

## **Application Form**English 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						
Program Information  Location	Start Date* / /					
	Start Date* / / MM DD					
Location						
Location Program Number of weeks	YYYY MM DD					
Location Program Number of weeks For Pathway Program	YYYY MM DD					
Location  Program  Number of weeks  For Pathway Program  What is the institution name where you want to apply?	YYYY MM DD					
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					
Location  Program  Number of weeks  For Pathway Program  What is the institution name where you want to apply?	YYYY MM DD					
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					
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					
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	Number of hours per week					
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					
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	Number of hours per week					

Accommodation  Check-in and check-out is always Saturday to Saturday.  10 am check-out. Accommodation weekly fee based on 7 nights.			on 7 nights.	VANCOUVER & TORO	VHISTLER					
Do you require accommodati	on? O Yes O No, skip to next section		ection !	High Season: June 1 - A Low Season: Sept 1 - M		All year are the same price				
Check in	/	/		Check out	,	,	/			
Type of accommodation: <b>Wh</b>	istler		DD	Type of acco	ommodation: <b>Vanco</b>	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	<b>Jest</b> 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 Tree Nut		Fish	h*	Soy		C	Corn*		
Eggs			She	ellfish*	Wheat	Wheat				
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:	<b>/</b>	/	DD DD	nsurance End Da	ate:	/	<b>/</b>	DD		
Airport Transfer Serv	vice									
Do you require transportation	? Yes,	on arrival d	ay	Yes, on depar	ture day	No				
Arrival Date	<b>/</b>	/	DD	Departure Da	ite /	, MM	/	DD		
Arrival Time				Departure Tir				50		
Airline				Airline						
Flight Number				Flight Numbe	er					
Flight Origin				Destination						

Cancellation & Refund	ds for Inter	national Student	5							
I have read and I accept the sch	ool's policies on	admissions, rules of con	duct, dispute resolı	ution, dism	issal and r	efunds a	s stated	here.		
Student Name			Yes, I accept	Date		/	1M	/		
(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	ade or cha				an	
Student Name (or parent name if stude	· -			Date	YYYY	/	1M	/		
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? (	Student O	Agent						
How did you hear about us?	Agent	Social Media	Website	Tamwo	nwood Ambassador			Other		
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	requiren	nents.			
I understand that I need to (IRCC) before the start of			ts to Immigration,	Refugees	and Citize	enship C	anada			
Applicant Name			Date	YYYY	/	ММ	/	DD		
Note to prospective s	tudents									
Tamwood International requires Tamwood will <b>NOT</b> retain or wit							schoo	l. Howe	eve	

Please email this completed form to Tamwood Language Centres at <a href="mailto:registrar@tamwood.com">registrar@tamwood.com</a>