



Student Application Form

NEW EXTENSION ADD

PERSONAL INFORMATION

Family Name:		Given Name:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	M D Y
Mailing Address	Street:	City:	
Province:	Country:	Postal Code:	
Telephone No:		Fax No:	
E-mail Address:		Nationality:	
• Current Visa Type or Status in Canada? <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Working Holiday <input type="checkbox"/> Other _____			
• How did you hear about VIC? <input type="checkbox"/> Agency _____ <input type="checkbox"/> Internet <input type="checkbox"/> Friends			
<input type="checkbox"/> Education Fair _____ <input type="checkbox"/> Newspaper/Magazine _____ <input type="checkbox"/> Other _____			

PROGRAM

<input type="checkbox"/> Full-Time (25 hrs/week)	<input type="checkbox"/> Semi Full-Time (20 hrs/week)	<input type="checkbox"/> English for Children & Families (ages 7-14), hours: _____
<input type="checkbox"/> AM Part Time (15 hrs/week)	<input type="checkbox"/> PM Part Time 2 (10 hrs/week)	<input type="checkbox"/> PM Part Time 1 (5 hrs/week) Other _____
<input checked="" type="checkbox"/> Starting Date: M D Y	<input checked="" type="checkbox"/> Duration: _____ weeks	
Current Level of English	<input type="checkbox"/> Elementary	<input type="checkbox"/> Intermediate
	<input type="checkbox"/> Upper Intermediate	<input type="checkbox"/> Advanced

HOMESTAY APPLICATION

<input checked="" type="checkbox"/> Do you need a homestay? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Duration: _____ (weeks/months)
<input checked="" type="checkbox"/> Check-in date: M _____ D _____ Y _____	<input checked="" type="checkbox"/> Check-out date: M _____ D _____ Y _____
• I prefer (please check)	
<input type="checkbox"/> Pets <input type="checkbox"/> No Pets <input type="checkbox"/> No Preference	• Are you vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Children <input type="checkbox"/> No Children <input type="checkbox"/> No Preference	• Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other host students <input type="checkbox"/> No other host students <input type="checkbox"/> No Preference	
• Allergies / Special medications / Health problems / etc:	
• Additional Comments or Information:	
<input checked="" type="checkbox"/> Do you need airport pick up service? <input type="checkbox"/> One way <input type="checkbox"/> Two ways <input type="checkbox"/> No	Arrival Date: _____
Airline: _____ Flight Number: _____	Arrival Time: _____

I declare that the information I have provided is true and correct. I've read and understand all of VIC's policies on admissions, dispute resolution, dismissal, refunds, English only policy, and vacation.
As such, I acknowledge that I will be held subject to the terms, conditions, and policies contained herein.

Signature of Student: _____ Month _____ Day _____ Year _____