

2019 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"/> |
| Professional Certificate (Toronto only) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unlimited Package (please also indicate 1 st course above) | | <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. 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.

| 9. Accommodation | |
|---|--|
| Choose your accommodation type: | Homestay: <input type="checkbox"/> Student Residence: <input type="checkbox"/> |
| Residence name: | |
| 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"/> | |

| 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 a deposit of \$200 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 | |
| Signature | Date |
| SIGN HERE | |

Please return this completed Registration Form by email to: admissions@staffordhouse.com

School Closure Dates
1 Jan, 18 Feb, 19 Apr, 20 May, 1 Jul, 5 Aug, 2 Sep, 14 Oct, 25-26 Dec 2019, 1 Jan 2020