

EXPLORE - English Immersion Acceptance / Personal Information Form

Participant Information			
Participant Name:			
Mailing Address:			Postal Code:
Telephone (day):	(eve) :	cell:	
Email:			
Date of Birth:		male	female
Social Insurance Numbe	r :		
Parent/Guardian Information	· · · —	nder the age of 19 m	ust fill out this section
Parent /Guardian Name			
Parent / Guardian Maili	ng Address :		
Parent/Guardian Phone	#: Daytime		Evening:
Parent/Guardian Email	•		
Medical Information - Al	l applicants must com	plete this section	
Provincial Health Card #	# :		
Family Doctor :	Telephone:		
List any medications you	are taking :		
Dietary Restrictions or a	ccessibility needs :		
<i>y</i>	<u></u>		
Pre-existing conditions/a	llergies we should be	aware of :	
	nergies we should be		
Emergency Contact Inform	ation – All applicants	must complete this	section
In case of emergency, pleas		mast complete tills	
1.Name	e notity.	Relationship	•
Telephone (day):		(eve):	•
Email:		Cell	
2.Name		Relationship	•
Telephone (day):			•
Email:		(eve):	
Eman:		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.