

PERSONAL INFORMATION (Please Print Clearly)

Given Name: _____
 Middle Name(s): _____
 Family Name: _____
 Date of Birth: _____ (mm/dd/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 |
|--------------|--------------|--------------------|-------|

Are you transferring from another school?

| | |
|-----|----|
| Yes | No |
|-----|----|

Do you require a Letter of Acceptance by Express Courier for a fee?

| | |
|-----|----|
| Yes | No |
|-----|----|

Do you have any physical or mental health challenges?

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

| | |
|-----|----|
| Yes | No |
|-----|----|

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: _____ (mm/dd/yyyy)
 End date: _____ (mm/dd/yyyy)

QUESTIONS OR COMMENTS

COURSES (Contact School For Course Availability)

| | | | | |
|--------------------------------|----|----|----|--------|
| GENERAL ENGLISH PROGRAM | | | | |
| Lessons per week: | 16 | 20 | 25 | Other: |

GV PATHWAYS: UNIVERSITY/COLLEGE (PLEASE SPECIFY): _____

PROGRAMS

| | |
|--|----------------------|
| ACADEMIC YEAR | |
| SEMESTER GAP | |
| ENGLISH PRO (PLEASE SPECIFY TOPIC OF INTEREST): | |
| CAMBRIDGE PREPARATION <i>(B2 First, C1 Advanced,)</i> | B2 C1 |
| OPTIONS/ELECTIVES (5 LESSONS/WEEK) | |
| ENGLISH PLUS (PLEASE SPECIFY): | |
| PRIVATE LESSONS | SEMI-PRIVATE LESSONS |
| TOTAL # of PRIVATE / SEMI-PRIVATE LESSONS: | |

OTHER PROGRAMS

| | | |
|--|-------|------|
| CAMBRIDGE TEEN LEARNERS OF ENGLISH (TLE) | | |
| TLE ACTIVITIES | LUNCH | |
| CAMBRIDGE YOUNG LEARNERS OF ENGLISH (YLE) | | |
| YLE ACTIVITIES | LUNCH | EXAM |
| PARENT & TEEN | | |
| PARENT & CHILD | | |
| ADD-ON ACTIVITY PACKAGE (PLEASE SPECIFY): | | |

ACCOMMODATION INFORMATION (Please Print Clearly)

ACCOMMODATION PREFERENCES

ACCOMMODATION REQUIRED?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

TYPE OF ACCOMMODATION REQUESTED?

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

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

EXPECTED PERIOD OF ACCOMMODATIONS?

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

Please give details: _____

PERSONAL INFORMATION

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

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Details: _____

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

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

*Additional fees may apply.

Details: _____

DO YOU SMOKE?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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 (mm/dd/yyyy): |
| Arrival time (hr:min): |

AIRPORT TRANSFER:

| | | |
|-------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> One Way | <input type="checkbox"/> Two Way |
|-------------------------------|----------------------------------|----------------------------------|

| |
|--|
| <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@gvhawaii.com