

REGISTRATION FORM

PERSONAL INFORMATION:

Family Name:

Given Name(s):

Date of Birth (yyyy/mm/dd):

Gender: Female _____ Male _____

Nationality:

Passport Number:

Phone:

Email address:

Student's full mailing address			
P.O. Box	Apt/Unit #:	Street Number:	Street Name:
City/Town:	Country:	Province/State:	Postal Code:

Which Month are you planning to start? _____

Describe your experience and/or interest in caring for others. _____

Can you prove your ability to speak English?

I am a citizen in a Country where English is the official Language _____

I have done a standardized test of the English Language: Type if test (IELTS, TOEIC, etc...) _____ Score _____

Describe Education (level and diploma received):

Do you require a Letter of Acceptance to the School?

How did you find out about TLC-Edmonton? Did you find out from a Friend, Internet, Agency, or Other? _____

Would you like us to meet you at the airport when you arrive? (\$40.00 airport pick-up fee) Yes _____ No _____

I am aware that I will need to arrange private health Insurance coverage for the duration of my studies in Canada. Yes _____

Signature _____

Date _____