

Sprott-Shaw Enrollment Application



Family Name:			First Name:						
Address:									
City: Province:			ľ	Country:			Postal Cord:		
E-mail Address:									
Phone Number:				Birthday: YYYY / MM / DD					
Emergency Number:									
Program Name:					ESL: Yes No Weeks Start Date:// (MM/DD/YYYY)				
Start Date:		End Date:	d Date:			Campus: Vancouver Others			
(MM / DD /YY		(MM / DD / YYYY)							
Agency Name:									
Agency Contact Person :				Agency Phone #:					
Agency E-mail Address:				Agency Fax #:					
Program Fees (For Office only)									
Registration Fee (Certificate & Diploma C\$350 / ESL C\$150)						S			
Tuition					\$				
Books & Supplies					\$				
Student Fee						S			
GST							S		
PST					\$				
Total \$									
Homestay Arrangement: YES		NO	Airport	Pick-u	p: Y	ES		NO	
Student Declaration: I certify the information provided by me on this form is true and accurate and that I am 19 years of age or older.									
Student Name (print): Applicant Signature:					0.000		Date:		