

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	DATE OF BIRTH (DD/MM/YYYY)	NATIONALITY
COUNTRY OF RESIDENCE	EMAIL	PHONE
PERMANENT MAILING ADDRESS STREET _____ CITY _____ _____ PROVINCE _____ COUNTRY _____ POSTAL CODE _____		
STATUS IN CANADA <input type="radio"/> VISITOR <input type="radio"/> STUDENT <input type="radio"/> WORKING HOLIDAY <input type="radio"/> CITIZEN OR IMMIGRANT <input type="radio"/> OTHER		AGENCY NAME (IF APPLICABLE)
EMERGENCY CONTACT INFORMATION (NAME / RELATIONSHIP / PHONE / EMAIL)		

PROGRAM INFORMATION

(1) ENGLISH PROGRAM (ESL)

	LOCATION	START DATE (DD/MM/YYYY)	COURSE NAME	TOTAL WEEKS OF STUDY
1	<input type="radio"/> VANCOUVER <input type="radio"/> KELOWNA			
2	<input type="radio"/> VANCOUVER <input type="radio"/> KELOWNA			

(2) CAREER TRAINING PROGRAM

LOCATION VANCOUVER	START DATE (DD/MM/YYYY)	PROGRAM NAME
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HAVE YOU MET THE ENGLISH ADMISSION REQUIREMENT?

YES NO IF YES, DESCRIBE IT:

HAVE YOU MET THE ACADEMIC ADMISSION REQUIREMENT?

YES NO IF YES, DESCRIBE IT:

START DATES - SCM Advanced Diploma / SCM Diploma / CM Diploma / CCBC Diploma

- 2021: February 22, August 9 | 2022: January 24, September 6

START DATES - BM Diploma / PCS Certificate / CCBC Certificate

- 2021: February 22, April 19, June 14, August 9, October 4, November 29 | 2022: January 24, March 21, May 16, July 11, September 6, October 31, December 27

START DATES - HM Advanced Diploma / HM Diploma (Diploma program will be offered as of March 2021)

- 2021: February 22, March 22, April 19, May 17, June 14, July 12, August 9, September 7, October 4, November 1, November 29, December 28

- 2022: January 24, February 21, March 21, April 18, May 16, June 13, July 11, August 8, September 6, October 3, October 31, November 28, December 27

OTHER INFORMATION

DO YOU NEED AIRPORT PICK-UP & DROP-OFF? <input type="radio"/> PICK-UP <input type="radio"/> DROP-OFF <input type="radio"/> BOTH	DO YOU NEED MEDICAL INSURANCE? <input type="radio"/> YES* <input type="radio"/> NO *START DATE: _____ *END DATE: _____	ARE YOU APPLYING FOR LEGAL CUSTODIANSHIP*? <input type="radio"/> YES <input type="radio"/> NO *ONE-TIME PAYMENT (\$250); MANDATORY FOR MINORS
LIST ANY MEDICATIONS IF YOU TAKE THEM REGULARLY:	LIST ANY HEALTH PROBLEMS:	DO YOU HAVE ANY SPECIAL NEEDS? <input type="radio"/> YES* <input type="radio"/> NO *THE INFORMATION WILL BE TREATED CONFIDENTIALLY AND WILL NOT AFFECT JUDGMENTS CONCERNING YOUR ACADEMIC SUITABILITY.

