

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: \_\_\_\_\_