALE FEMALE DATE OF BIRTH: _____DAY MONTH YEAR

HOME ADDRESS: _____

NUMBER AND STREETCITY PROVINCE POSTAL CODE COUNTRY

PHONE NUMBER: _____ E-MAIL: _____

SPECIAL NEEDS

Dietary needs: _____

Do you have a Medical History or use any medications of which we should be informed: Yes No

If Yes please explain _____

Please identify any special education needs: _____

PROGRAM/COURSE SELECTION

1st CHOICE LOCATION: _____ COURSE: _____

2nd CHOICE LOCATION: _____ COURSE: _____

I would like to room/class with _____ (if applicable and possible)

PARENT/GUARDIAN INFORMATION

PARENT NAME : _____

SAME AS CHILD FIRST NAMELAST NAME

HOME ADDRESS: _____

PHONE #: _____ BUSINESS #: _____ CELL #: _____

E-MAIL: _____ FAX: _____

PARENT NAME : _____

SAME AS CHILD FIRST NAMELAST NAME

HOME ADDRESS: _____

PHONE #: _____ BUSINESS #: _____ CELL #: _____

E-MAIL: _____ FAX: _____

NAME OF LEGAL GUARDIAN IF APPLICABLE: _____

PAYMENT

A deposit of \$1200 by cheque or credit card must accompany this application along with the \$95 application fee and insurance fee. Please see Terms and Conditions for Cancellation Policy. 50% of balance will be due December 15, 2011 and final balance will be due March 25, 2012.

Comprehensive Travel Insurance: \$195 Online Programs \$295 All other programs
(optional but strongly recommended)I will purchase the travel insurance: Yes (amount enclosed with application) No (decline insurance) Cheque enclosed made payable to Global Journeys-STS Travel Visa MastercardPayments processed through STS Travel
TICO Registration # 4077491

Payment Amount _____ Card # _____ Expiry Date _____

Name on Card _____ Cardholder Signature _____

I grant full authorization for STS Travel/Global Journeys to charge the payment amount on my credit card; I am aware of any cancellation policies and agree not to dispute or attempt to charge back any of the signed for and acknowledged charges noted here.

Signature of Parent _____ Date _____

**MAIL APPLICATION TO GLOBAL JOURNEYS INC. IN C/O OF STS TRAVEL - 239 QUEEN STREET SOUTH
MISSISSAUGA, ONTARIO L5M 1L7 OR: FAX TO GLOBAL JOURNEYS AT 905 812 0913**