



## QUEEN'S LANGUAGE SCHOOL Application Form

### PERSONAL INFORMATION

Student Name	First Name:	Last Name:
Parent/Guardian	First Name:	Last Name: Tel.
Home Address	No: Street Name: City: Province: Postal Code: Country:	
Telephone/Email	Home Phone: Cell: Email:	
Date of Birth	Date: Month: Year:	
Status in Canada	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Worker <input type="checkbox"/> Refugee	
Citizenship/Language	Citizenship Native Language	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	

### PROGRAM INFORMATION

Your English Level	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Course Selection	<input type="checkbox"/> General English <input type="checkbox"/> Business English <input type="checkbox"/> Academic English <input type="checkbox"/> 20 hrs a week <input type="checkbox"/> Professional English <input type="checkbox"/> Functional Grammar <input type="checkbox"/> Speak Easy <input type="checkbox"/> 15 hrs a week <input type="checkbox"/> Test Preparation <input type="checkbox"/> ESL Camp <input type="checkbox"/> Kids Summer Camp <input type="checkbox"/> Individual classes: <input type="checkbox"/> Other (specify):
Duration of Study	Number of weeks Program Start Date:

### ACCOMMODATIONS

Special accommodations due to disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify your needs:
Homestay residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	If, yes: Fill out Homestay Residence Application

### MEDICAL INSURANCE

Insurance through QLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give the name of your student health insurance provider:
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### METHOD OF PAYMENT

Credit Card	Amount \$	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
	Name as appears on the card:		
	Credit card #:		
	Expiry date: (MM-YY)		
Money Order/ Cheque	<input type="checkbox"/>	Amount \$ Payable to Queen's Collegiate (In Trust)	
Cash	<input type="checkbox"/>	Amount \$ Payable in person at Queen's Collegiate	
Debit	<input type="checkbox"/>	Amount \$ Payable in person at Queen's Collegiate	
Wire Transfer	<input type="checkbox"/>	Beneficiary Name: Queen's Collegiate	
Wire Transfer Information	Beneficiary Address: 200 Ronson Drive, Suite 200, Toronto, ON M9W 5Z9 Beneficiary Bank: TD Canada Trust Bank Address: 100 City Centre Drive, Mississauga, ON L5B 2C9, Canada Trust Account #: 5258064 Branch Transit #: 00932 Institution #: 004 Swift Code#: TDOMCATTOR		

### Refund Policy

1. The student must submit a written refund request accompanied by the original acceptance letter and IRCC refusal letter, if applicable.
2. The refund payment will be processed within 30 days of providing a written refund request.
3. Any refund of fees will be paid in Canadian dollars.
4. Registration fees are non-refundable.
5. Retail price of the books and materials necessary for the program are non-refundable.
6. Students who wish to postpone their start date must contact the school at least 7 days before the original start date, or late fee of CAD\$200 will be charged for postponement.
7. No additional classes, refunds, or reduction in price will be provided for school closures on national holidays or due to weather conditions.

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

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