

Since 1988



**VanWest  
College**

# VanWest College Course Registration Form Vancouver & Kelowna

Please send this form to:

Suite 200  
1016 Nelson Street  
Vancouver, British Columbia  
Canada V6E 1H8

Telephone: (604) 731-5256  
Fax: (604) 739-0913  
Email: info@vanwest.com  
Web: www.vanwest.com

**AGENT NAME**

**PERSONAL INFORMATION**

COMPLETE ALL SECTIONS OF THIS FORM

First Name		Family Name	
Address		City	
State / Province	Country	Postal Code	
Phone	Fax	E-mail	
Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
<input type="checkbox"/> Citizen <input type="checkbox"/> Working Holiday/Visa <input type="checkbox"/> Visitor Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Landed Immigrant			Is this your first time at VanWest? <input type="checkbox"/> Y <input type="checkbox"/> N
English Speaking Ability: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			TOEIC Score:      TOEFL Score:
Do you need VanWest Medical Insurance? (Approximately \$60 CDN/Month) <input type="checkbox"/> Y <input type="checkbox"/> N (Medical Insurance is required by law)			

**EMERGENCY CONTACT**

Name	Phone	E-mail
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**SELECTED PROGRAMS**

LOCATION:  VANCOUVER     KELOWNA

Course Name:	# of Hours	# Weeks	Start Date (MM/DD/YY)	End Date (MM/DD/YY)
Course Name:	# of Hours	# Weeks	Start Date (MM/DD/YY)	End Date (MM/DD/YY)

**HOMESTAY INFORMATION**

Do you want a VanWest Homestay? <input type="checkbox"/> Y <input type="checkbox"/> N	Homestay Start Date:	Homestay End Date:
Placement Preference: Please list order of preference from 1 to 3. (VanWest cannot guarantee your first choice.) (    ) Family with Young Children      (    ) Family with Teenagers      (    ) Adult(s) with No Children		
Do you smoke? <input type="checkbox"/> Y <input type="checkbox"/> N	Do you like animals? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> No Pets <input type="checkbox"/> Does not matter	
Are there foods you cannot eat? If yes, please specify:		
Do you have any allergies? If yes, please specify:		
Do you take any regular medicines? If yes, please specify:		
Comments or Special Requirements?		

**ARRIVAL INFORMATION**

ADVISE VANWEST OF CONFIRMED ARRIVAL DETAILS

Expected Arrival Date	Arrival Time	Flight Number	Airline
Do you want to be picked up at the airport? <input type="checkbox"/> Y - If Yes: <input type="checkbox"/> One Way or <input type="checkbox"/> Return <input type="checkbox"/> No			

Send completed Course Registration Form and Fees to VanWest College. All fees must be paid two weeks prior to your starting date at VanWest.  
**Please read VanWest Policies and Procedures on the next page.**

I declare that the information I have given is correct and accurate. I declare that I have read, understand and accept the policies and procedures of VanWest College.

Signature \_\_\_\_\_

Date \_\_\_\_\_ (MM/DD/YY)

For more information, or to make inquiries, e-mail us at info@vanwest.com