

**REGISTRATION FORM**

**Student Information**

Last Name \_\_\_\_\_ Female   
 First Name \_\_\_\_\_ Male   
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City and Province \_\_\_\_\_ Date of Birth     /     /      
 \_\_\_\_\_ dd/mm/yyyy  
 Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_ Nationality \_\_\_\_\_  
 Phone / Fax No. \_\_\_\_\_  
 E-mail address \_\_\_\_\_

Status in Canada  Canadian/Resident  Study Permit  Visitor  Diplomatic

**Emergency Contact**

Last and First Name \_\_\_\_\_ Relationship to student:  
 Phone No. \_\_\_\_\_  Parents  Grandparents/Aunt/Uncle  
 Fax No. \_\_\_\_\_  Other: \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**TUITION**

Program chosen	English	French	Spanish	
Super Intensive (30 hrs/week)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	My approximate level is: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Intensive (22.5 hrs/week)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Part-time (15 hrs/week)	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Winter Camp	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Evening (6 hrs/week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Duration** from     /     /     to     /     /     for  # of study weeks  
 dd/mm/yyyy dd/mm/yyyy

**CAQ**

Would you like M.I.I.L.A. to take care of your CAQ application?  N/A  YES  NO

NB: This service is free of charge, however Immigration-Quebec charges aprox CAD\$100 for a CAQ application

**AIRPORT PICK-UP / DROP-OFF**

Will you require airport pick-up?  YES  NO Drop off?  YES  NO

If YES, please provide us with the exact arrival & departure information:

    /     /     -     -     |     /     /     -     -    

Day (dd/mm/yyyy) & Hour of Arrival, City of Departure & Arrival, Airline, Flight Number

**MEDICAL INSURANCE**

Will you require medical insurance?  YES  NO

If YES, please fill out: from     /     /     to     /     /     for  # of weeks  
 dd/mm/yyyy dd/mm/yyyy and  # of days

**ACCOMMODATION**

Will you require accommodation?  YES  NO

Standard Residence (no meal)   
 Residence Private Bathroom (no meal)   
 Premium Residence

