2 PHOTOS

# APPLICATION FOR ADMISSION

**(Enrollment Contract)**


## Vancouver *Language* Centre

Av. Vallarta 1151, Col. Americana, Guadalajara, Jalisco, CP 44100 Mexico
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Vancouver Language Centre

## 1. GENERAL INFORMATION

**WHERE DID YOU FIND OUT ABOUT VANCOUVER LANGUAGE CENTRE?**
☐STUDENT ☐ TEACHER ☐YELLOW PAGES
☐EMBASSY ☐ INTERNET ☐ TRAVEL AGENT
☐**V.L.C. REPRESENTATIVE:**

Please complete the following (Print clearly):

_____
**FIRST NAME (S)**

_____
**LAST NAME (S)**

_____
**STREET ADDRESS**

_____
**CITY**

_____
**STATE**

_____
**COUNTRY**

_____
**(AREA CODE) TELEPHONE**

_____
**(AREA CODE) FAX**

_____
**E-MAIL ADDRESS**

_____
**CITIZENSHIP**

_____
**PASSPORT NUMBER**

**GENDER:** ☐ FEMALE ☐ MALE

**DATE OF BIRTH:**
MONTH_____ DAY _____ YEAR_____

***English And Spanish Program Applicants Only:***
**PLEASE INDICATE YOUR CURRENT LANGUAGE LEVEL FOR THE PROGRAM YOU ARE APPLYING FOR:**
☐ BEGINNER
☐ INTERMEDIATE
☐ ADVANCED

## 2. PROGRAM INFORMATION

**WHAT PROGRAM AND SCHEDULE ARE YOU APPLYING FOR?**
☐ SPANISH INTENSIVE (20 HOURS)
☐ SPANISH GRAMMAR (10 HOURS)
☐ SPANISH CONVERSATION (10 HOURS)
☐ ENGLISH INTENSIVE (20 HOURS)
☐ ENGLISH GRAMMAR (20 HOURS)
☐ ENGLISH CONVERSATION (10 HOURS)
☐ COMBINED INTENSIVE (20 HOURS)
☐ COMBINED REGULAR (10 HOURS)
☐ VACATION STUDY ENGLISH
☐ VACATION STUDY SPANISH
☐ TEFL CERTIFICATE PROGRAM

**WOULD YOU LIKE AN ELECTIVE?**
☐ BUSINESS ☐ TOEFL ☐TOEIC
☐ TEC (TEFL Students Only)
☐ TBE (TEFL Students Only)

**WHEN DO YOU WISH TO BEGIN?**

MONTH _____ DAY _____ YEAR _____

**HOW LONG?** _____ WEEKS

## 3. PAYMENT INFORMATION

**PLEASE WRITE THE FEES YOU ARE SENDING WITH YOUR APPLICATION:**

| | |
|---|---|
| APPLICATION FEE (non-refundable) $75 | $_____ |
| MATERIALS FEE | $_____ |
| TUITION FEE | $_____ |
| HOMESTAY PLACEMENT FEE $50 | $_____ |
| HOMESTAY FEE (USD $15 per night) | $_____ |
| AIRPORT RECEPTION FEE $50 | $_____ |
| **TOTAL** | $_____ |

**ACCEPTED METHODS OF PAYMENT:**
*LOCAL BANKING LAWS PROHIBITS PAYMENT BY MONEY ORDER, BANK DRAFT OR EUROCHEQUE.*
☐ TRAVELER'S CHEQUES (USD)
☐ VISA ☐ MASTERCARD
**There is a 5 % service charge on CREDIT CARD purchases.**
**We do not accept American Express.**
☐ BANK TRANSFER
***Your bank will require the following information:***

| | |
|---|---|
| ***INTERMEDIATE BANK:*** | BANK OF AMERICA<br>San Francisco<br>California, USA |
| ***ABA Number:*** | FW121000358 |
| ***SWIFT Number:*** | BBVAMXMM |
| ***TO:*** | BBVA BANCOMER |
| ***BRANCH:*** | Chapultepec 1048<br>Guadalajara |
| ***ACCOUNT #:*** | 0480424552 |

