



STUDENT ENROLMENT AGREEMENT & CONTRACT

STUDENT DETAILS

STUDENT FAMILY NAME: _____ STUDENT GIVEN NAME: _____

ADDRESS: _____

CITY: **Victoria** _____ PROVINCE: **BC** POST CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

PREVIOUS STUDENT AT STEWART COLLEGE? Yes / No

COURSE APPLIED FOR:

Language: _____ Afternoons / Evenings / Saturdays / Private

Level: _____

START DATE: ___ / ___ / ___ (mm / dd / yy) END DATE: ___ / ___ / ___ (mm / dd / yy)

PRIVATE & SEMI PRIVATE CLASSES:

1. Fees for the confirmed schedule must be paid **in full** not less than 24 hours in advance.
2. No credit or refund is due for missed classes when less than 4 business hours' notice has been given.

PAYMENT DETAILS

TUITION: \$ _____ for _____ weeks C\$ _____ GST: C\$ _____ ** No GST for French

MATERIALS FEE / TEXT: C\$ _____ GST: C\$ _____ ** No GST for French

OTHER: C\$ _____ GST: C\$ _____

TOTAL : C\$ _____ C\$ _____

TOTAL PAYMENT DUE including GST: C\$ _____

If paying by VISA, AMEX or Mastercard, please complete the following details:

Card Number: Expiry: ___ / ___

Cardholder's Name: _____ Signature: _____

EMERGENCY CONTACT INFORMATION:

FAMILY NAME: _____ GIVEN NAME: _____ TELEPHONE: _____

EMAIL: _____ RELATIONSHIP: _____

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www.stewartcollege.com, languages@stewartcollege.com

OFFICE USE ONLY:
Student No.: _____
CASH / CHQ / CARD Auth: _____ DATE PD: _____
DATE TEXT TAKEN: _____