STUDENT APPLICATION FORM Accredited by the Ministry of Education

PERSONAL INFORMATION © WLEC Admissions | 2021

Last Name: First Name Date of Birth (mm/dd/yyyy): Home Address: City: \_ Province/State: Country: \_\_ Postal Code: Phone #: **+ - -** Email: \_\_

Address in Canada (If Applicable): \_ City: Province: Postal Code: Phone # in Canada: **- -** Visa Applying for: ☐Visitor ☐Student ☐Working Holiday ☐Work Permit (Practicum) *or I am* ☐Landed Immigrant ☐Citizen Are you confined to a wheel chair? ☐No ☐Yes

Is there any medical condition that we should be aware of? ☐No ☐Yes

* If yes, please provide details:

Nationality:

* Mr. ☐Ms.

EMERGENCY CONTACT INFORMATION

Please indicate the official English proficiency test score here and send us a copy of the test result: Test Type: \_ Score: Test Date (mm/dd/yyyy):

Test Type: \_ Score:

Test Date (mm/dd/yyyy):

Contact Name: Relationship: Nationality:

Phone: + - - Email:

COURSE SELECTION

|  |  |  |  |
| --- | --- | --- | --- |
|  | Course | Duration | Start Date (mm/dd/yyyy) |
| *Example* | *ENG4U* | *12 Weeks* | *06/06/2015* |
| Credit Course |  |  |  |
| Credit Courses |  |  |  |
| Support Class |  |  |  |
| Tutorials |  |  |  |

MEDICAL INSURANCE

If yes, Start Date (mm/dd/yyyy): End Date (mm/dd/yyyy):

* Yes ☐No

I would like to request medical insurance:

LIVING ARRANGEMENT

If yes, # of weeks:

* No

If yes, # of weeks:

* No
* Student House: I would like more than 8 weeks\* rent included with my invoice: ☐Yes

\*Note that 8 weeks house rent must be included with the invoice.

\*If Student House is full at the time of application, I am open to Homestay ☐Yes

* I will arrange my own accommodation.

\*If no homestay application is received, a homestay family may or may not match your preference.

* Yes ☐No If yes, # of weeks:
* Homestay: I would like my homestay rent included with my invoice:

\*Please fill in Page 2 of this application if you choose Homestay.

AIRPORT SERVICE

Pick up: ☐Yes ☐No Flight #: Date of Arrival (mm/dd/yyyy): Time:

Drop off: ☐Yes ☐No Flight #: Date of Departure (mm/dd/yyyy): Time:

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