

- 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 Total Number of Weeks Registered: _____

Study and Work Experience Program (SWEP)

Option - (Please check the programs below)

- 20+20 28+28 36+36 44+44
 24+24 32+32 40+40 48+48

General English Programs

- Intensive (30 hours/week) Starting Date(s): # of weeks
 (MM/DD/YYYY): _____ / _____ / _____ [_____]wks
 Standard (22.5 hours/week) _____ / _____ / _____ [_____]wks
 Part-time (15 hours/week)

Focus Program

- Focus on Speaking (Standard Only) Starting Date(s): # of weeks
 (MM/DD/YYYY): _____ / _____ / _____ [_____]wks
 Focus on Writing (Standard Only) _____ / _____ / _____ [_____]wks
 Business English (Standard Only) _____ / _____ / _____ [_____]wks
 English for Health Care Professionals (Standard Only) _____ / _____ / _____ [_____]wks
 Health Care Internship _____ / _____ / _____ [_____]wks
 Business Internship _____ / _____ / _____ [_____]wks

Exam Preparation Program

- IELTS (Standard Only) _____ / _____ / _____ [_____]wks
 iBT TOEFL(Standard Only) _____ / _____ / _____ [_____]wks

University College Transfer Program (UCTP)

- UCTP Prep. 8 weeks 22.5 hours/week _____ / _____ / _____ [_____]wks
 UCTP 12 weeks, 22.5 hours/week _____ / _____ / _____ [_____]wks

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 require airport pick-up.

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: _____