

EXPLORE - English Immersion Acceptance / Personal Information Form

Participant Information				
Participant Name:				
Mailing Address:			Postal Code:	
Telephone (day):	(eve) :	ce	cell:	
Email:				
Date of Birth:		male	female	
Social Insurance Number	er:			
Parent/Guardian Informati		ler the age of 19 m	ust fill out this section	
Parent /Guardian Name				
Parent / Guardian Mail	ing Address :			
Parent/Guardian Phone	#: Daytime		Evening:	
Parent/Guardian Email	:			
Medical Information - A	ll applicants must compl	ete this section		
Provincial Health Card	#:			
Family Doctor:		Telephone:		
List any medications you	u are taking :	<u>-</u> -		
Dietary Restrictions or accessibility needs :				
Pre-existing conditions/allergies we should be aware of:				
Tre this ting to make the	Sie Sie He Sie die Se d			
Emergency Contact Inforn	nation – All applicants m	oust complete this s	section	
In case of emergency, plea	* *	idst complete tins s		
1.Name	se notity.	Relationship	•	
Telephone (day):		(eve):	•	
Email:		Cell		
2.Name		Relationship	•	
			•	
Telephone (day):		(eve) :		
Email:		Cell		

Application Fee Information - \$275 non-refundable due with completed application

Damage Deposit Information - \$100 refundable due with completed application. The final amount of the damage deposit refund will be determined after checking out of residence, returning the room keys and a post-departure room inspection by residence staff. After room inspection, refund transaction will take place, electronically, if applicable.