

- 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

**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 - 8 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: \_\_\_\_\_