

Student Information

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

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

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: _____

Teen ESL Program (Vancouver)

*Teen: 13 to 17 years old

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

Do you plan to attend a Canadian high-school after Teen ESL Program? Yes No

Would you like to request High School Bridge Services? 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 Homestay Application Form as well.**

GEC: Yes No *If Yes, please fill out GEC Application Form as well. Go to 'Resources' tab on www.studysslc.com

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.studysslc.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: _____ Custodian's Signature* (If under 19): _____

*Custodian letter required. Contact SSLC for details.

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

Homestay Application Form

VANCOUVER | TORONTO | VICTORIA

Prices in effect January 1, 2019

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(Name) (Relationship) (Telephone#)

Tell Us Little Bit About You

Shy and quiet Dependent Friendly
 Conservative Adventurous and carefree
 Adaptable and flexible Independent
 Sociable Talkative Sensitive
 Intellectual and studious
 Neat and tidy Open minded
 Interests and other comments: _____

Homestay Options

Teen Homestay *Under age fee will be applied (18 or under, for all campuses)*

Private room / full board (3 meals)

Private room / half board (2 meals)

Private room / no meals

Shared room / full board (3 meals)

Shared room / half board (2 meals)

Homestay Length of Stay

Move-In Date: _____ / _____ / _____
(mm) (dd) (yyyy)

Move-Out Date: _____ / _____ / _____
(mm) (dd) (yyyy)

Duration: _____ weeks

Additional Services

Pick-up: Yes No Flight #: _____ Date of Arrival: _____ / _____ / _____
(mm) (dd) (yyyy) Arrival Time: _____
 Drop-off: Yes No Flight #: _____ Date of Departure: _____ / _____ / _____
(mm) (dd) (yyyy) Departure Time: _____
 Special Diet (Gluten Free, Halal, Kosher, Vegetarian, Vegan or any other special diet): Yes No
 Unaccompanied Minor (UM) Airport Service by request: Yes No

Health & Lifestyle Information

Do you take daily medication? Yes No If yes, please specify: _____
 Do you have any allergies? Yes No If yes, please specify: _____
 Are you comfortable with pets in the home? Yes No If no, please specify: _____
 Do you smoke? Yes (*Most families do not allow smoking indoors*) No
 Do you require a special diet (*For example, no pork, no fish, no red meat, no eggs, etc*)? Yes No If yes, please specify: _____
 Are you comfortable with children in the home between the ages of 12 years and under 13 years and over
 No children

While every effort is made to select a suitable homestay based on student's information, we cannot guarantee that all your preferences can be met especially during peak seasons. Special dietary restrictions, such as Halal, gluten-free, or organic food, will depend on availability, and are subject to an extra fee. Please check our Homestay policies and additional fees at www.studyssl.com/accommodations

Signature

www.studyssl.com/policies

All information given in this application is true and correct. I accept SSLC's Homestay Refund Policy.

Applicant's Signature: _____

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

Date (MM/DD/YYYY): _____

Date (MM/DD/YYYY): _____