



# English School Of Canada

## Registration Form

- 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): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Finishing Date: (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of Weeks: \_\_\_\_\_

### General English Programs

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

#### Focus Program

Intensive Standard Part-time

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| <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"/> |                          |
| <input type="checkbox"/> English for Health Care Professionals | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <input type="checkbox"/> Internship for Health Care            |                          |                          |                          |
| <input type="checkbox"/> Business Internship                   |                          |                          |                          |

#### 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"/> |

### 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:

1. Do you smoke?  Yes  No

2. Do you have any allergies or medical concerns?  Yes  No

If yes, describe \_\_\_\_\_

3. Do you have any special dietary needs?  Yes  No

If yes, describe \_\_\_\_\_

4. Can you live with pets?  Yes  No

5. Can you live with small children?  Yes  No

6. What are your hobbies? \_\_\_\_\_

7. 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: \_\_\_\_\_