



Maple Leaf Academy
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 Calgary, Alberta
 T2P 0P9

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Mail, Email or Fax completed application form to the address above:

APPLICATION FORM

7/13/2004

Personal Information

Applicant Information

Family Name _____ First Name and Middle Initials _____ Gender: Male Female

Permanent Address (in your home Country) _____

City _____ State/Province _____ Country _____ Postal Code _____

Local Address in Canada _____ City / Province _____

Postal Code _____ Local Phone _____ email _____

Emergency Contact. First Name/Last Name _____

Phone Number _____ email _____ Relationship _____

Your Date of Birth Month _____ Day _____ Year _____ Country of Birth _____ Country of Citizenship _____

Visa Type _____ **IF you are in Canada Now, your visa status:** _____ School Transfer From _____

How long have you studied English? _____ years **Your English level is:** Beginner Intermediate Advanced

How did you hear about MLA? Internet Agent MLA Student Yellow Pages Ad _____ other _____

Residence Plan Homestay Experience _____ **Other (specify)** _____

Programs:

ESL Full-Time ESL Part-time Morning Evening **TOEFL** **BUSINESS**

* for the TOEFL you must register for three months

Course Start date: Month _____ Day _____ Year _____

Estimated Length of Stay: One Month Two Months Three Months Four Months Five Months Six Months

Semester applied for: Fall (September) Winter (January) Spring (April) Summer (July)

Please Note: This information is intended only for the Administration use, and all confidential, personal, and/or privileged information will be used in accordance with the PIPEDA Act.

I hereby certify that all information given in this application is true and correct. If I am accepted, I shall follow the Academy regulations during the period of my training. I shall abide by all Immigration policies.

Date Signed Month _____ Day _____ Year _____ **Signature** _____