



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

Program Registration

For Direct Entr (UCTP or Focus Program):

Offical TOEFL score : 22

Offical IELTS score : 2

English Level : low_Intermediate

iBT-TOEFL Test Preparation

Level @level@
StartDate Jan 25, 2016
Number of Weeks 1 week

iBT-TOEFL Test Preparation

Level @level@
StartDate Jan 25, 2016
Number of Weeks 1 week

iBT-TOEFL Test Preparation

Level @level@
StartDate Jan 25, 2016
Number of Weeks 1 week

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 _____