



English School of Canada

Designated Learning Institution Number

DLI # O19350421222

## 2015 Registration Form

Type: New Student

Student Number: 000019

Agency: N/A

### Student Information

**First Name :** Cheng

**Gender :** Male

**Address :** 9 Zola gate

**Telephone :** 6479925579

**Emergency Contact & Telephone :** 3224234

**Birth Date :** Apr 05, 2016

**Fax :**

**Last Name :** Sun

**Age :** 23

**Email :** stiron88@gmail.com

**Home Country or Canada :** Canada

**Citizenship :** Canada

**Country:** Canada

### 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 \_\_\_\_\_