

EUCON INTERNATIONAL SCHOOL AND COLLEGE

P.O. Box 500087 CK, Saipan, MP 96950, USA

Tel. (670) 234-3203/7 Fax (670) 235-3203

E-mail: info@eucon.edu

ESL (ENGLISH AS SECOND LANGUAGE)

REGISTRATION FORM

STUDENT PASSPORT NAME AND GRADE IN REGULAR CLASS

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

GUARDIAN INFORMATION:

NAME: _____

Email Address: _____

CONTACT INFORMATION:

Saipan CELL NO. _____

Hotel Name: _____

Hotel contact No.: _____

ESL PROGRAM ENDING DATE: _____

	PER INDIVIDUAL	PER GROUP (above 15)
REGISTRATION FEE	50.00	50.00
TUITION FEE - 4 WEEKS	595.00	550.00
TOTAL	645.00	600.00

3 WEEKS TUITION FEE \$525.00
2 WEEKS TUITION FEE \$399.00
1 WEEK TUITION FEE \$240.00
PER DAY \$50.00
Tutorial fee \$25.00/hr.

During Regular semester:

1. ESL students who plan on attending regular class:

Optional:

Kindergarten: Activity material for 1-5 more days \$25.00 / for 4 weeks \$50.00
Elementary to High School: Text book-\$50.00/book, reading book \$25.00/book

- ESL students are required to wear the school uniform.
- ESL students must have an accident insurance (\$ 30.00)

Refund Policy: Sign _____

- Non-refundable: Registration fee, Food ticket, Insurance & Books
- Partial weeks are non refundable.
- Whole weeks are refundable up to 90%.
- Credit card refunds will be charged a bank processing fee of 4% of the original amount.
- Check refunds will be charged \$30.00 Processing Fee.
- All refund will follow the 1 week tuition fee
- Please allow 3-5 days to process your check refund else.

DRESS CODE

- Boy's pants must be worn with a belt.
- Girl's skirts must cover the knees
- NO shorts
- NO sleeveless shirts, T-shirts.
- NO see-thru clothing
- NO sandals

****PRICES ARE SUBJECT TO CHANGE
WITHOUT PRIOR NOTICE
**CHECKS ARE NOT ACCEPTED FOR
PAYMENTS**

Date Enrolled	OR# Number	Amount Paid	Attendance Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes, I want to purchase the accident insurance (\$30.00) for my child.

OR# _____

No, I will not purchase the accident insurance for my child.

I, as a guardian of the student(s), will be held accountable or responsible for all
Accidents or injuries, all medical and hospital expense including the airline ticket.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Effective date 9/27/2023