



STUDENT INFORMATION

Full Name (as in passport): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: Male Female X  
 Nationality: \_\_\_\_\_ Passport Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Country Code) (Phone number)  
 Full Address (including city and state/province): \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Mother tongue for the student: \_\_\_\_\_  
 Country: \_\_\_\_\_ Do you have any medical conditions we should be aware of?  
 Yes No  
 TLGC pre-arrival test result (optional): \_\_\_\_\_  
**If Yes, please specify:** \_\_\_\_\_

ONLINE PROGRAMS

IN-PERSON PROGRAMS

PROGRAM INFORMATION

Program: \_\_\_\_\_ Program: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Weeks of Study: \_\_\_\_\_ Weeks of Study: \_\_\_\_\_  
 Preferred time-slot for classes: \_\_\_\_\_ Lessons per week: \_\_\_\_\_  
 Are you applying to a College or University in Canada?  
 Yes No  
**If "Yes", please specify the Institution name, Program, and Start Date:**

AGENT INFORMATION

Are you applying through an agency? **If Yes, Agency Name:** \_\_\_\_\_  
 Yes No **Agent Name (Contact Person):** \_\_\_\_\_  
**Agent Email:** \_\_\_\_\_  
**Agent Phone Number:** \_\_\_\_\_  
 Comments (Optional)

EMERGENCY CONTACT

HEALTH INSURANCE

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Mother tongue for the Emergency Contact:  
 \_\_\_\_\_

Do you have valid medical insurance for in Canada? **(Only for In-person students)**  
 Yes No  
 If the answer is No, will you be purchasing it at The Language Gallery Canada?  
 Yes No  
 Start Date: \_\_\_\_\_  
 End Date : \_\_\_\_\_





Do you need accommodation provided by TLGC? **(Only for In-person students)**

Yes (Please fill the section below)

No, I will find my own accommodation

**Number of Weeks:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Homestays:**(\*Please note that you cannot use the kitchen in homestays)

Breakfast and dinner

Breakfast, lunch and dinner

Allergies: \_\_\_\_\_

Special Diet Request (extra cost): \_\_\_\_\_

ACCOMMODATION SERVICES

Do you need an airport pick-up provided by TLGC? **(Only for In-person students)**

Yes (please fill the section below)

No, I will find my own transportation

Date of arrival: \_\_\_\_\_ Time: \_\_\_\_\_

Flight Info (flight name and number): \_\_\_\_\_

Do you need airport drop-off provided by TLGC? **(Only for In-person students)**

Yes (please fill the section below)

No, I will find my own transportation

Date of departure: \_\_\_\_\_ Time: \_\_\_\_\_

Flight Info (flight name and number): \_\_\_\_\_

AIRPORT SERVICES

## Submitting Your Application

In order to process, please ensure you understand and accept all applicable terms and **check the boxes below:**

Please note that in order to process this form, all information must be filled out correctly and accordingly.

By applying to TLG you are agreeing to our [Terms and Conditions](#). Please see our [Policies](#) for further details.

Once we receive the completed application form, the invoice and the enrollment contract will be sent to you shortly. After receiving payment for the full tuition fees and the signed enrollment contract, we will send you the COA or the LOA.

The registration fee is non-refundable.

