



**English School of Canada**

Designated Learning Institution Number

**DLI # O19350421222**

**2015  
Registration Form**

Type: New Student

Student Number: 000305

Agency: N/A

**Student Information**

**First Name :** fdgd

**Gender :** Male

**Address :** fdgd

**Telephone :** 4234234

**Emergency Contact & Telephone :** 34234

**Birth Date :** Feb 01, 2005

**Fax :** null

**Last Name :** 2werwer

**Age :** 33

**Email :** stiron88@gmail.com

**Home Country or Canada :** Canada

**Citizenship :** ghfhfg

**Country:** fsdf

**Program Registration**

**For Direct Entr (UCTP or Focus Program):**

Offical TOEFL score : N/A

Offical IELTS score : N/A

**English Level :** beginner

Total Number Of Weeks Registered: 50 weeks

I confirm that I have read and I accpet the Conditions of Enrolment as well as the refund policies of the English School of Canada as stated in the registration package.

Student Name: \_\_\_\_\_

Date \_\_\_\_\_