ACCOMMODATION INFORMATION (IF APPLICABLE)

(1) HOMESTAY				<input type="checkbox"/> PLEASE MARK HERE IF THE STUDENT IS 18 YEARS OLD AND UNDER
1	LOCATION VANCOUVER	MOVE-IN DATE (DD/MM/YYYY)	MOVE-OUT DATE (DD/MM/YYYY)	TOTAL WEEKS OF STAY
	ROOM TYPE <input type="radio"/> Single room with 3 meals per day <input type="radio"/> Shared room with 3 meals per day			
2	LOCATION KELOWNA	MOVE-IN DATE (DD/MM/YYYY)	MOVE-OUT DATE (DD/MM/YYYY)	TOTAL WEEKS OF STAY
	ROOM TYPE <input type="radio"/> Single room with 3 meals per day <input type="radio"/> Shared room with 3 meals per day			

Note:

- The recommended duration is 4 weeks.
- All homestay rooms include shared bath.
- Shared room is only available for two students booking together.
- Please provide your arrival information, such as flight number, time and date to VanWest at info@vanwest.com at least two weeks prior to your arrival.
- In any early move-out cases, fees will be refunded with a 4-week advance written notice.

(1.1) HOMESTAY - SPECIFIC INFORMATION

FAMILY PREFERENCE: PLEASE RANK FROM 1 TO 4 (1 - MOST PREFERRED / 4 - LEAST PREFERRED). <input type="checkbox"/> Family with young children <input type="checkbox"/> Family with teenagers <input type="checkbox"/> Adults with no children <input type="checkbox"/> No preference		PET PREFERENCE: PLEASE RANK FROM 1 TO 3 (1 - MOST PREFERRED / 3 - LEAST PREFERRED). <input type="checkbox"/> I prefer cats only <input type="checkbox"/> I prefer dogs only <input type="checkbox"/> No preference	
DO YOU SMOKE? <input type="radio"/> YES* <input type="radio"/> NO * IF YES, SOME RESTRICTIONS MAY APPLY AS MANY FAMILIES ARE NON-SMOKING.		PLEASE DESCRIBE YOUR HOBBIES AND INTEREST, AND ETC.	
WHAT WOULD YOU LIKE YOUR HOST FAMILY TO KNOW ABOUT YOU?		PLEASE EXPLAIN YOUR PLACEMENT CONSIDERATIONS IF YOU HAVE ANY.	

(2) VANCOUVER SHARED HOUSE

LOCATION	MOVE-IN DATE (DD/MM/YYYY)	MOVE-OUT DATE (DD/MM/YYYY)	TOTAL WEEKS OF STAY
VANCOUVER SHARED HOUSE			
ROOM TYPE <input type="radio"/> Single room with private bath <input type="radio"/> Single room with shared bath <input type="radio"/> Double room with shared bath*			

Note:

- *Double room has one full bed intended for two people; only available for two students booking together.
- This form is subject to room availability (first come first serve basis). Only available rooms will be offered to the students.
- Please provide your arrival information, such as flight number, time and date to VanWest at info@vanwest.com at least two weeks prior to your arrival.
- The recommended minimum booking duration for accommodation is 4 weeks unless the study duration is less than 4 weeks.
- In any early move-out cases, fees will be refunded with a 4-week advance written notice.

CONSENT FORM

ALL STUDENTS MUST READ THE FOLLOWING RULES & POLICIES AND MARK BELOW.

- I declare that the information I have given is correct and accurate.
 I have read and understand the rules and policies including the Tuition Refund Policy and the Accommodation Policy (URL: vanwest.com/admission/policy/).
 I understand that while effort will be made to match all my requests, no guarantee can be given to match each one.

STUDENT NAME (PLEASE PRINT)	STUDENT SIGNATURE	DATE (DD/MM/YYYY)
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MANDATORY FOR MINOR STUDENTS (AGES 18 AND UNDER) & PARENTS/GUARDIAN

- I and my Child have read and understand the Minor Participation Waiver (URL: bit.ly/33guntL) and the Homestay Rules for Minor Students (URL: bit.ly/30kTvhp).
 I confirm that I have discussed the rules and expectations with my Child.
 I hereby consent to my Child's participation in all VanWest activities, field trips, and tours on the terms and conditions in the Minor Participation Waiver.

PARENT AND/OR GUARDIAN NAME (PLEASE PRINT)	PARENT AND/OR LEGAL GUARDIAN SIGNATURE	DATE (DD/MM/YYYY)
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