

Application FormEnglish Programs

Student Information	
Last Name	Address
Middle Name	City/Province
First Name	Country
Gender O Male O Female O Other:	Postal Code
Date of Birth /	Nationality
Email	First Language
Phone Number	
Emergency Contact	
Full Name	Relationship
Email	Phone Number
Address while in Canada If not ordered through Tamwood.	
Address	Type of stay
City	Postal Code
State/Province	Phone Number
■ Program Information	
	Start Date* / /
■ Program Information	
Program Information Location	
Program Information Location Program Number of weeks	YYYY MM DD
Program Information Location Program	YYYY MM DD
Program Information Location Program Number of weeks For Pathway Program	YYYY MM DD
Program Information Location Program Number of weeks For Pathway Program What is the institution name where you want to apply?	YYYY MM DD
Program Information Location Program Number of weeks For Pathway Program What is the institution name where you want to apply? What is the program name you want to apply?	YYYY MM DD
Program Information Location Program Number of weeks For Pathway Program What is the institution name where you want to apply? What is the program name you want to apply?	YYYY MM DD
Program Information Location Program Number of weeks For Pathway Program What is the institution name where you want to apply? What is the program name you want to apply? When do you want to start this program?	Number of hours per week
Program Information Location Program Number of weeks For Pathway Program What is the institution name where you want to apply? What is the program name you want to apply? When do you want to start this program?	Number of hours per week
Program Information Location Program Number of weeks For Pathway Program What is the institution name where you want to apply? What is the program name you want to apply? When do you want to start this program? For Agency Use Only Agency Name	Number of hours per week Agency Representative
Program Information Location Program Number of weeks For Pathway Program What is the institution name where you want to apply? What is the program name you want to apply? When do you want to start this program?	Number of hours per week

	eck-in and check-ou am check-out. Acco			on 7 nights.	VANCOUVER & TORO		VHISTLER		
Do you require accommodati	ion? O Yes	O No,	skip to next s	ection !	High Season: June 1 - A Low Season: Sept 1 - M		All year are the	e sarne price	
Check in	/	/		Check out	,	,	/		
Type of accommodation: Wh	istler		DD	Type of acco	ommodation: Vanco	uver & To	ronto	DD	
Do you smoke?		O Yes	O No	If you have a	allergies / other med	ical condi	tions, please	e give details	
Do you drink alcohol?		O Yes	O No						
Can you live with dogs or cats	s in the house?	O Yes	O No						
····· Special Dietary Requ	Jest Extra F	ees App	ly (Must be req	quested in advance)					
Dietary Requests									
Vegetarian	No Fish*		No	Pork	Gluten In	tolerant			
Vegan	Lactose I	ntolerant	No	Beef*	Diabetic	Diabetic			
Food Allergies There are the 10	most common foo	d allergies. Ch	eck all that apply	v. *No charge for thes	se special requests or aller	gies.			
Milk Peanut			Fish	h*	Soy		C	Corn*	
Eggs	Tree Nut		She	ellfish*	Wheat		Υ	east/	
Other food allergies or comm									
Medical Insurance S	_		, , , ,	on visiting Canada as	a Tourist or Student to ha	ve valid Med	lical Insurance		
Do you require medical insura		•							
If Yes, provide the student's er	mail address so	we can ser				it:	,		
Insurance Start Date:	/	/	DD DD	nsurance End Da	ate:	/	/	DD	
Airport Transfer Serv	vice								
Do you require transportation	? Yes,	on arrival d	ay	Yes, on depar	ture day	No			
Arrival Date	/	/	DD	Departure Da	ite /	, MM	/	DD	
Arrival Time				Departure Tir				50	
Airline				Airline					
Flight Number				Flight Numbe	er				
Flight Origin				Destination					

Cancellation & Refun	ds for Inter	national Student	S					
I have read and I accept the sch	nool's policies on	admissions, rules of cor	nduct, dispute resolu	ution, dism	nissal and r	efunds as	s stated <u>F</u>	nere.
Student Name			Yes, I accept	Date	YYYY	/	/	DD
Or parent name if stude I understand that a Program Ch 30 days before the start of the p	ange Fee may be	e applied to a change of	course that results	in downgra				
Student Name (or parent name if stude	ent is a minor)		Yes, I accept	Date	YYYY	/	/	DD
Application Checklist	:							
Please attach a copy of pa	assport showing	applicant's name and d	ate of birth					
Are you a direct student or an a	gent applying on	behalf of a student?	O Student O	Agent				
How did you hear about us?	Agent	Social Media	Website	Tamwo	ood Amba	ssador	0	ther
Ambassador Full Name			Other:					
Applicant's Declaration	on							
I have attached a copy of	my passport and	d copy of all supporting	documents require	ed as per a	dmission	requirem	ents.	
I understand that I need t (IRCC) before the start of			nts to Immigration,	Refugees	and Citize	enship Ca	nada	
Applicant Name			Date	YYYY	/	ММ	/	DD
Note to prospective s	tudents							
Tamwood International requires Tamwood will NOT retain or wi							school.	Howeve
					-			

Please email this completed form to Tamwood Language Centres at registrar@tamwood.com