

# 2015 FEES & APPLICATION PACKAGE



INTERNATIONAL  
ENGLISH SCHOOL



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Mississauga, Ontario L5C 4G8

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# Heartland 2015

## Fee Schedule Information

TUITION FEES (CDN)				
ENGLISH PROGRAMS				
Program	<i>Semi-Intensive (AM Only)</i>	<i>Intensive (Full-Time)</i>	<i>Super-Intensive (Full-Time)</i>	<i>IELTS Preparation (Part-Time)</i>
Class Hours	9:00 am to 12:00 pm	9:00 am to 3:00 pm	9:00 am to 5:15 pm	3:15 pm to 5:15 pm
Hours per Week	15 hours	25 hours	33 hours	8 hours
PRICES PER WEEK				
1-3 weeks	\$240	\$305	\$385	\$145
4-24 weeks	\$220	\$285	\$355	\$140
25 +weeks	\$210	\$275	\$340	\$125
OTHER FEES				
Application Fee (Non-refundable)	\$100			
Materials	\$40			

HOMESTAY ACCOMMODATION	
HOMESTAY FEES	
Placement Fee (Non-refundable)	\$200
Homestay Fee (3 meals/day)	\$200/week
Custodianship Fee (Under 18)	\$100
Homestay Extra Night	\$30

STUDENT RESIDENCE	
University of Toronto: Mississauga Campus	
Placement Fee (Non-refundable)	\$200
Security Deposit (Refundable)	\$350
Accommodation (Single dorm)	\$52/day
No Meal Plan	n/a

OTHER FEES	
Airport Pick-up (when staying in a Heartland accommodation)	FREE
Airport Pick-up (when NOT staying in a Heartland accommodation)	\$50
Student Insurance	\$2/day
Courier Service	\$90

LUXURY SUITES	
SQUARE ONE – Downtown Mississauga	
Placement Fee (Non-refundable)	\$200
Accommodation	Availability and prices upon request
No Meal Plan	n/a

Note: Prices are subject to change without notice.

# Heartland International English School

## 2015 Application Form



### STUDENT INFORMATION

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Male  Female  Date of birth (Year/Month/Day) \_\_\_\_\_ Citizenship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

District/State: \_\_\_\_\_ Country: \_\_\_\_\_ Post Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Tel: (\_\_\_\_\_) \_\_\_\_\_

Status in Canada: Student  Visitor  Work  Other  \_\_\_\_\_

### ARRIVAL INFORMATION

Do you need airport pick-up? Yes  No  (Please note airport pick-up is FREE only if you are staying in a Heartland accommodation)

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Airline and Flight No.: \_\_\_\_\_

### ACCOMMODATION INFORMATION

Homestay (Full board: 3 meals / day and private room)  University of Toronto: Mississauga Campus

I will make my own accommodations

Accommodation Start Date (Year/Month/Day) \_\_\_\_\_ Length of Stay: \_\_\_\_\_

Do you smoke? (Note: Most families do not allow smoking indoors) Yes  No

Are you allergic to pets? Yes  No  If yes, please specify? \_\_\_\_\_

Do you have any food restrictions? Yes  No  If yes, please specify? \_\_\_\_\_

Do you have any medical conditions or allergies? Yes  No  If yes, please specify? \_\_\_\_\_

Are you okay living with other students? Yes  No  Are you okay staying in a home with children? Yes  No

What are your hobbies/interests? \_\_\_\_\_

**\* Please make us aware of any additional special homestay requests**

### COURSE INFORMATION & FEES

Study Schedule: Semi-Intensive (15 hrs/wk)  Intensive (25 hrs/wk)  Super-Intensive (33 hrs/wk)

Start Date (Year/Month/Day) \_\_\_\_\_ Number of Study Weeks \_\_\_\_\_

### MEDICAL COVERAGE

It is mandatory that all students have medical insurance coverage throughout their stay at Heartland. Students with a visitor permit or staying under 6 months must purchase insurance. Insurance can be purchased from Heartland for \$2 per day or arranged independently.

Do you need Medical Insurance from Heartland? Yes  No

If no, please provide your insurance details: Provider: \_\_\_\_\_ Policy # \_\_\_\_\_ Date of Coverage \_\_\_\_\_

### STUDENT DECLARATION

I declare that the information I have provided is correct and accurate. I have read and understood all of Heartland's policies.

STUDENT SIGNATURE \_\_\_\_\_

Date: \_\_\_\_\_

Fax Application to (905) 564-7280 or Email to [paula@heartlandenglish.com](mailto:paula@heartlandenglish.com)

## 2015 PROGRAM START DATES

January: 5, 12, 19, 26  
April: 6, 13, 20, 27  
July: 6, 13, 20, 27  
October: 5, 13\*, 19, 26

February: 2, 9, 17\*, 23  
May: 4, 11, 19\*, 25  
August: 4\*, 10, 17, 24, 31  
November: 2, 9, 16, 23, 30

March: 2, 9, 16, 23, 30  
June: 1, 8, 15, 22, 29  
September: 8\*, 14, 21, 28  
December: 7, 14, 21, 28

\*Tuesday start dates due to holidays

## 2015 HOLIDAYS (No School)

Family Day	Monday, Feb. 16	Good Friday	Friday, April 3	Victoria Day	Monday, May 18
Canada Day	Wednesday, July 1	Civic Holiday	Monday, Aug 3	Labour Day	Monday, Sept 7
Thanksgiving Day	Monday, Oct. 12	Christmas Day	Friday, Dec 25		

## PAYMENT OPTIONS

- Cash (In person only)
- Cheque
- Money Order
- Visa/MasterCard
- Debit (In person only)

Bank Transfer: Royal Bank of Canada  
HW10 & County Court Branch  
209 County Court Blvd  
Brampton, Ontario L6W 4P5  
Transit Number: 08932-003  
Account Number: 1025121  
Swift Codes: ROYCCAT2 (Canada)

### Refund Policy:

- All application, placement and bank fees are non-refundable.
- If a student authorization is denied, Heartland will refund all the fees expect for application fees, placement fees, and any applicable bank fees.
- If a student quits or is dismissed from our program after the start of the program, the school will refund 50% of the tuition fees that have been paid but not used.

## CREDIT CARD AUTHORIZATION

### Instructions

1. Complete the form in the blanks below.
2. Print the form and have the credit card holder sign on the line indicated below.
3. Include a photocopy of the front and back of the signed credit card.
4. FAX (1-905-564-7280) OR scan and email the completed form and the photocopies of the credit card to complete your order.

I, \_\_\_\_\_, hereby authorize Heartland International English School (Ontario) Inc. to charge my credit card account in the amount of \$ \_\_\_\_\_.

Visa       MasterCard       Credit Card No. \_\_\_\_\_      Expiry Date: \_\_\_\_\_

### Credit Card Billing Address:

Street: \_\_\_\_\_      City: \_\_\_\_\_

District/State: \_\_\_\_\_      Postal Code: \_\_\_\_\_      Country: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

As the credit card holder, I hereby authorize payment for the fees indicated above.

\_\_\_\_\_

Cardholder's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date