

APPLICATION FORM

PERSONAL INFORMATION										
FIRST NAME			MIDDLE NAME			LAST NAME				
GENDER			DATE OF BIRTH (DD/MM/YYYY)			NATIONALITY				
O MALE O FEMALE										
COL	JNTRY OF RESIDENCE		EMAIL		PHONE					
PERMANENT MAILING										
ADDRESS STREET CITY										
	PROVINCE		COUNTRY			POSTAL	POSTAL CODE			
STA	TUS IN CANADA			AGENC			NCY NAME (IF APPLICABLE)			
0 v	ISITOR VISA O STUDY PER	MIT O WORK	PERMIT O CITIZ	ZEN OR PR	O OTHER					
	RGENCY									
	NAME DRMATION				RELATIONSHIP					
	PHONE				E-MAIL					
DD	OGRAM INFORMATION				2					
(1)	ENGLISH PROGRAM (ESL)									
	LOCATION COURSE NAME VANCOUVER				TOTAL WEEKS OF STUDY LESSONS		WEEK START DATE (DD/		(אאן,טט,	
0		REMARKS:								
		ILECTIVE COURSES PREFERENCE:								
	LOCATION KELOWNA	COURSE NAME			TOTAL WEEKS OF STU	DY LESSONS/WEEK		START DATE (DD/MM/YYYY)		
0		F.		DEMARKS						
(2)	ELECTIVE COURSES PREFERENC				REMARKS:					
) VOCATIONAL COLLEGE PR									
	ATION		E (PLEASE SELECT THE LOCATION FIRST.)			START D		DATE (DD/MM/YYYY)		
- V	/ANCOUVER O KELOWNA	4				*PLEASE CHECK PROGRAM START			ART DATES BELOW	
	GLE COURSE CERTIFICATE - OPTI					_	_			
	Social Media Marketing	Project Managem	ent 🗌 Leaders	ship Skills	☐ Finance ☐ E-0	Commerce	J Market	Research	None	
	'E YOU MET THE ENGLISH ADMISS				MET THE ACADEMIC ADI					
	ES* O NO *IF YES, PLEASE PROVID				O NO *IF YES, PLEASE PRO	VIDE THE GRADUATION	I CREDENTIAL	AND OTHER SUPP	ORTING DOCUMENTS.	
	DITIONAL REQUIREMENTS FOR EA vide a Personal Declaration of Health signed				ole to work with young children i	n a licensed early childl	nood educati	on setting		
	vide at least 2 Character Reference forms ou end an interview with the ECE Coordinator									
	OGRAM START DATES: VANCOUV		Serediosis (12) skiii test	Submit a Statem	Terre of interne explaining your in	octivacion, godis, and si	areability for t	and Edity Child Edd	KELOWNA	
	C Diploma SCC Diploma / CM		na / PCS Certificate / CO	CBC Certificat	e ECE Certificat	e HM	C Diploma		HMC Diploma	
	25: Feb 18, Aug 5 - 2025: Feb 18, Aug	5 - 2025: Fel	18, Apr 14, Jun 9, Aug 5	, Sept 29, Nov	- 2025: Mar 31,	Jul 14, Oct 14 - 20	25: Feb 18, .	•	- 2025: Sep 29	
	- 2026: Jan 19, Aug	31 - 2026: Jar	n 19, Mar 16, May 11, Jul (06, Aug 31, Oct	26, Dec 21 - 2026: Feb 23,	Jun 8, Sep 8 - 20	26: Jan 19, N	May 11, Aug 31	- 2026: Aug 31	
OTHER INFORMATION										
AIRPORT PICK-UP & DROP-OFF DO YOU NEED MEDICAL INSURANCE? O YES* O NO LEGAL CUSTODIANSHIP (FOR MINORS UNDER A							DER AGE OF 19)			
			*START: *END: *DURATION (WKS): O Y			YES (ONE-TIME	YES (ONE-TIME PAYMENT - \$200) O NO			
LIST	ANY SPECIAL HEALTH CONDITION	N OR MEDICATION								
* THE	INFORMATION WILL BE TREATED CONFIDE	NTIALLY AND WILL NOT A	FECT JUDGMENTS CONCE	RNING YOUR ACA	ADEMIC SUITABILITY.					



