



CELPPI Preparation Program Registration Form

STUDENT INFORMATION

Family Name: _____ Given Name: _____ M F X

Address (Home/Apt #, Street): _____

City: _____

Province/State: _____ Postal Code: _____ Country: _____

Email: _____ Birth date (mm/dd/yyyy): _____ / _____ / _____

Telephone (home): (_____) _____ Alternate number: (_____) _____

Please submit proof of language proficiency with this registration form. Minimum CLB 3 or equivalent required.

Do you follow us on Facebook: Yes No

Do you follow us on Instagram: Yes No

STUDY INFORMATION

I want to register for: Listening Module Speaking Module Reading Module Writing Module

I found this program through: Social media SACLI website Friends/Family Other _____

PAYMENT INFORMATION

With this form I am sending:

Tuition Fee - 1 Module Tuition Fee - 2 Modules Tuition Fee - 3 Modules Tuition Fee - 4 Modules

Method of Payment: Electronic Funds Transfer PayMyTuition (see website) MasterCard / Visa Cash

Name of cardholder: _____ Credit card number: _____

Cardholder signature: _____ Security code: _____ Expiry date: _____

TUITION FEE, PAYMENT, WITHDRAWAL AND REFUND POLICIES

Tuition Fee: \$300.00 / any single module
\$575.00 / any 2 modules
\$800.00 / any 3 modules
\$1000.00 / 4 modules

Fees should be paid in full prior to the module start date. If you must withdraw for any reason, written notice must be received a minimum of 7 days prior to your start date in order to receive a full refund for your tuition less 10%.

Assessment Fee (if applicable): \$50 (non-refundable)

SAC is able to provide a language assessment if required.

STUDENT CONTRACT

I declare that the information I have given on this registration form is correct and accurate. I declare that I am in possession of sufficient funds to finance my program at SAC. I have read and understood all of SAC's policies including the Tuition Fee, Payment, Withdrawal, and Refund policies and agree to abide by any decisions of the school's management regarding the enforcement thereof.

I agree as well that the violation of any of the conditions mentioned or if any of the information provided in this application is discovered to be false or misleading, I may be dismissed from SAC without notice or recourse. I have read and understood the above and agree to be fully bound by this contract and declare that I have received a signed copy of this contract.

Student Signature: _____ **Date:** _____

SAC Authorized Signature: _____ **Date:** _____

MODULE	DATE	TIME
Listening Module	Saturdays, October 16, 23 and 30	9:00am – 12:00pm
	Mondays and Wednesdays, Oct 18, 20, 25, 27, Nov 1 and 3	6:00pm – 7:30pm
Writing Module	Saturdays, October 16, 23 and 30	1:00pm – 4:00pm
	Tuesdays and Thursdays, Oct 19, 21, 26, 28, Nov 2, and 4	6:00pm – 7:30pm
Speaking Module	Saturdays, November 6, 13 and 20	9:00am – 12:00pm
	Mondays and Wednesdays Nov 8, 10, 15, 17, 22, 24	6:00pm – 7:30pm
Reading Module	Saturdays, November 6, 13 and 20	1:00pm – 4:00pm
	Tuesdays and Thursdays, Nov 9, 12*, 16, 18, 23, 25	6:00pm – 7:30pm
	*Friday November 12 th in lieu of Remembrance Day	