

## PERSONAL INFORMATION (Please Print Clearly)

Given Name: \_\_\_\_\_  
 Middle Name(s): \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ (dd/mm/yyyy) Gender:  Male  Female  Other  
 First Language: \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Current English Level:  
 Beginner  Lower Intermediate  Upper Intermediate  Advanced

### Visa type you will study on:

Student Visa	Visitor Visa	ESTA / Visa Waiver	Other
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### Are you transferring from another school?

Yes	No
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### Do you require a Letter of Acceptance by Express Courier for a fee?

Yes	No
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### Do you have any physical or mental health challenges?

Please provide details so that we can be prepared to best support you.

Yes	No
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Details: \_\_\_\_\_

## ADDRESS IN HOME COUNTRY

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Province/State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## ADDRESS IN HAWAII

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

## INTENDED PERIOD OF STUDY

Number of weeks: \_\_\_\_\_  
 Start date: \_\_\_\_\_ (dd/mm/yyyy)  
 End date: \_\_\_\_\_ (dd/mm/yyyy)

## QUESTIONS OR COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_

## COURSES (Contact School For Course Availability)

<b>GENERAL ENGLISH PROGRAM</b>					
Lessons per week:	16	20	25	Other:	
<input type="checkbox"/> <b>GV PATHWAYS: UNIVERSITY/COLLEGE (PLEASE SPECIFY):</b> _____					

## PROGRAMS

ACADEMIC YEAR	
SEMESTER GAP	
ENGLISH PRO (PLEASE SPECIFY TOPIC OF INTEREST):	
CAMBRIDGE PREPARATION <i>(B2 First, C1 Advanced,)</i>	B2 C1
CELTA	
OPTIONS/ELECTIVES (5 LESSONS/WEEK)	
ENGLISH PLUS (PLEASE SPECIFY):	
PRIVATE LESSONS	SEMI-PRIVATE LESSONS
LIVE (Live Interactive Virtual Education) ONLINE CLASSES	

## OTHER PROGRAMS

<b>CAMBRIDGE TEEN LEARNERS OF ENGLISH (TLE)</b>		
TLE ACTIVITIES	LUNCH	
<b>CAMBRIDGE YOUNG LEARNERS OF ENGLISH (YLE)</b>		
YLE ACTIVITIES	LUNCH	EXAM
<b>PARENT &amp; TEEN</b>		
<b>PARENT &amp; CHILD</b>		
ADD-ON ACTIVITY PACKAGE (PLEASE SPECIFY):		

## ACCOMMODATION INFORMATION (Please Print Clearly)

### ACCOMMODATION PREFERENCES

#### ACCOMMODATION REQUIRED?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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#### TYPE OF ACCOMMODATION REQUESTED?

<input type="checkbox"/> Homestay
<input type="checkbox"/> Apartment: Ohia Waikiki    Island Colony
<input type="checkbox"/> Dormitory: Waikiki Vista    Lime
<input type="checkbox"/> Other:

*For accommodation options (Dormitories or Apartments), contact GVH for availability.*

#### EXPECTED PERIOD OF ACCOMMODATIONS?

Number of weeks:
Arriving date: (dd/mm/yyyy)
Departing date: (dd/mm/yyyy)

#### HOMESTAY OPTIONS:

<input type="checkbox"/> Full Board catering meal plan
<input type="checkbox"/> Half Board catering meal plan
<input type="checkbox"/> Self Catering (No meals)

#### PLACEMENT PREFERENCE:

*Please List your order of preference from 1-3 (1 is your first choice)  
\*GV Hawaii cannot guarantee your first choice.*

<input type="checkbox"/> Family with Children
<input type="checkbox"/> Family with Teenagers
<input type="checkbox"/> Family without Children
<input type="checkbox"/> Does not matter

### EMERGENCY CONTACT PERSON:

Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### HOW DID YOU FIND OUT ABOUT GLOBAL VILLAGE HAWAII?

<input type="checkbox"/> Agent	<input type="checkbox"/> Friend	<input type="checkbox"/> Ad	<input type="checkbox"/> Website	<input type="checkbox"/> Social Media
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Please give details: \_\_\_\_\_

### PERSONAL INFORMATION

#### DO YOU HAVE ANY ALLERGIES? IF YES, GIVE DETAILS.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details: \_\_\_\_\_

#### DO YOU HAVE ANY SPECIAL DIETARY NEEDS? IF YES, GIVE DETAILS.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*\*Additional fees may apply.*

Details: \_\_\_\_\_

#### DO YOU SMOKE?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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#### WILL YOU LIVE WITH A FAMILY WITH:

Smokers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dogs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Young Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### WHAT ARE YOUR INTERESTS?

Details: \_\_\_\_\_

### TRAVEL DETAILS

#### FLIGHT DETAILS:

Airline & Flight number:
Arriving date (dd/mm/yyyy):
Arrival time (hr:min):

#### AIRPORT TRANSFER:

<input type="checkbox"/> None	<input type="checkbox"/> One Way	<input type="checkbox"/> Two Way
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<input type="checkbox"/> Unaccompanied Minor Airport Pick-up
<input type="checkbox"/> Unaccompanied Minor Airport Drop-off
<input type="checkbox"/> Daily Homestay - School Transportation, YLE/TLE

### DECLARATION

I have read and agree to be bound by the General Conditions and the Cancellation and Refund Policy. I agree that the school may disclose my student enrollment details, grades, and attendance to the government as requested.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_  
*Signature of applicant, or parent/guardian if applicant is under 18 years old*

#### METHOD OF PAYMENT

<input type="checkbox"/> Bank Transfer	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Bank Cheque	<input type="checkbox"/> Other
<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Cash	

**PLEASE E-MAIL REGISTRATION FORMS TO: [hawaii@gvenglish.com](mailto:hawaii@gvenglish.com)**