APPLICATION FORM

COLLEGE											
STUDENT HOUSING INFORMATION (IF APPLICABLE)											
(1)) HOMESTAY		☐ PLEASE MARK HERE IF THE STUDENT IS UNDER 19 YEARS								
0	LOCATION VANCOUVER	MOVE-IN DATE (DD/MM/YYYY)	MOVE-OUT DATE (DD/M	M/YYYY)	TOTAL WEEKS OF STAY						
	ROOM TYPE O Single room with 3 meals per day O Shared room with 3 meals per day (Only available for two students booking together.)										
0	LOCATION KELOWNA	MOVE-IN DATE (DD/MM/YYYY)	MOVE-OUT DATE (DD/MM/YYYY)		TOTAL WEEKS OF STAY						
	ROOM TYPE O Single room with 3 meals per day O Shared room with 3 meals per day (Only available for two students booking together.)										
NOTE: • The recommended minimum booking duration for Vancouver homestay is 4 weeks and Kelowna homestay is 8 weeks unless the study duration is less than 4 or 8 weeks. • All homestay rooms include shared bath. • In any early move-out cases, fees will be refunded with a 4-week advance written notice. • Please provide your arrival information, such as flight number, time and date to VanWest at info@vanwest.com at least two weeks prior to your arrival. (1.1) HOMESTAY - SPECIFIC INFORMATION											
	IILY PREFERENCE: PLEASE RANK FROM 1 TC		PET PREFERENCE: PLEASE F	RANK FROM 1 TO	4						
(1 -	MOST PREFERRED / 4 - LEAST PREFERRED).		(1 - MOST PREFERRED / 4 -	D).							
Family with young children		Family with teenagers	No pets		I prefer cats only						
_	_ Adults with no children	No preference	I prefer dogs only		_ No preference						
	YOU SMOKE?		OTHER PLACEMENT PREFER	RENCES OR REQU	ESTS?						
	ES* O NO * IF YES, SOME RESTRICTIONS MAY										
(2) RESIDENCE (MUST BE 19 YEARS OLD	·									
	LOCATION	ROOM TYPE									
0	VANCOUVER	MOVE-IN DATE (DD/MM/YYYY)	MOVE-OUT DATE (DD/MM/YYYY)		TOTAL WEEKS OF STAY						
0	LOCATION	ROOM TYPE									
	KELOWNA	MOVE-IN DATE (DD/MM/YYYY)	MOVE-OUT DATE (DD/MM/YYYY)		TOTAL WEEKS OF STAY						
NOTE: * Double and shared rooms, available with either a double bed or two single beds, are designed for double occupancy and can be booked only when two students make a joint reservation with identical check-in and check-out dates. This form is subject to room availability (first come first serve basis). Only available rooms will be offered to the students. * The minimum booking duration: Kelowna Copeland - 8 weeks / Vancouver Nelson - 12 weeks / Vancouver Thurlow - 24 weeks * Vancouver Thurlow Residence: All room types, except for the family room, are designated for single occupancy. Having an additional tenant will incur a charge of \$300 per week (\$80 per extra night), subject to the landlard's approval. It also requires a minimum booking of 6 months (24 weeks). If a student decides to move out before completing the full 24-week period, an additional charge of \$35 per week per student will be applied for the weeks that the student has already stayed. * Vancouver Nelson Residence: All room types, except for the family room, are designated for single occupancy. Having an additional tenant will incur a charge of \$200 per week (\$80 per extra night), subject to the landlard's approval. It also requires a minimum booking of 3 months (12 weeks). If a student decides to move out before completing the full 12-week period, an additional charge of \$35 per week per student will be applied for the weeks that the student has already stayed. * In any early move-out cases, fees will be refunded with a 4-week advance written notice (Kelowna Copeland) 8-week advance written notice (Vancouver Thurlow and Nelson). Details will be provided upon request. * Please provide your arrival information, such as flight number, time and date to VanWest at info@vanwest.com at least two weeks prior to your arrival.											
CC	NSENT FORM										
AL	L STUDENTS MUST READ THE FOLI	LOWING RULES & POLICIES AND	MARK BELOW.								
	I declare that the information I have given i	is correct and accurate.									
	I have read and understand the rules and p	= '		_	Policy (URL: <u>vanwest.com/admission/policy/</u>).						
☐ I understand that while effort will be made to match all my requests, no guarantee can be given to match each one.											
STU	JDENT NAME (PLEASE PRINT)	STUDENT SIGNATURE		DATE (DD/MM/	YYYY)						
MANDATORY FOR MINOR STUDENTS (AGES 18 AND UNDER) & THEIR PARENTS/GUARDIAN											
□ I and my Child have read and understand the Minor Participation Waiver (URL: <u>bit.ly/3W0wbzU</u>) and the Homestay Rules for Minor Students (URL: <u>bit.ly/30kTvhp</u>). □ I confirm that I have discussed the rules and expectations with my Child. □ I hereby consent to my Child's participation in all VanWest activities, field trips, and tours on the terms and conditions in the Minor Participation Waiver.											
	RENT AND/OR GUARDIAN NAME (PLEASE PR			DATE (DD/MM/YYYY)							