



## QUEEN'S LANGUAGE SCHOOL Application Form

### PERSONAL INFORMATION

Student Name	First Name:	Last Name:
Parent/Guardian	First Name:	Last Name: Tel.
Home Address	No: Street Name: City: Province: Postal Code: Country:	
Telephone/Email	Home Phone: Cell: Email:	
Date of Birth	Date: Month: Year:	
Status in Canada	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Worker <input type="checkbox"/> Refugee	
Citizenship/Language	Citizenship Native Language	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	

### PROGRAM INFORMATION

Your English Level	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Course Selection	<input type="checkbox"/> General English <input type="checkbox"/> Business English <input type="checkbox"/> Academic English <input type="checkbox"/> 20 hrs a week <input type="checkbox"/> Professional English <input type="checkbox"/> Functional Grammar <input type="checkbox"/> Speak Easy <input type="checkbox"/> 15 hrs a week <input type="checkbox"/> Test Preparation <input type="checkbox"/> ESL Camp <input type="checkbox"/> Kids Summer Camp <input type="checkbox"/> Individual classes: <input type="checkbox"/> Other (specify):
Duration of Study	Number of weeks Program Start Date:
Delivery Method:	<input type="checkbox"/> Online <input type="checkbox"/> In-person

### ACCOMMODATIONS

Special accommodations due to disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify your needs:
Homestay residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Fill out Homestay Residence Application

### MEDICAL INSURANCE

Insurance through QLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give the name of your student health insurance provider:
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### METHOD OF PAYMENT

Credit Card	Amount \$	Visa	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>																		
	Name as appears on the card:																						
	Credit card #:																						
	Expiry date:													-			(MM-YY)						
Money Order/ Cheque	<input type="checkbox"/>	Amount \$	Payable to Queen's Collegiate (In Trust)																				
Cash	<input type="checkbox"/>	Amount \$	Payable in person at Queen's Collegiate																				
Debit	<input type="checkbox"/>	Amount \$	Payable in person at Queen's Collegiate																				
Wire Transfer	<input type="checkbox"/>	Beneficiary Name: Queen's Collegiate, Inc.																					
Wire Transfer Information	Beneficiary Address: 200 Ronson Drive, Suite 200, Toronto, ON M9W 5Z9																						
	Beneficiary Bank: TD Canada Trust																						
	Bank Address: 100 City Centre Drive, Mississauga, ON L5B 2C9, Canada																						
	Bank Account#: 7431-5227835      Branch Transit #: 00932																						
	Institution #: 004      Swift Code#: TDOMCATTTOR																						

### Refund Policy

1. The student must submit a written refund request accompanied by the original acceptance letter and IRCC refusal letter, if applicable.
2. The refund payment will be processed within 30 days of providing a written refund request.
3. Any refund of fees will be paid in Canadian dollars.
4. Registration fees are non-refundable.
5. Full refund, minus a registration fee applies for withdrawals 7 days or more before the start of the program.
6. 80% refund of the prorated fees, minus a registration fee, applies for withdrawals within the first half of the program.
7. No refund in the second half of the program.
8. Retail price of the books and materials necessary for the program are non-refundable.
9. Students who wish to postpone their start date must contact the school at least 7 days before the original start date, or late fee of CAD\$200 will be charged for postponement.
10. No additional classes, refunds, or reduction in price will be provided for school closures on national holidays or due to weather conditions.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_