



STUDENT INFORMATION

Family Name: _____	Gender: _____
First Name: _____	Male _____ Female _____
Middle Name: _____	Marital Status: _____
Birth Date: _____ (MM/DD/YYYY)	Single _____ Married _____
Country of Birth: _____	Passport Number: _____
Country of Citizenship: _____	Passport Expiry Date: _____ (MM/DD/YYYY)
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: aevsinternational@emsb.qc.ca

Please select your field of study:
place checkmark in the appropriate box(es)

Adult Education (FGA)

Vocational Training (FP)

Type of Request: **1st application** **Re-application - Date of Re-application:** _____
(MM/DD/YYYY)

Change of: **Centre** **Program** **Start date of program** **Not applicable**

- **\$5,000.00 CAD (\$500.00 CAD non-refundable application fee + \$4,500.00 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 is originating from outside of Canada only (no direct deposit accepted).**
- **If a student is DENIED admission OR REFUSED a study permit, the tuition deposit of \$4,500.00 will be refunded only with PROOF of THE STUDY PERMIT REFUSAL.**
- **Contact EMSB or your representative for the full cost of the program you have selected**
- **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 _____



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

REFERRAL

INTERNET

FRIEND

FAMILY

Name of Person/ Representative referring to the EMSB?(if applicable) _____

Signature of Representative: _____

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 *
Hair Removal **
Hairdressing *

Food Services and Tourism

Professional Cooking *
Contemporary Prof. Pastry Making **
Food and Beverage *
Hotel Reception *
Travel Consulting and Sales *

Communications and Documentation

Computer Graphics *
Printing *

Health Services

Institutional and Home Care Assistance *
Pharmacy Technical Assistance *

Mechanical Manufacturing

Industrial Drafting (CAD) *
Machining *

Metallurgical Technology

Welding and Fitting *

Motorized Equipment Maintenance

Automobile Mechanics *

Woodworking and Furniture Making

Cabinet Making *
Furniture Finishing *

Electrotechnology

Automated Systems Electromechanics *

*DVS - Diploma of Vocational Studies / **AVS - Attestation of Vocational Specialization

*****Very important: Contact EMSB or your representative for the full cost of the program you have selected.**

Adult Education Course: Yes No

If you checked "Yes" please specify: _____

Students applying to take Adult Education courses must meet, in person, with an EMSB Adult Education academic advisor in order to determine the necessary courses to be taken prior to final schedule approved.

I wish to apply for English classes with the EMSB Yes No

PROOF OF ENGLISH PROFICIENCY: Yes (Provide proof) No (Level to be validated prior to start of class)

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

***Start date of selected options will depend on program schedule and availability.**

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.

****Failure to provide the original diplomas and transcripts required to support your application to the vocational training program will result in the cancellation of your admission. All students must demonstrate that they meet the admission requirements before starting their training.**

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 \$500 CAD and the \$4,500 CAD tuition deposit.**

TO BE COMPLETED BY EMSB HEAD OFFICE

DATE RECEIVED: _____ COMMENTS: _____
INITIAL: _____
ACCEPTED: YES NO _____