

STUDENT ENROLMENT

Student's name (Surname, Given Name):		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth (dd/mm/yyyy):	
Current address:		
City:	Province:	Post Code:
Country of Citizenship:		First Language:
Phone #:	Alternate Phone #:	
Email:		

Emergency Contact Name:	
Relation to you:	How long have you known this person?
Phone #:	Alternate Phone #:
Email:	

Name of Program:	
Date of Program Enrolment:	Type of Stay: <input type="checkbox"/> Homestay <input type="checkbox"/> Apartment <input type="checkbox"/> Other
If "Other", please specify:	

Have you written the IELTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', indicate the date it was written (dd/mm/yyyy):	
Score: Reading: Writing: Listening: Speaking: Overall:	
Have you written the TOEFL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', indicate date it was written (dd/mm/yyyy):	Score:

Student Visa Number:	Date of Entry into Canada (mm/yyyy):
	Expiration Date for Student Visa (mm/yyyy):

Have you purchased Healthcare Insurance through VHIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', please provide the name of alternate Healthcare Insurance Provider:	

