

Canada Registration Form

Please complete this form in CAPITAL LETTERS in black ink.

1. Student Details	
Family Name:	
First Name:	
Date of Birth (MM/DD/YYYY):	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of citizenship:	
Country of birth:	
Student Home Address:	
Country:	Post Code:
Tel:	
Email:	
Any additional learning support needs? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please give details:	

2. Emergency contact	
Contact Name:	
Relationship to student:	
Telephone:	
Email:	

3. Which center and when?	
Toronto <input type="checkbox"/>	Calgary <input type="checkbox"/>
Course Dates:	
Start date	Month: Day: Year:
End date	Month: Day: Year:
Number of weeks:	

4. Which Course?		Essential	Standard	Intensive	Super Intensive
General English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IELTS Preparation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business English		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cambridge ESOL Preparation	FCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CAE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University Pathways	University Preparation Course			<input type="checkbox"/>	<input type="checkbox"/>
	University Placement Service		<input type="checkbox"/>		
One-to-One English		Number of lessons <input type="checkbox"/> (5 is the minimum)			

5. Current Level of English (estimate if unknown)			
Beginner <input type="checkbox"/>	Elementary <input type="checkbox"/>	Pre-Intermediate <input type="checkbox"/>	Intermediate <input type="checkbox"/>
Upper Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	Proficiency <input type="checkbox"/>	

6. Insurance	
Do you need medical insurance?	Yes: \$20 a week <input type="checkbox"/> No: <input type="checkbox"/>

7. Use of Representatives	
Have you used an Educational Representative during your application?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No (go to section 8)
Name of Representative / Agency:	
Branch:	
Name of contact at Representative / Agency:	

8. Accommodation available Sunday - Saturday	
Do you want the center to arrange your accommodation?	
Yes: <input type="checkbox"/>	Number of weeks: <input type="text"/> No: <input type="checkbox"/> (go to section 10)

Please refer to the pricelist for options available in each center.
Accommodation is subject to availability at the time of receipt of full fees.

9a. Accommodation	
Choose your accommodation type:	Homestay: <input type="checkbox"/> Student Residence: <input type="checkbox"/>
Choose your room type:	Single: <input type="checkbox"/> Shared: <input type="checkbox"/>
Choose your meal plan:	
Self Catering <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Half Board <input type="checkbox"/> Full Board <input type="checkbox"/>	

9b. Other Requirements	
Are there any foods you do not eat? Meat: <input type="checkbox"/> Pork: <input type="checkbox"/> Nuts: <input type="checkbox"/>	
Other (please specify):	
Do you have any allergies to animals? Cats: <input type="checkbox"/> Dogs: <input type="checkbox"/> Other: <input type="checkbox"/>	
Are you happy to live with a family with young children? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Do you have any other allergies, disabilities or a medical condition? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
If yes, please give details:	
Do you smoke? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

10. Transfers	
Do you need an airport transfer?	No: <input type="checkbox"/>
Yes <input type="checkbox"/> my arrival airport is:	arrival date:
arrival time:	flight number:
Yes <input type="checkbox"/> my departure airport is:	departure date:
departure time:	flight number:

11. How much will you pay now?	
<input type="checkbox"/> I will pay all registration, tuition and accommodation fees now.	
<input type="checkbox"/> I will pay a deposit of \$175 now	

12. How would you like to pay?		
Credit card <input type="checkbox"/>	Debit Card <input type="checkbox"/>	Bank transfer <input type="checkbox"/>

13. Declaration	
I have read and understood the Stafford House International Terms and Conditions. I accept them willingly to the exclusion of all other terms and conditions. Terms and conditions can be found at www.staffordhouse.com/terms	
Signature	Date
SIGN HERE	