

2012 APPLICATION FORM

Please print (name must appear exactly as it does on your passport)

Fax: (1) 416.850.8601 | E-Mail: info@connectlanguage.com

Last Name (Surname/Family Name)	First Name/Given Name	Middle Name	
Street Address (In country of citizenship)			
City	Province/State	Country	Postal Code/Zip
Telephone (Include country code, city code)		Email Address	
Date of Birth (Day/Month/Year)		Male/Female	

My visa in Canada is:

- Student
 Visitor
 Working Holiday

I would like to start: (Day/Month/Year)

Number of Weeks:

Programs

- 25 General English (Integrated Skills + Conversation)
 35 General English Plus (Integrated Skills + Conversation + Elective)
 25 Intensive Conversation (Speaking Clearly + Conversation)
 35 Intensive Conversation Plus (Speaking Clearly + Conversation + Listening)
 25 Intensive TOEIC Preparation (Conversation + TOEIC Strategies)
 35 Intensive TOEIC Preparation Plus (Conversation + TOEIC Strategies + TOEIC Vocab)
 25 Intensive TOEFL Preparation (Academic Preparation + TOEFL)
 35 CUPP (College + University Preparation Program)
 25 General Business English (Business Integrated Skills + Conversation)
 35 General Business English Plus (Business Integrated Skills + Conversation + Elective)

Electives

- Conversation Business Integrated Skills
 Speaking Clearly Telephone Skills
 Listening Advanced Writing
 Academic Preparation Business Writing
 Idioms TOEFL
 TOEIC Strategies TOEIC Vocabulary

Work + Study

- ESL + Business + Internship - 6 months
 ESL + Business + Internship - 8 months
 ESL + Business + Internship - 12 months
 ESL + Business + Internship - 18 months

Diplomas

- Business English Diploma (8 weeks) Advanced Communication (8 weeks)
 Internship Placement + Presentation Skills Diploma
 CUPP Program + IBT Flight Attendant Diploma
 CUPP Program + IBT Travel & Tourism Diploma

Other Services

- Letter of Acceptance by Courier Airport Pick-Up
 Medical Insurance No. of days _____ Airport Return
 TOEIC Test

I will need airport pick-up Yes No

Airline / Flight Time: _____

Date: (Day/Month/Year) _____

Accommodation Options (If Required)

- Homestay Dormitory Youth Hostels
 Zone 1 (40 minutes or less to the school by public transportation)
 3 meals + Private Room + Internet 2 meals + Private Room + Internet
 Zone 2 (40 to 70 minutes to the school by public transportation)
 3 meals + Private Room + Internet 2 meals + Private Room + Internet
 Room only with kitchen access + Internet

For Couples

- Zone 1 (40 minutes or less to the school by public transportation)
 2 meals (Shared bedroom + *Private bathroom included) *Subject to Availability
 Room only (Shared bedroom + *Private bathroom included) *Subject to Availability

Payment Options

- Sending Registration Fee? Yes No Amount \$ _____ Sending Full Payment? Yes No Amount \$ _____
 How are you making payment? Bank Transfer Cheque Money Order First Day Of Class Credit Card
 Card Number: _____
 Cardholder Name: _____ Exp date: _____ Signature: _____

I have read and understood the Terms and Conditions (Please sign and date) _____

- I would like to start: Day _____ / Month _____ / Year _____
- I would like to end: Day _____ / Month _____ / Year _____
- Can you live with: a cat? Yes / No a dog? Yes / No
- Many Canadians are non-smokers. Are you a smoker? Yes / No
- Personal Characteristics :
Are you Energetic / Outgoing / Quiet / Shy / Spends time at home
- What family type do you prefer?
Children / Teenagers / No Children / No Preference
- What are your hobbies? _____
- Do you have any allergies, special medication or health problems?

- Do you need Internet in your room? Yes / No
- Additional Homestay Services: Private Bathroom