

Student Application Form

DEDCOMAL IN	FORMATION!			NEW	EXTENSION	AD
PERSONAL IN	FORMATION		Circa Name			
Family Name:			Given Name:			
Male	Female		Date of Birth: M	D	Y	
Mailing Address	Street:			City:		
Province:		Country:	1	Postal Code:		
Permanent Phon	e #:		Current Phone #:			
E-mail Address:			Nation	nality:		
• Current Visa Ty	pe or Status in Canada?	Student V	sitor Working Ho	liday Otl	her	
• How did you he	ar about VIC?	Agency		Interne	et Friends	
Education Fa	ir	Newspaper/Mag	azine	Other		
English Prog	ram					
Full-Time (25 h	rs/week) Semi F	ull-Time (20 hrs/week) English for Childr	en & Families (age	es 7-14):	
AM Part Time (t Time 2 (10 hrs/weel			Other	
	·					
	g Date: M D	Y	Duration:	weeks		
Current Level	of English Elei	mentary Interr	nediate Upper Ir	termediate	Advanced	
Career Prog	ram					
	Program		Start Date	Please indicate t	Please indicate the official English	
Example	TESOL	4 weeks	(mm/dd/yyyy) 02/07/2017	proficiency test copy of the test	score here and send us	a
·	TESOL	4 WCCR3	02/07/2017	copy of the test	resuit.	
Program 1 Program 2				Test Type:	Score:	
Program 3				Test Date (mm/c	dd/yyyy):	
Program 4				Test Type: Test Date(mm/d	Score :	
■ HOMESTAY A	PPI ICATION			rest Date(min) u	ш/уууу)	
_		No	Duration	(wooks/months)		
Do you need a	a homestay? Yes : M D Y	No	Duration: Check-out date: M			
I prefer (please)			oneon out date.			
Pets	,	Preference	• Are you veg	getarian? Yes	s No	
Children	No Children No	Preference	• Do you smoke? Yes No			
Other host stu	idents No other ho	st students No	Preference			
• Allergies / Spec	ial medications / Health p	problems / etc:				
Additional Com	ments or Information:					
Do you need a	airport pick up service?	One way	wo ways No	Arrival Date:		
Airline:	Fli	ght Number:		Arrival Time:		_
resolution, disr	ne information I have provideo nissal, refunds, English only po	olicy, and vacation.		•	sions, dispute	
As such, I ackno	owledge that I will be held sub	ject to the terms, conditi	ons, and policies contained h	nerein.		
Signature of S	Student:		Month	Day	Year	
Signature of S	Student:		Month_	Day	Year	