

## **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						
	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?  For Agency Use Only	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?  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	WHISTLER All year are the same price		
Do you require accommodati	ion? O Yes	O No,	skip to next s	ection !	High Season: June 1 - A Low Season: Sept 1 - M		ui year are tri	e sarne 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			
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	Soy		
Eggs	Tree Nut		She	ellfish*	Wheat	Υ	Yeast	
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	ls for Inter	national Student	S						
I have read and I accept the scho	ool's policies on	admissions, rules of con	duct, dispute resol	ution, disr	nissal and	refund	ds as sta	ited <u>he</u>	re.
Student Name (or parent name if studen	(or parent name if student is a minor)		Yes, I accept	Date	<b>/</b>		ММ	/ MM DD	
I understand that a Program Cha 30 days before the start of the pr		e applied to a change of	course that results	in downg	rade or ch	nange t	that occ	curs les	s than
Student Name (or parent name if studen	nt is a minor)		Yes, I accept	Date	YYYY	/	ММ	/	DD
Application Checklist									
Please attach a copy of pa	ssport showing	applicant's name and d	ate of birth						
Are you a direct student or an ag	ent applying on	behalf of a student? (	Student C	<b>)</b> Agent					
How did you hear about us?	Agent	Social Media	Website	Tamw	ood Amb	l Ambassado		Oth	er
Ambassador Full Name			Other:						
Applicant's Declaration	n								
I have attached a copy of I	my passport and	d copy of all supporting	documents requir	ed as per	admissior	n requi	rement	S.	
I understand that I need to (IRCC) before the start of t		_	nts to Immigration,	, Refugees	and Citiz	zenshi	p Canad	da	

## ■ Note to prospective students

Applicant Name

Tamwood International requires students to present their identification and Study Permit (if applicable) on their first day at school. However, Tamwood will **NOT** retain or withhold a student's passport, Study Permit, or similar document under any circumstances.

Date