

# English Program Application Form (Please print clearly and answer all questions)

## PERSONAL INFORMATION

First (Given) Name: \_\_\_\_\_ Last (Family) Name: \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  Male  Female

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province /State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Nationality: \_\_\_\_\_ Native Language: \_\_\_\_\_

Status in Canada:  Student Permit  Visitor Visa  Work Permit  Permanent Resident  Other \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you find our school?  Internet  Friend  ALCC student  Agent : \_\_\_\_\_

## PROGRAM INFORMATION

### Please select your program:

- University Bridging Program (UBP)  English for Academic Purposes (EAP)  
 General English Program (GEP)  Other \_\_\_\_\_

### Please select your 2024 start date and length of study:

- January 8  February 5  March 4  April 1  April 29  May 27  
 June 24  July 22  September 2  September 30  October 28  November 25

How long would you like to study at ALCC? \_\_\_\_\_ weeks

### For students entering post-secondary education:

Which partner university/college will you attend? \_\_\_\_\_ Start date \_\_\_\_ / \_\_\_\_ (M / Y)

Have you received a Letter of Acceptance from the university or college?  Yes  No

Have you taken an English language proficiency test?

- Yes Name of test: \_\_\_\_\_ Date taken: \_\_\_\_ / \_\_\_\_ (M / Y)  
 No, I would like to take the ALCC placement test



## STUDENT SERVICES

Will you need any of the following services?       Homestay placement       Airport pick up/drop off

Do you have medical insurance?

I need to purchase medical insurance (\$2 per day) from \_\_\_\_\_(M / D / Y) to \_\_\_\_\_ (M / D / Y)

I have my own medical insurance and decline the ALCC group plan. Initial: \_\_\_\_\_

Do you have any medical conditions or mobility restrictions we need to be aware of:  No       Yes

If yes, please specify: \_\_\_\_\_

## AGREEMENT

By signing below, you agree to the following terms:

- I have read both the Enrolment Policy and Payment & Refund Policy of ALCC.
- I understand that my study status and attendance will be disclosed to scholarship, education or immigration authorities.
- It is my responsibility to ensure that my passport, status in Canada and medical insurance are valid.
- I give permission for my photograph, videography and / or testimonial to be used in ALCC promotional material.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ENROLMENT POLICY

1. **Visa Requirements:** Students planning to study longer than 6 months must have a valid study permit. Once enrolment documents have been issued, it is the student's obligation to come to the registered program on the first day and thereafter. The school is required to inform IRCC if the student fails to report to school on the program start date or withdraws from the program.
2. **Attendance:** Records of attendance are kept at the school for all students. Students are expected to attend all classes and a low attendance rate can affect your status as a full-time international student in Canada.
3. **Liability:** ALCC is not liable in any way to the students for any personal injury, or loss of / damage to property.

