



English School of Canada

Designated Learning Institution Number

DLI # O19350421222

## 2015 Registration Form

Type: New Student / Extending Student

Student Number: 678343

Agency: N/A

### Student Information

First Name : Cheng

Gender : male

Address : 9 Zola gate

Telephone : 6479925579

Emergency Contact & Telephone : 32242343

Birth Date : Oct 02, 2015

Fax :

Last Name : Sun

Age : 33

Email : stiron88@gmail.com

Home Country or Canada : Canada

Citizenship : ddssdcscd

Country: Canada

### Accommodation Information

Accommodation Type Homestay / Residence (May - Aug. only)

#### Homestay options

Half Board(2 meals per day)

#### Accommodation Datesr

Start Date: Oct 07, 2015

Finishing Date: Feb 22, 2015

Number of weeks: 32.42261904761905

Departure date from Toronto : Feb 22, 2015

#### Arrival in Toronto

Airport Pick-up Requested Yes

Date: Oct 05, 2015

Time: 11:47 PM Airline&Flight: 21313

#### Departure from Toronto

Airport Pick-up Requested No

Date: Oct 05, 2015

Time: 11:47 PM Airline&Flight: 123123

Please answer the following questions to assist us in finding an appropriate host family for you.

1. Do you smoke? No

2. Can you live in a home with smokers? No

3. Can you live with pets? No

4. Can you live with small children? No

5. What are your hobbies?  
N/A

Do you have any special diet or food preferences? No

If yes, please Describe:  
N/A

Do you have any allergies or medical concerns? No

If yes, please Describe:  
N/A

Profession (What is your occupation?)  
N/A

#### Extra Options (please note that a extra charge will apply)

Private Bathroom (Subject to availability)

Additional Comments:  
N/A

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 \_\_\_\_\_