



APPLICATION FOR ADMISSION

(Enrollment Contract)

2 PHOTOS

840 Howe Street, Suite 200
Vancouver, BC V6Z 2L2 Canada

Tel.: (1 – 604) 687 1600
Fax: (1 – 604) 687 1660

E-mail: info@fremdsprachen24.de
Homepage: www.fremdsprachen24.de

FIRST NAME(S)

Please print clearly.

FAMILY NAME(S)

ADDRESS

TELEPHONE

FAX

E-MAIL

CITIZENSHIP

PASSPORT NUMBER

BIRTH DATE: MONTH _____ DAY _____ YEAR _____

SEX: FEMALE ☐ MALE ☐

WHAT IS YOUR CURRENT LEVEL OF ENGLISH?

BEGINNER ☐ UPPER BEGINNER ☐ INTERMEDIATE ☐ UPPER INTERMEDIATE ☐ ADVANCED ☐ UPPER ADVANCED ☐

WHAT ARE YOUR MAIN CAREER INTERESTS?

BUSINESS ☐ TOURISM ☐ ENGINEERING ☐ MEDICINE ☐ ART ☐ LAW ☐ COMPUTER ☐ OTHER _____

WHICH COURSE ARE YOU APPLYING FOR?

SUPER-INTENSIVE ☐ INTENSIVE ☐ BUSINESS ☐ VACATION STUDY ☐ TOEFL ☐ TOEIC ☐ MORNINGS ONLY ☐ AFTERNOONS ONLY ☐

16-WEEK VLC/VEC EXCHANGE PROGRAM ☐ 20-WEEK VLC/VEC EXCHANGE PROGRAM ☐ 24-WEEK VLC/VEC EXCHANGE PROGRAM ☐

8-WEEK BUSINESS INTERNSHIP ☐ 16-WEEK BUSINESS INTERNSHIP ☐ 24-WEEK BUSINESS INTERNSHIP ☐ INTRODUCTION TO TEFL ☐

UNIVERSITY TRANSFER PROGRAM ☐

WHEN DO YOU WISH TO BEGIN? MONTH _____ DAY _____ YEAR _____ HOW LONG? _____ WEEKS

WHEN WILL YOU ARRIVE? MONTH _____ DAY _____ YEAR _____ WHEN WILL YOU DEPART? MONTH _____ DAY _____ YEAR _____

WHERE DID YOU FIND OUT ABOUT VANCOUVER ENGLISH CENTRE?

STUDENT ☐ TEACHER ☐ YELLOW PAGES ☐ EMBASSY ☐ INTERNET ☐ V.E.C. REPRESENTATIVE ☐ TRAVEL AGENT ☐ OTHER _____

HOMESTAY INFORMATION

WHAT ARE YOUR FAVORITE RECREATIONAL ACTIVITIES?

SOCCER ☐ SNOWBOARDING ☐ KAYAKING ☐ SAILING ☐ TENNIS ☐ VOLLEYBALL ☐ CYCLING ☐ ROLLERBLADING ☐ ICE SKATING ☐ SKIING ☐

SNOWSHOEING ☐ HIKING ☐ ROCK CLIMBING ☐ MUSIC ☐ SHOPPING ☐ SIGHTSEEING ☐ ART ☐ MOVIES ☐ CAMPING ☐ DANCING ☐

HORSEBACK RIDING ☐ BOWLING ☐ CRAFTS ☐ MUSEUMS ☐ SPECTATOR SPORTS ☐ OTHER _____

DO YOU WANT A FAMILY WITH YOUNG CHILDREN? YES ☐ NO ☐

DO YOU WANT A FAMILY WITH OLDER CHILDREN? YES ☐ NO ☐

DO YOU WANT A FAMILY WITH ANOTHER STUDENT? YES ☐ NO ☐

DO YOU WANT A FAMILY WITH A DOG? YES ☐ NO ☐

DO YOU WANT A FAMILY WITH A CAT? YES ☐ NO ☐

HOW LONG WILL YOU BE IN YOUR HOMESTAY? _____ WEEKS

DO YOU SMOKE? YES ☐ NO ☐

PLEASE INDICATE ANY DIETARY REQUIREMENTS, MEDICAL CONDITIONS OR ALLERGIES YOU HAVE. DO NOT EAT PORK ☐ VEGETARIAN ☐

DUST ALLERGY ☐ PET ALLERGY ☐ PENICILLIN ALLERGY ☐ DIABETIC ☐ OTHER _____

PLEASE INDICATE THE TOTAL FEES YOU ARE REMITTING.

TUITION FEE \$ _____

HOMESTAY FEE (CAN\$ 23 per night) \$ _____

HOMESTAY PLACEMENT FEE \$ _____

AIRPORT RECEPTION FEE \$ _____

AIRPORT DROP-OFF FEE \$ _____

APPLICATION FEE \$ _____

MATERIALS FEE \$ _____

INSURANCE \$ _____

TOTAL \$ _____

VISA SERVICE CHARGE (4 %) \$ _____

TOTAL PAID BY VISA \$ _____

- THE HOMESTAY FEE WILL CHANGE TO CAD\$23 PER NIGHT FOR ALL STUDENTS, AS OF JUNE 1, 2001.

- VANCOUVER ENGLISH CENTRE ASSUMES NO RESPONSIBILITY FOR MONEY PAID TO UNAUTHORIZED COMPANIES CLAIMING TO REPRESENT THE SCHOOL.

- VANCOUVER ENGLISH CENTRE WILL NOT BE LIABLE IN ANY WAY TO THE STUDENT FOR LOSS, DAMAGE, OR INJURY TO PERSONS OR PROPERTY HOWSOEVER CAUSED.

If you are paying by Visa, please write your card number and expiry date below. There is a 4 % service charge.

VISA ACCOUNT NUMBER _____ EXPIRY DATE _____

SIGNATURE _____

I acknowledge that I am responsible for my own insurance. I have read the school's policies on admissions, rules of conduct, dispute resolution, dismissal and refund policy. If I become ill or incapacitated, Vancouver English Centre and its employees may take any action necessary for my own safety and well being. I agree to obey the school "English Only" policy.

APPLICANT'S SIGNATURE _____ / _____
DATE

PARENT'S SIGNATURE (IF APPLICANT IS UNDER 19) _____ / _____

Ag587G _____ / _____
VEC REPRESENTATIVE'S SIGNATURE