



Payment by Credit Card

Name of Student:

Program Choice

- High School
- Elementary/Middle School
- Short-term Program

Fee Authorization

- Application Fee \$ _____
- Tuition Fee \$ _____
- Homestay Application Fee \$ _____
- Medical Insurance \$ _____
- Total \$ _____

Credit Card Selection

- VISA
- Mastercard

Credit Card No.:

Name on Credit Card:

Expiry Date:

Total Amount to be Charged: \$ _____

Signature _____