



# International Gateway Language Academy

**"THE ULTIMATE LANGUAGE CENTRE"**

Phone: 604.589.4452 Email: info@languageacademy.ca Website: www.languageacademy.ca

Attach photo  
3.5cm X 2.5cm  
or similar size

## General Application Form

Name: \_\_\_\_\_ Passport #: \_\_\_\_\_  
First name (given name) Middle name Last (family names)

English or Preferred Name: \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_  Male  Female

Address in home country: \_\_\_\_\_

Address in Canada: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Previous Education:  High School  University  Previous ESL  Other: \_\_\_\_\_

English Speaking Ability:  Beginner  Inter  Advanced  Fluent

### REGISTRATION: I am interested in

- General ESL Studies  Summer Language Adventure Camp  Winter Language Adventure Camp  
 Russian Teen Theatre  Tutoring \_\_\_\_\_  Foreign Language: Language of Interest \_\_\_\_\_  
 Test Preparation  IELTS  MELAB  TOEFL  LPI  TESOL  Pronunciation-Accent Reduction

Other: \_\_\_\_\_

My first day of class will be: \_\_\_\_\_ My last day of class will be: \_\_\_\_\_

I am registering for: \_\_\_\_\_ Course Length: \_\_\_\_\_  
(programme name or description of programme) (# of weeks/months)

### EMERGENCY CONTACT:

(Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Telephone) \_\_\_\_\_ (Fax/E-mail) \_\_\_\_\_

(Address) \_\_\_\_\_

### ARRIVAL & PERSONAL INFORMATION: I need Airport Pickup? Yes No need Airport drop-off Yes No

I am arriving in Vancouver on: \_\_\_\_\_ via: \_\_\_\_\_ at \_\_\_\_\_  
(date mm/dd/year) (airline) (flight number) (approximate time)

Medical insurance:  Purchased overseas  Already purchased BC Medical  Will purchase BC Medical on arrival

HOW DID YOU HEAR ABOUT US?  Embassy  Education Fair  Advertisement  Internet  Friend  
 Agency: \_\_\_\_\_  Other: \_\_\_\_\_  
(name) (explain)

### HOMESTAY: I need homestay? Yes No

I need homestay from: \_\_\_\_\_ to \_\_\_\_\_  
(date mm/dd/year) (date mm/dd/year)

I prefer a home  with children (age range: \_\_\_\_\_)  without children  with pets  without pets  
 where smoking is permitted  where smoking is not permitted  where smoking is permitted outside

My hobbies and interests: \_\_\_\_\_

Do you smoke?  Yes  No Do you drink alcohol?  Yes  No

Allergies or special medication: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Food preferences: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(date mm/dd/year)