

APPLICATION FORM



Euton College

Your Turning Point Is Here

PART 1. PERSONAL INFORMATION

LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	
PREFERRED FIRST NAME (If Applicable)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (DD/MM/YY) / /	WECHAT
CELL PHONE NUMBER	HOME PHONE NUMBER	EMAIL ADDRESS	

Current Mailing Address

Apartment Number, Street Name and Number	City	Province
	Country	Postal Code

Emergency Contact

Name	Relationship to you	Telephone Number	Email Address
------	---------------------	------------------	---------------

Status in Canada

Canadian Citizen Study Permit Work Permit Visitor Record Expiry Date (DD/MM/YY)

***Please note that a study permit is required for programs longer than 6 months**

/ /

PART 2. PROGRAM OF INTEREST

<input type="checkbox"/> Language programs		<input type="checkbox"/> University/College programs	
<input type="checkbox"/> IELTS/TOFEL <input type="checkbox"/> ESL <input type="checkbox"/> G12 ENGLISH <input type="checkbox"/> 1 to 1		School name	
Current Level/Grade	Target Level/Grade	Course Code(s)	
When Would you like to start this program? / /		Which campus do you prefer to attend?	

PART 3. EDUCATION HISTORY

Secondary (High School) Information

Credential Awarded	Institution	Country	From(MM/YYYY) / /	TO (MM/YYYY) / /
--------------------	-------------	---------	----------------------	---------------------

Post-Secondary (College or University) Information

Credential Awarded	Institution	Country	From(MM/YYYY) / /	TO (MM/YYYY) / /
--------------------	-------------	---------	----------------------	---------------------

Credential Awarded	Institution	Country	From(MM/YYYY) / /	TO (MM/YYYY) / /
--------------------	-------------	---------	----------------------	---------------------

PART 4. CONSULTANT/AGENCY INFORMATION

Company Name	Contact Person	Phone Number	Email Address
--------------	----------------	--------------	---------------

PART 5. HOW DID YOU HEAR ABOUT EUTON COLLEGE?

- Internet Friend/Relative Student Advertisement
 WeChat platform Event Education Consultant Other _____

PART 6. ADVISOR COMMENTS

Placement Test Result

Recommended course(s)

Office use

PART 7. STUDENT SERVICES

Do you require homestay arrangement?

Yes No

If you checked 'Yes', Please contact with your advisor*

Do you require temporary medical insurance?

Yes No

If you checked 'Yes', Please contact with your advisor*

PART 8. CREDIT CARD AUTHORIZATION FORM

Card Type: VISA MasterCard

Card Number: _____ Billing Address: _____

Cardholder's Name: _____ City: _____ Province/State: _____

Expiry Date: _____ CVV Code: _____ Country: _____ Postal/Zip Code: _____

Authorized amount in Canadian dollars: \$ _____ Charge Item(s) Tuition Tutoring Other _____

Cardholder's Signature: _____ **Date:** _____

Applicant Signature

Date (dd/mm/yyyy)

Witness