

NORTH AMERICAN BUSINESS COLLEGE OF SCEINCES AND LANGUAGES
STUDENT APPLICATION

APPLICANT INFORMATION

Full Name:

Date of birth:

SIN:

Phone:

Nationality

Email:

Fax:

Address:

City:

Province:

Postal Code:

Gender:

Level of English

Level of French

INFORMATION REGARDING THE PROGRAM

Program chosen:

1-

2-

3-

Intensive English if needed

Intensive French if needed

Other:

Accommodations if applicable:

Translated and notarized transcript:

High School

College/University

Tofel or test recognized report if applicable:

CND\$ 500 Application Fee (non refundable):

If you are accepted, how would you like to receive your offer letter

Email:

Mail:

HOMESTAY REQUIREMENTS

Minimum Length of home stay:

Other services required

Living environment: state yes or no

Pets

Family

Children

Smoking

Other services requested:

EMERGENCY CONTACT

Full Name:

Relationship

Language spoken

Phone:

Current address:

City:

State or province:

ZIP Code:

Email:

Alternative phone

Legal representative if applicable:

Full name:

Position:

Phone:

Fax:

Email:

Alternative phone

Address:

SERVICE TO PICK UP AT THE AIRPORT

Please indicate flight information at least 72 hours:

Please call in case of change: .905.997.2422

Time of arrival:

Date of arrival:

Airline:

Flight #:

Other relevant information:

Additional comments/ questions / concern

PAYMENT INFORMATION

Credit card: AMEX MATER VISA OTHER:

CARD NUMBER BELOW:

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APPLICATION INFORMATION CONTINUED

Expired date: month and year :

Card holder name(please print)

**NORTH AMERICAN BUSINESS COLLEGE OF SCEINCES AND LANGUAGES
STUDENT APPLICATION**

Certified cheque, money order or bank draft payable to: **North American Business Inc.**

Payment by bank transfer: Royal Bank Bank Address: **25 Milverton Dr, Mississauga, ON L5R 3G2**

account holder: **NORTH AMERICAN BUSIENSS INC.
202-200 Matheson Blvd W. Mississauga ON L5R 3L7**

account number: **1034099**

Transit number: **08802**

Swift code: **ROYCCAT2**

ABA/ROUTING: 021000021: BRANCH
TRANSIT: **08802**

Please keep a copy of your payment with you in case of request

DECLARATION:

I certify that the above information is completed and true, I understand that any false or incomplete information Submitted in support of my application may invalid my application and result of withdrawal by Bilingual Business Education College of an offered seat at any time during the enrollment.

Please print your name(applicant)

Signature :

Date :