

- New Student
 Extending Student

First Name: _____ Family Name: _____
 Male Female Birthdate: _____ Month _____ Day _____ Year Age: _____ Citizenship: _____

Home Address

Street: _____ City: _____
 Province/State: _____ Postal Code: _____ Country: _____
 Telephone: _____ Fax: _____ Email: _____
 Emergency Contact & Telephone: _____ Home Country Canada

What program do you want to take?

Indicate your level: Beginner Intermediate Advanced
 Starting Date: (MM/DD/YYYY): _____ / _____ / _____ Number of Weeks: _____
 Finishing Date: (MM/DD/YYYY): _____ / _____ / _____

General English Programs

- Intensive Program 30 hours/week
 Standard Program 22.5 hours/week
 Part-time Program 15 hours/week

Career Specific Programs

- TESOL/ TEYC Diploma Program 22.5 hours/week
 TESOL Practicum
 English for Health Care Professionals 22.5 hours/week
 Internship for Career Specific Programs

Exam Preparation

Intensive Standard Part-time

- | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> TOEIC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> iBT TOEFL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Focus Program

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Business English | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Focus on Speaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Focus on Writing | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Working Holiday STEP | <input type="checkbox"/> | <input type="checkbox"/> | |

College Transfer Program

- Pre- CTP - 12 weeks, 22.5 hours/week
 CTP - 12 weeks, 22.5 hours/week

Private Lessons

- 5 hours/week 10 hours/week 15 hours/week

Teen Programs

- Summer Winter

Accommodation Registration

Would you like Homestay or Residence (May - Aug. only)
 How many meals? 2 meals per day 3 meals per day
 Expected Dates: Starting Date: (MM/DD/YYYY) _____ / _____ / _____
 Finishing Date: (MM/DD/YYYY) _____ / _____ / _____
 Number of weeks: _____

Arrival Information

Please provide the following information, even if you do not
 Do you need an airport pick-up? Yes No
 Arrival in Toronto Date (MM/DD/YYYY): _____ / _____ / _____
 Time: _____ Airline: _____ Flight # _____

Please answer the following questions to assist us in your homestay placement:

- Do you smoke? Yes No
- Do you have any allergies or medical concerns? Yes No
If yes, describe _____
- Do you have any special dietary needs? Yes No
If yes, describe _____
- Can you live with pets? Yes No
- Can you live with small children? Yes No
- What are your hobbies? _____
- Comments: _____

Health Insurance

\$2.00 Per Day x _____ Number of Days = _____ Total Premium

I confirm that I have read and I accept the Conditions of Enrolment as well as the refund policies of the English School of Canada as stated in the registration kit.

Date: _____ Student Signature: _____