***Please make all fees payable to:***
Vancouver Language Centre of Guadalajara, A.C.

**ALL FEES SHOULD BE PAID DIRECTLY TO THE SCHOOL. VANCOUVER LANGUAGE CENTRE ASSUMES NO RESPONSIBILITY FOR MONEY PAID TO COMPANIES CLAIMING TO REPRESENT THE SCHOOL. VANCOUVER LANGUAGE CENTRE WILL NOT BE LIABLE IN ANY WAY TO THE STUDENT FOR LOSS, DAMAGE, OR INJURY TO PERSONS OR PROPERTY HOWSOEVER CAUSED.**

## 4. ARRIVAL INFORMATION

**DO YOU NEED AIRPORT RECEPTION?**
☐ **NO,** I will make my own arrangements and I will send VLC my flight details.
☐ **YES,** I need airport reception and I will send VLC my flight details.

_____
**AIRLINE** **FLIGHT NUMBER**

_____
**ARRIVAL DATE** **ARRIVAL TIME**

_____
**CITY OF FLIGHT ORGIN**

## 5. HOMESTAY INFORMATION

**DO YOU NEED HOMESTAY?**
☐ YES ☐ NO
**HOW LONG?** _____ WEEKS

**DO YOU WANT A FAMILY WITH:**

**YOUNG CHILDREN?**
☐ YES ☐ NO ☐ NOT IMPORTANT
**OLDER CHILDREN?**
☐ YES ☐ NO ☐ NOT IMPORTANT
**ANOTHER STUDENT?**
☐ YES ☐ NO ☐ NOT IMPORTANT
**A DOG?**
☐ YES ☐ NO ☐ NOT IMPORTANT
**A CAT?**
☐ YES ☐ NO ☐ NOT IMPORTANT

**WHAT ACTIVITIES DO YOU LIKE?**

| | |
|---|---|
| ☐ SOCCER | ☐ SWIMMING |
| ☐ SAILING | ☐ KAYAKING |
| ☐ TENNIS | ☐ VOLLEYBALL |
| ☐ CYCLING | ☐ ROLLERBLADING |
| ☐ HIKING | ☐ SPECTATOR SPORTS |
| ☐ MUSIC | ☐ ROCK CLIMBING |
| ☐ SHOPPING | ☐ SIGHTSEEING |
| ☐ DANCING | ☐ HORSEBACK RIDING |
| ☐ CRAFTS | ☐ ART ☐ MOVIES |

OTHER:
_____

**DO YOU SMOKE?** ☐ YES ☐ NO

**DO YOU HAVE ANY MEDICAL PROBLEMS OR FOOD REQUIREMENTS?**

| | |
|---|---|
| ☐ DO NOT EAT PORK | ☐VEGETARIAN |
| ☐ DUST ALLERGY | ☐PET ALLERGY |
| ☐ PENICILLIN ALLERGY | ☐DIABETIC |
| ☐ OTHER: | |

_____
**ADDITIONAL COMMENTS:**

**6. PLEASE CAREFULLY READ THE FOLLOWING:** I acknowledge that I am fully responsible for my own medical insurance. I have read, understood and agree to comply with school policy regarding fees, refunds, attendance, dismissal, and dispute resolution. If I become ill or incapacitated, Vancouver Language Centre and its employees may take any action they deem necessary for my own safety and well-being. I shall indemnify and hold harmless the Operator and any of its officers, employees, servants, agents and contractors from any and all loss, liability, claims or expenses.

| | | | |
|---|---|---|---|
| _____ | _____ | _____ | _____ |
| APPLICANT SIGNATURE | PARENT'S SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD) | VLC REPRESENTATIVE'S SIGNATURE | DATE |