

Student Information

Last Updated October 31, 2018 | Subject to Change

Last Name: _____ First Name: _____ Date of Birth: _____ / _____ / _____
(mm) (dd) (yyyy)

Gender: Male Female Nationality: _____ First Language: _____

Address (Home Country): _____ City: _____ Country: _____

Province: _____ Postal Code: _____ Phone #: _____

Address (Canada): _____ City: _____ Country: _____

Province: _____ Postal Code: _____ Phone #: _____

Email: _____ Emergency Contact: _____ / _____ / _____
(Name) (Relationship) (Telephone#)

Immigration Status: Visitor Student Working Holiday Permanent Resident Citizen

Do you have any physical or mental medical conditions we should be aware of?

ESL Program

Campus: Vancouver Toronto Victoria Start Date: _____ / _____ / _____
(mm) (dd) (yyyy) Weeks of Study: _____

Choose Hours: 5hr 10hr 15hr 20hr 25 hr

Choose ESL System (only for Toronto) Skilled Focused Skilled Combined Both Will decide on the first day

* Please see detail of Skilled focused and Skilled Combined ESL System

Private Tutoring requested? Yes No If Yes, how many lessons per 4 weeks? _____ lessons / 4 weeks

Specialized Program

Not all programs are offered at all times at all campuses. Please check with the campus or an advisor for program start dates.

Campus: Vancouver Toronto Victoria Start Date: _____ / _____ / _____
(mm) (dd) (yyyy) Weeks of Study: _____

BE (Van, To, Vic) PMM (Van, To, Vic) IELTS (Van, To, Vic) IEPE (Van, To, Vic) EPE (Van, To, Vic)

ETT (To) CACCT (To)

Do you plan to attend a Canadian College or University? Yes No Name of school, if known: _____

Junior Program (Vancouver)

*Junior: 13 to 17 years old

Start Date: _____ / _____ / _____
(mm) (dd) (yyyy) Weeks of Study: _____

Do you plan to attend a Canadian high-school after Junior Program Yes No

Would you like to request Junior Bridge Support? Yes No

Medical Insurance

Would you like to request medical insurance?

Yes No *If yes, please specify dates below:*

Start Date: _____ / _____ / _____ End Date: _____ / _____ / _____
(mm) (dd) (yyyy) (mm) (dd) (yyyy)

Accommodation Information

Homestay Requested: Yes No **If Yes, please fill out [SSLC Accommodation Application Form](#) as well.*

GEC: Yes No **If Yes, please fill out [GEC Application Form](#) as well.*

Would you like to request a Custodian Letter? Yes No

For Enrollment through an agency, agency to complete this section:

Name of the agency: _____ Contact Person: _____
 Phone: _____ Email: _____

All the applicable registration fees must accompany this enrollment (see our fee info for detailed list)

All information given in this application is true and correct. I accept SSLC's terms and conditions (www.studyssl.com/policies) and the student policies of enrollment. I have read and understood the:

Refund Policy Admissions Policy Dispute Policy Dismissal Policy Attendance and Punctuality Policy

Applicant's Signature: _____ Guardian's Signature* (If under 19): _____
*Guardian letter required. Contact SSLC for details.

Date (MM/DD/YYYY): _____ Date (MM/DD/YYYY): _____