



# INTERNATIONAL STUDENT APPLICATION FORM

## STUDENT INFORMATION

First Name: _____	Gender: _____
Middle Name: _____	Male      Female
Family Name: _____	Marital Status: _____
Birth Date: _____ <small>(MM/DD/YYYY)</small>	Single      Married
Country of Birth: _____	Passport Number: _____
Country of Citizenship: _____	Passport Expiry Date: _____ <small>(MM/DD/YYYY)</small>
Mother Tongue: _____	



Adult Education & Vocational Services

### Submit Application to:

**English Montreal School Board**  
Att: AEVS Dept. Room #339  
6000 Fielding Avenue  
Montreal, Quebec, Canada H3X 1T4

### EMSB Information:

Phone: 514-483-7200 Ext: 7449  
email: [internationalstudies@emsb.qc.ca](mailto:internationalstudies@emsb.qc.ca)

- **\$1,250.00 CAD (\$250.00 CAD non-refundable application fee + \$1,000.00 CAD tuition deposit) must accompany this form.**
- **Payment by Debit, VISA, MasterCard; OR by Canadian money order payable to: ENGLISH MONTREAL SCHOOL BOARD; OR by wire if payment originating from outside of Canada.**
- **If a student is DENIED admission or REFUSED a student visa, the tuition deposit of \$1,000.00 will be refunded with PROOF of VISA REFUSAL.**
- **Balance of tuition is due at registration before the start of class (2 weeks prior to start date).**

## QUEBEC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

## PERMANENT MAILING ADDRESS *(if not in Quebec)*

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

## FAMILY INFORMATION

Father's Family Name	Father's First Name	Phone Number	
Father's Address - (Street, City, Country, Postal Code)		Email address	
Mother's Family Name	Mother's First Name	Phone Number	
Mother's Address - (Street, City, Country, Postal Code)		Email address	
Spouse's Family Name (if applicable)	Spouse's First Name	Phone Number	Email address

## EMERGENCY CONTACT *(from country of origin or Montreal)*

Contact Person (First and Last Name)	Relationship to student
Address - (Street, City, Country, Postal Code)	Phone Number      Email address

**PRICES SUBJECT TO CHANGE - PLEASE CONTACT EMSB OR REPRESENTATIVE FOR PRICE LIST**



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How did you find out about the English Montreal School Board?

REFERRAL

INTERNET

FRIEND/FAMILY

Name of Person referring to the EMSB? *(if applicable)* \_\_\_\_\_

## VOCATIONAL TRAINING PROGRAMS *(check one of the following programs):*

### Administration, Commerce & Computer Technology

Accounting  
Professional Sales  
Sales Representation  
Secretarial Studies  
Legal Secretarial Studies  
Starting a business

### Beauty Care

Aesthetics  
Electrolysis  
Hairdressing

### Communications and Documentation

Computer Graphics  
Printing

### Electrotechnology

Automated Systems Electromechanics

### Food Services and Tourism

Food and Beverage Services  
Hotel Reception  
Professional Cooking  
Travel Consulting and Sales  
Contemporary Professional Pastry Making  
Wine Service

### Health Services

Assistance in Health Care Facilities  
Pharmacy Technical Assistance

### Mechanical Manufacturing

Industrial Drafting (CAD)  
Machining Techniques  
Numerical Control Machine Tool Operation (CNC)

### Metallurgical Technology

Welding and Fitting

### Motorized Equipment Maintenance

Automobile Mechanics

### Woodworking and Furniture Making

Cabinet Making  
Furniture Finishing

I wish to apply for ENGLISH classes with the EMSB:      Yes      No

PROOF OF ENGLISH PROFICIENCY:      Yes *(provide proof)*      Level: \_\_\_\_\_      No *(Level to be validated prior to start of class)*

I wish to apply for the FRENCH program with the EMSB (program 800 hours):      Yes      No

Preferred **\*start date** of the program of study : \_\_\_\_\_ (MONTH / YEAR)

*\*Start date of selected options will depend on program schedule*

Declaration - By signing below, I certify that the information provided in this application is true and complete, and I ask the English Montreal School Board to process my application for admission as indicated above.

Student's Signature

Parent's/Guardian's Signature  
*(if Applicant is under 18 years of age)*

Date  
(MM/DD/YYYY)

**\*\*Please note that for the application to be considered, this form must be completed in full and signed in BLUE INK by the student (and guardian if under 18 years of age); must include the application fee of \$250 CAD and the \$1,000 CAD tuition deposit.**

### TO BE COMPLETED BY EMSB HEAD OFFICE

DATE RECEIVED: \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
INITIAL: \_\_\_\_\_  
ACCEPTED:      YES      NO      \_\_\_\_\_