

# 2021 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):	Gender
Country of citizenship:	
Country of birth:	
City 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:

## 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?

	Standard (20 lessons)	FLEX (Toronto only)	Intensive (25 lessons)	Super Intensive (30 lessons)
General English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IELTS Preparation*			<input type="checkbox"/>	<input type="checkbox"/>
Business English* (Toronto only)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Professional Certificate (Toronto only)**	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Unlimited Package (please also indicate 1 <sup>st</sup> course above)	<input type="checkbox"/>			
Cambridge ESOL***	C1 Advanced		<input type="checkbox"/>	<input type="checkbox"/>
University Pathways	University Preparation Course			<input type="checkbox"/>
	College / University			
	Program			
	Intake for Higher Education program			
One-to-One English	Number of lessons <input type="checkbox"/>			

\*Minimum Level: Intermediate \*\*Minimum Level: Upper Intermediate \*\*\*Minimum Level: Advanced

## 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: \$25 a week <input type="checkbox"/>	No: <input type="checkbox"/>
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## 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:	
Name of contact at Representative / Agency:	

## 8. ACCOMMODATION AVAILABLE (Sunday - Saturday)

Do you want Stafford House 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 centre.  
Please mark your **FIRST** choice with **1** and **SECOND** choice with **2**.  
For students wishing to study in more than one location, please specify your accommodation preferences in all locations. Accommodation is subject to availability at the time of receipt of full fees.

## 9. ACCOMMODATION

Choose your accommodation type:	
Homestay: <input type="checkbox"/>	Residence: <input type="checkbox"/>
Residence name:	
Choose your room type:	Single: <input type="checkbox"/> Twin: <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"/>

## 10. 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):	
Are you happy to live with a family with young children?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you smoke?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have any health concerns that you would like to make us aware of?	Yes: <input type="checkbox"/>

If you have answered 'yes' to the above question Stafford House will send you a separate document Medical Information Disclosure Form to complete. We are required to obtain consent to process medical information. If the student is under 18 we will ask for parental consent to process this information and this form must be completed before arrival. Please note that Stafford House reserve the right to make changes to a student's course and accommodation if this form is not returned or something is later discovered upon arrival at the school.

## 11. 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:

## 12. 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 the Registration Fee of \$175 and Accommodation Booking Fee of \$200 (if applicable) now

## 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](http://www.staffordhouse.com/terms)

Signature <input type="text"/>	Date
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Please return this completed Registration Form by email to: [admissions@staffordhouse.com](mailto:admissions@staffordhouse.com)

School Closure Dates:

1 Jan, 15 Feb, 2 Apr, 24 May, 1 Jul, 2 Aug, 6 Sep, 11 Oct, 11 Nov, 27 Dec 2021