



# Kid-STEP/ Teen-STEP Application Summer 2018

## STUDENT INFORMATION

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ Elementary School   
Month Day Year Middle School

Street Address (Home Country) \_\_\_\_\_

City \_\_\_\_\_ State/Prefecture/Province \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

## HAWAII ADDRESS (If Known)

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cellular phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cellular phone \_\_\_\_\_

## HOW DID YOU HEAR ABOUT IIE HAWAII?

Friend/Family  IIE's Website  Other website: \_\_\_\_\_  
 Magazine/newspaper: \_\_\_\_\_  Travel/Education Agent \_\_\_\_\_  Other: \_\_\_\_\_

## WHICH PROGRAM ARE YOU INTERESTED IN ENROLLING?

Kids Short Term English Program (K-STEP; ages 6-12)  
 Teen Short Term English Program (T-STEP; ages 12-16)

## WHEN WOULD YOU LIKE THE STUDENT TO STUDY AT IIE HAWAII?

2018 Summer K-STEP & T-STEP program dates: July 9-Aug. 17, Monday-Friday. Enroll from 1-6 weeks.

July 9-13  July 16-20  July 23-27  July 30-Aug. 3  Aug 6-10  Aug. 13-17

## WHAT IS THE STUDENT'S ENGLISH LEVEL?

Beginner  Intermediate \* Advanced level classes not offered

DO YOU WANT IIE HAWAII TO ARRANGE HOUSING OR A HOMESTAY?  Yes  No

IF "YES", PLEASE CHECK ONE:  Homestay (for student only, minimum age 12)  Condo/Hotel

\*Please fill out the Homestay Application Form and Homestay Agreement if you would like the child to stay in a homestay. Homestay or housing are dependent on availability.

DO YOU WANT IIE TO ARRANGE AN AIRPORT PICK-UP?  Yes  No

Institute of Intensive English, 2155 Kalakaua Ave. Suite 700, Honolulu, HI 96185, USA

email: [info@iehawaii.com](mailto:info@iehawaii.com) website: [www.iehawaii.com](http://www.iehawaii.com)

Phone 808-924-2117 Fax 808-924-3227 V. 1



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HEALTH & SAFETY INFORMATION

1. My child is allergic to:

Four horizontal lines for writing allergies.

2. My child cannot eat:

Four horizontal lines for writing dietary restrictions.

3. My child cannot do the following activities:

Four horizontal lines for writing activities.

4. Other conditions and/or concerns including behavioral issues and special needs:

Four horizontal lines for writing other concerns.

HEALTH INSURANCE

Medical costs in the U.S. can be very expensive. Students are very strongly encouraged to arrange health insurance before traveling to the U.S.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

PARENT CONSENT & WAIVERS

Classroom Study/Excursions/Off-Campus Activities:

I give my permission for my child to participate in any or all IIE programs, excursions, on and off - campus activities that are scheduled while he/she is enrolled as a student at IIE. I agree to assume all risks and responsibilities and discharge IIE and all its officers, agents and employees from and against any and all claims of damage to personal property, personal injury, or death which may result from this student's enrollment and participation in IIE programs, excursions, and/or on and off-campus activities.

Consent for Medical Treatment:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize IIE or its representatives (staff, host family, etc) to seek medical care for my child. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.

Student Safety Condition

I certify that the information I am providing in the Health & Safety Information section is true to the best of my knowledge.

I understand that IIE reserves the right to decline acceptance or dismiss students from the program in the interest of student safety.

Image Use Waiver:

I consent to the use of my child's image (photos, video, web) for the school's promotional purposes arising out of participation in IIE's programs and activities without any payment to me and/or my child.

Signature of Parent or Guardian

Date



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#### REGISTRATION AND PAYMENT OF FEES

As space is limited in K-STEP and T-STEP, a minimum of Registration Fee and Activity Fee must be paid to confirm enrollment. The total payment includes Registration Fee, Tuition and Activity Fee. Please pay the remaining balance at least 6 weeks before the program start date.

IIE Hawaii accepts payment in the form of U.S. dollars, checks, wire transfers and credit cards (VISA/MasterCard/JCB).  
Wire Transfers: Ask IIE for account information.

#### IIE HAWAII CANCELLATION & REFUND POLICIES

Students that are registered through agents may have signed contracts through those agents and may have separate cancellation penalties, no-refund policies, or home-country-only conditions. All agent-student contract conditions will be confirmed by IIE prior to issuing a refund.

#### GENERAL CONDITIONS

- All course changes after the start of the program resulting in a reduced enrollment are subject to a \$150 program change fee.
- All cancellations will be calculated at the rate charged for the number of weeks actually completed.
- There are no partial week refunds. All cancellations must be received in writing by Friday 1:00 pm to be processed for the following week.
- There are no refunds or credit for classes missed due to holidays, orientation, natural disasters or other circumstances beyond the school's control.
- All refunds are issued within 45 days after receipt of written cancellation.

#### K-STEP/T-STEP REFUNDS

- Cancellations received within 72 hours of application will receive a full refund including Registration Fee.
- Cancellations (after 72 hours of application) but before May 11, 2018: no refund on Registration Fee and 50% of Activity Fee (maximum \$500). From May 11, 2018: No refund on Registration Fee or Activity Fee
- After start of programs: cancellations before or at the mid-point of study program will receive a refund on tuition for the weeks not completed (except the first four weeks). Cancellations after the mid-point of study program will not be eligible for a refund.

#### HOMESTAY REFUNDS

- There is no refund on the Accommodation Placement Fee
- Cancellations received at least 14 days prior to check-in (Hawaiian time) will not be assessed a cancellation charge.
- Cancellations received less than 14 days prior to check-in will be assessed 50% of the homestay fee (up to 50% of 4 week homestay rate)
- Cancellations after check-in must be submitted with 30 days notice. The cancellation penalty is 10% of the remaining homestay period.
- Students requesting a different homestay after check-in must give 30 days notice and pay a Re-Placement fee of \$100.

#### CONDOMINIUM AND HOTEL REFUNDS

- There is no refund on the Accommodation Placement Fee.
- Refunds are calculated according to the policies of the rental establishment.
- There will be no refund on any deposit collected in the event of cancellation once the accommodation has been booked.
- There is a cancellation processing fee of \$100

#### HAWAIIAN ACTIVITY LESSON REFUNDS

- No refunds for cancellations less than 7 days prior to the activity.
- Activities cancelled by the school will be refunded in full.

#### AIRPORT TRANSFER REFUNDS

- No refunds for cancellations 7 days or less before arrival.

#### AGREEMENT

I have read, I understand, and I agree to the terms and conditions, schedule, prices and starting dates and I confirm that I have sufficient funds to pay all the necessary costs of my course and accommodations. I understand the terms of cancellation and the refund policy of IIE. I certify that the information I am providing in this application is true to the best of my knowledge. This includes information provided in the Health & Safety section (page 2). I understand that IIE reserves the right to decline acceptance or dismiss students from the program in the interest of student safety.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date