



ANGLAIS • FRANÇAIS • JAPONAIS • ESPAGNOL

CLC Montréal

ENGLISH • FRENCH • JAPANESE • SPANISH

Student Registration Form

Section 1: Student Information

First Name: Hanako Last Name: Yamada
☐ Male ☒ Female Email: hanako@langpedia.com
Address (Street, Apt.#): 1-1-101 Ryugaku City: Gogaku-shi
Province/State: Tokyo Country: Japan Postal Code: 111-1111
Telephone: (81) 3-1111-1111 Cell: (81) 90-1111-1111
Date of Birth (dd/mm/yy): 01 / Jan / 1995 Nationality: Japan
Language(s) spoken: Japanese, English
Status in Canada: ☐ Student ☒ Visitor ☐ Working Holiday ☐ Permanent Resident ☐ Canadian Citizen
Emergency Contact Name: Tarou Yamada
Relationship: Father Emergency Tel: (81) 90-2222-2222

Section 2: Programs / Packages

Language of Study: ☒ English ☐ French (Level: ☐ Beginner ☐ Pre-Intermediate ☐ Interm. ☐ Advanced)

Course:	<input checked="" type="radio"/> Skills 30 (English only)	30 hours/week
	<input type="radio"/> Speak 20 (English only)	20 hours/week
	<input type="radio"/> Slang 20 (English only)	20 hours/week
	<input type="radio"/> Intensive 25	25 hours/week
	<input type="radio"/> Intensive 30	30 hours/week
	<input type="radio"/> Essential 15 (Mornings)	15 hours/week
	<input type="radio"/> Pre-Immigrations 25	25 hours/week
	<input type="radio"/> Student Travel 35	35 hours/week

Start Date (dd/mm/yyyy): 07 / Aug / 2017 End Date (dd/mm/yyyy): 01 / Sep / 2017

of weeks: 4

How did you hear about us?

☐ Brochure ☐ Website (name: _____)
☐ Friend/Family (name: _____) ☐ Newspaper (name: _____)
☒ Agency (name: Langpedia) ☐ Other (_____)



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Section 3: Airport Pick-up

☐ Pick-up only ☒ Pick-up & Drop-off ☐ Drop-off Only ☐ No

Arrival Date (dd/mm/yy): 06 / Aug / 2017 Flight #: _____ Arrival Time: _____

Departure Date (dd/mm/yy): 02 / Sep / 2017 Flight #: _____ Departure Time: _____

Section 4: Accommodation

☒ Homestay (☐ No meals ☒ 2 meals/day ☐ 3 meals/day)

☐ Shared Apartment ☐ Residence ☐ Bed & Breakfast or Hotel ☐ No

If you choose homestay accommodation, please fill out:

Start Date (dd/mm/yy): 06 / Aug / 2017 End Date (dd/mm/yy): 02 / Sep / 2017

of weeks: 4 and additional # of days: _____

Do you smoke? ☐ Yes ☒ No

Do you have any allergies? ☐ Yes ☒ No (If yes, please specify: _____)

Do you take any daily medication? ☐ Yes ☒ No (If yes, please specify: _____)

Do you have any health problems? ☐ Yes ☒ No (If yes, please specify: _____)

Do you have medical insurance? ☐ Yes ☒ No (If yes, specify company: _____)

Are there any food you can not eat? ☐ Yes ☒ No (If yes, please specify: _____)

Can you live with: children

What are your hobbies/interests? tennis and reading books

Section 5: Payment

☐ Credit Card Payment (☐ Visa ☐ MasterCard)

Card Card Number: _____

Expiry Date: ____ / ____

3 digit # on back of your card: _____

Amount Paid: \$ _____ CAD

Card Holder Name: _____

Card Holder Signature: _____

☒ Bank Transfer Information

Royal Bank of Canada

5701 Monkland Ave., Montreal,

Quebec, Canada, H4A 1E7

Institution #: 003 Transit #: 03901

Account #: 1011949

SWIFT Code: ROYCCAT2

(IBAN: 003-1011949-03901)

Section 6: Student Agreement

I declare that the information in this application is correct and accurate. I have read and agree to the Refund & Cancellation policy of Culture and Language Connections.

Student Signature: 山田花子 Date (dd/mm/yy): 01 / Jul / 2017