

APPLICATION FORM



525 Dunsmuir Street Vancouver BC V6B 1Y4 Canada
Tel 604 696- 0270 Fax 604 696-0273

FAMILY NAME							
GIVEN NAME							
GENDER	Male ___ Female ___	NATIONALITY					
DATE OF BIRTH	____/____/____ Year / Month / Day	OCCUPATION (Major if you are a student)					
HOME ADDRESS							
CITY , COUNTRY		POSTAL CODE					
TELEPHONE #		FAX #					
e-MAIL		MOBILE PHONE #					
VISA / IMMIGRATION STATUS	Student Visa ___ Working Holidays Visa ___ Visitor Visa ___ Landed Immigrant ___ Canadian Citizen ___						
PROGRAM	ESL ___ TOEFL ___ TOEIC ___ TESL ___ Business Program ___ Internship ___ Youth Program: Juniors ___ High Teen ___ Medical English Program ___ Going Global ___						
SESSION	4 wks ___	8 wks ___	12 wks ___	16 wks ___	20 wks ___	24 wks ___	_____ wks
STARTING DATE	____/____/____ Year / Month / Day	CURRENT LEVEL OF ENGLISH		Elementary ___ Intermediate ___ Advanced ___			
MEDICAL INSURANCE	Yes , I need Medical Insurance ___ days (30 days minimum) No, I have my own Insurance ___						
HOMESTAY	Yes, I will need a Homestay ___ No, I will find my own accommodation ___						
I WILL START HOMESTAY	____/____/____ Year / Month / Day	FAMILY WITH CHILDREN ?		Yes, I like a Homestay with children ___ No, I like an adult home ___			
PETS ?	DOG Yes ___ No ___	CAT Yes ___ No ___	I don't like any animals ___				
ARE YOU A SMOKER?	Yes ___ No ___ (Many families are non-smoking. Smokers may have restrictions)						
ALLERGIES, SPECIAL MEDICATIONS, ETC.							
INTERESTS AND HOBBIES							
COMMENT FOR HOST FAMILY							
I require airport pick up service ___		Date of Arrival: ____/____/____ Year / Month / Day		Time of Arrival: _____ (Pacific Standard Time)			
I require airport send off service ___		Airline: _____		Flight Number: _____			
HOW DID YOU HEAR ABOUT BCC?	Friends or Family ___ Internet /Education Fair ___ Embassy/Consulate-City/Country ___		Agent (Name): _____ Others _____				
TUITION FEES	\$100 + _____ = _____ See brochure for applicable fees. (Registration Fee) (The tuition Fee) (Total Fee Owing)						
I declare that the information provided on this application is true and correct, and agree to abide by the official College policies and regulations, including those concerning conduct, standards and refunds. I understand that the registration fee and accommodation fee are non-refundable.							
Signature of Student _____		Date _____					
Signature of Guardian (If student is under 18 years old) _____							
Registrar / School Director _____		Date _____					