



APPLICATION FORM

Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Address	
Last Name:		Country:	
First Name:		City:	
Middle Name:		Province:	
Date of Birth (dd/mm/yyyy):		Email:	
Passport No:		Phone Number:	
Expiration date:		Agency's Email (if applicable):	
		Agency's Name (if applicable):	

Program choice (put an "X" in the appropriate box below)

Program Choice	Program Dates	
<input type="checkbox"/> Package A	Start Date:	End Date:
<input type="checkbox"/> Package A+	Start Date:	End Date:

Other services (put an "X" in the appropriate box below)

Homestay requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single room	<input type="checkbox"/> Twin room
Custodianship requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 6 months	<input type="checkbox"/> 1 year <input type="checkbox"/> other
Airport pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No		

 Student's Signature
 (if 18 and older)

 Parent's/Guardian's Signature
 (if under 18)