



Pre-College Global Education Program

Registration Form – 2014

STUDENT'S FIRST NAME		STUDENT'S LAST NAME		MALE / FEMALE	DATE OF BIRTH (MONTH/DAY/YEAR)
PRIMARY PHONE NUMBER - including country code			SECONDARY PHONE NUMBER - including country code		
ADDRESS			CITY	STATE	ZIP CODE
FATHER'S NAME	PROFESSION OR BUSINESS NAME		OFFICE PHONE		CELL PHONE
MOTHER'S NAME	PROFESSION OR BUSINESS NAME		OFFICE PHONE		CELL PHONE
STUDENT'S COUNTRY OF CITIZENSHIP			PARENT'S E-MAIL ADDRESS		
EMERGENCY CONTACT #1- IF PARENT CANNOT BE REACHED			RELATIONSHIP		PHONE NUMBER
STUDENT'S PRIMARY LANGUAGE(S)			STUDENT'S CURRENT SCHOOL		
Language Qualifications (check one or more boxes) – <input type="checkbox"/> submission of transcript showing 3 years of English language study <input type="checkbox"/> scores on the Test of English as a Foreign Language (TOEFL) – (minimum 70 on internet-based test, minimum 550 paper-based test, minimum 220 on computer-based test) <input type="checkbox"/> score on the International English Language Testing System (IELTS) – (minimum 6.0) <input type="checkbox"/> a certificate showing completion of Level 112 from an ELS program, or CHECK THE BOX FOR THE EVIDENCE PROVIDED					

Medical Information:

Physician Name:	
Physician Phone:	
Current Allergies/Dietary Restrictions:	
Medication:	
Medication Reason:	
Health Problems or Restricted Activities:	
Insurance Provider:	
Plan Number:	

I give permission to the International Ivy Summer Program to take whatever emergency measures are judged necessary for the care and protection of my child while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency team deems it necessary. It is understood that in some medical situations the International Ivy staff will need to contact the local emergency resources before the parents/guardians, the child's physician, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child's family. I understand I am responsible for purchasing medical insurance for my child.

X _____
PARENT OR GUARDIAN DATE

X _____
PARENT OR GUARDIAN DATE



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1. Submit your registration form by June 1, 2014 via fax +1 908-363-1016 or email lily.wong@internationalivy.com.
2. International Ivy will make arrangements for an online interview.
3. Once student passes the interview stage, student must provide a deposit of US\$3,900 (50% of the program fee of US\$7,800).
4. International Ivy will provide applicant with an acceptance letter to support a tourist visa application.
5. Student applies for a tourist visa to enter the United States.
6. Once application receives approval for a visa to the United States, student must submit the balance of the Program fee of US\$3,900 to secure enrollment.
7. If student is not approved for a tourist visa by the Chinese government, International Ivy will refund the deposit. Student must provide letter from the USA indicating it was declined for a visa.

Please circle type of card: Visa MasterCard

Name on credit card	Credit card number	Expiration date	CVV code	Signature authorizing payment

TERMS AND CONDITIONS

International Ivy is not responsible for any personal items which are lost, stolen or broken. For security of all students, International Ivy or its agent has the right to search students' backpacks and other personal belongings. Students are not permitted to use personal cell phones at the Program for any reason. If medication is to be dispensed at the Program, a medical release form is required with a physician's signature.

I authorize International Ivy (on behalf of both parents) to arrange for any and all medical care in case of an emergency. The medical staff or any third party health care provider in its sole discretion has permission to disseminate pertinent information to the Program or its staff. I am aware of Program's risks and uncertainties beyond those experienced at home and have spoken to my child about the necessity of abiding by all Program policies and procedures and I assume those risks on behalf of my child. In signing this form, I release any individual connected with International Ivy from any liability, medical expenses, hospital or other expenses that may arise from injury to or caused by each individual's participation in this Program. In order to best serve my child, all information requested on this application has been provided completely and accurately.

My child understands proper etiquette, manners, and cooperation when playing and working with others. International Ivy reserves the right to dismiss a student without refund of tuition if the parent or child does not abide by International Ivy's policies or procedures or if the student's conduct is determined to be detrimental to the well-being of other students or the Program.

I give permission for my child to leave campus grounds for field and athletic trips or outside activities, take part in any and all Program activities.

I give permission for the use of any pictures or videos, including web site usage and advertising.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS IN GENERAL AND SPECIFICALLY, THAT IT IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND INTERNATIONAL IVY.

X _____
PARENT OR GUARDIAN DATE

X _____
PARENT OR GUARDIAN DATE