



First Name: _____ Last Name: _____

Male Female Date Of Birth (Day/Month/Year) : _____ Nationality: _____

What languages do you speak? _____ E-Mail: _____

Your Level of English: Beginner Intermediate Upper Intermediate Advanced

Current Address (in Canada or in your country) Country: _____ City: _____ Postal Code: _____

Street and Number: _____ Facebook: _____

Telephone (+ area and country code): _____ Cel: _____

Status in Canada: Visitor Student Working Holiday Other (Specify): _____

Medical Insurance Required? Yes No If insurance is required, Number of days: _____ Start date of insurance: _____

Emergency Contact - Name: _____ Emergency Telephone (country code and area): _____

How did you hear about inlingua? Google Friends Brochure Facebook Fair / Show Other (Specify): _____
(Select all the options that apply to you)

Agency (Please specify Agency and Counsellor Name): _____

Course(s) Applied for

SUPER INTENSIVE English Course INTENSIVE+ English Course INTENSIVE English Course UPC University Preparation Course IELTS Preparation Course TESTS Preparation Course

ACCELERATED Communication program Private lessons # _____

Course 1 Start Date (Day/Month/Year): _____ Course 1 End Date (Day/Month/Year): _____ Total Weeks: _____

Course 2 Start Date (Day/Month/Year): _____ Course 2 End Date (Day/Month/Year): _____ Total Weeks: _____

Reasons for studying English Travel / other personal reasons Professional reasons Higher Education in Canada or USA Higher Education in home country Other (Specify): _____

Physical or mental limitation, or any health condition that we need to know about? Yes No If your answer is YES, specify: _____

Do you want accommodation? Yes No Do you want airport pick-up? Yes No Airport drop-off? Yes No
If your answer is YES, please complete Form #2 If your answer is YES, please complete Form #3

**Form #2
Accommodation
Information**

<input type="checkbox"/> Homestay (Full Board 3 meals)	<input type="checkbox"/> Single Room	<input type="checkbox"/> Student House (shared room, no meals, 19+)	Accommodation Dates Start Date (Day/Month/Year) _____ End Day (Day/Month/Year)* _____
<input type="checkbox"/> Homestay (Half Board 2 meals)	<input type="checkbox"/> Shared Room	Who are you sharing with? _____	
<input type="checkbox"/> Suite (no meals, 19+)			

*NOTE: If you plan to stay for more than 4 weeks in Vancouver and you are NOT sure if you want to stay in the homestay / suite for more than the first 4 weeks, please write down the end date of your course here. We will book your homestay / suite for this period. Failure to do so may result in additional homestay / suite placement fees.
NOTE: Students will pay the placement fee and the First 4 weeks of homestay / suite ONLY. Additional 4-week periods will be paid at inlingua, in advance.

What are your interests / Comments _____

Do you take any medication? Yes No If your answer is YES, specify: _____

Do you have any allergies? Yes No If your answer is YES, specify: _____

Vegetarian / Vegan / special diet? Yes No If your answer is YES, specify: _____

Do you smoke? Yes No Would you live with a family with Smokers? Yes No

Would you live with a family with Young Children? Yes No Would you live with a family with Dogs? Yes No

Would you live with a family with Teenagers? Yes No Would you live with a family with Cats? Yes No

Homestay Special Requests Additional charges apply - subject to availability Private Bathroom 100 every 4 weeks Closer to School 50 every 4 weeks Private TV 25 every 4 weeks These requests are subject to availability, only for homestays, for students 17 years old and more. Not possible in suites or in the student house.

**Form #3
Arrival Information**

Date of arrival (Day/Month/Year): _____ Time (24 Hour time format): _____

Name of airline: _____ Connecting city: _____ Flight No: _____

DECLARATION: I HAVE READ AND UNDERSTOOD AND I AGREE TO BE BOUND BY THE SCHOOL'S POLICIES ON ADMISSIONS, ACCOMMODATION, DISPUTE RESOLUTION, CODE OF CONDUCT AND DISMISSAL, ATTENDANCE, VACATIONS, TUITION AND FEE REFUND / WITHDRAWAL AND "ENGLISH ONLY".

Date: _____ Student Signature _____ Agent Signature _____
parent or guardian if under 19 if applicable