

PLEASE SUBMIT THIS COMPLETED FORM TO:

International Admissions Department
CareerQuest College
55 City Centre Drive, Suite 400
Mississauga, ON L5B 1M3
admissions@careerquestcanada.com

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Custodianship Declaration
<input type="checkbox"/>	Visa - Type _____
<input type="checkbox"/>	Study Permit
Number _____	Expiry _____
Date of Admittance into Canada _____	

STUDENT INFORMATION I AM A NEW STUDENT I AM A RETURNING STUDENT

FEMALE MALE

LAST NAME _____ FIRST NAME _____

VISA NUMBER _____ VISA TYPE _____ VISA EXPIRY DATE _____

STUDY PERMIT NUMBER _____ STUDY PERMIT EXPIRY DATE _____ DATE OF ADMITTANCE INTO CANADA _____

CITIZENSHIP _____ COUNTRY OF BIRTH _____ BIRTH DATE (DD/MM/YYYY) _____ AGE _____

HOME ADDRESS _____ CITY _____ COUNTRY _____ POSTAL CODE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ STUDENT EMAIL (PRINT CLEARLY) _____ FIRST LANGUAGE/SECOND LANGUAGE _____

CANADIAN HOMESTAY INFORMATION

TYPE OF STAY (HOMESTAY / APARTMENT, ETC) _____

ADULT - LAST NAME _____ FIRST NAME _____ EMAIL ADDRESS (PRINT CLEARLY) _____

HOME ADDRESS _____ CITY _____ COUNTRY _____ POSTAL CODE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ WORK PHONE NUMBER _____

EMERGENCY CONTACT AND HEALTH INFORMATION

EMERGENCY CONTACT (FIRST AND LAST NAME): _____ RELATION: _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____ WORK PHONE NUMBER _____

ARE YOU IN GOOD HEALTH AND ABLE TO FULLY PARTICIPATE IN YOUR CLASSES? YES NO

IF NO, PLEASE EXPLAIN: _____

PLEASE SPECIFY ANY ONGOING MEDICAL CONITIONS, MEDICATIONS, HEALTH ISSUES OR ALLERGIES THAT THE SCHOOL NEEDS TO BE AWARE OF: _____

DO YOU HAVE A CONDITION THAT REQUIRES SPECIAL EDUCATION SUPPORT? YES NO

IF YES, PLEASE EXPLAIN: _____

AGENT REPRESENTATION I AM USING AN EDUCATIONAL AGENT (INFORMATION BELOW) I DO NOT HAVE AN AGENT

NAME OF AGENT _____ AGENCY NAME _____ EMAIL ADDRESS _____ CELL PHONE NUMBER _____

ADMISSION REQUIREMENTS (FOR OFFICE USE ONLY)

- Ontario Secondary School Diploma or equivalent OR Canadian Adult Achievement Test
 International Student: Study Permit or Visa (provide a copy of either) IELTS/TOEFL/TOEIC Score: _____
 Verified identity of student and that the student was a minimum of 18 years of age by looking at:
 Passport or Citizenship or Birth Certificate Photo: DOB _____
 Transcript from highest grade completed: High school (Grade ____) Post-Secondary

Program Start Date:		No. of Training Weeks:		Expected Completion Date:	
Tuition: \$		Books / Materials: \$		International Student Fees: \$	
Uniforms / Equipment: \$	Field trips: \$	Compulsory Fees: \$	Professional Exams: \$		
Administration: \$	Subtotal: \$	HST (13%): \$	Total Fees: \$		

PROGRAM SELECTION

ENGLISH AS A SECOND LANGUAGE:

- GENERAL ENGLISH TRAINING PROGRAM
 Level BEGINNER: EXPLORE
 Level INTERMEDIATE: DISCOVER
 Level HIGH INTERMEDIATE: EXPERIENCE
 Level INTERMEDIATE PLUS: ESTABLISH
 Level ADVANCED: MASTER
 2-WEEK SUMMER/WINTER PROGRAM - DATES PREFERRED: _____
 4-WEEK SUMMER/WINTER PROGRAM - DATES PREFERRED: _____

HIGH SCHOOL:

- FULL TIME STUDENT
 GRADE 9 GRADE 10 GRADE 11 GRADE 12
 HIGH SCHOOL COURSE(S) _____ (PRINT CLEARLY)
 CREDIT NON-CREDIT
 GRADE 9 GRADE 10 GRADE 11 GRADE 12

CAREER COLLEGE:

- RETAIL SALES ASSOCIATE DIPLOMA PROGRAM
 INTERNATIONAL HOSPITALITY AND TOURISM DIPLOMA PROGRAM
 OTHER CERTIFICATE OR DIPLOMA PROGRAM (PLEASE SPECIFY) _____

OFFICE USE:

- Instructional Hours:** _____ a.m. - _____ p.m. !Other: _____
 !Monday - Friday !Other: _____