

International Student Application Form

Personal Information									
Full Name						Date Of Birth (DD/MM/YY)			
Gender		Countr				Of Re	sidence		
Nationality	,	Passport Nu				(If App	olicable)		
•									
Permanent Address in Home Country									
Street Number & Apartment Number (If Applicable)									
City		Province							ode
Home Pho	ne Number	e Number				Fax	k Numbei	-	
Alternate Phone Number					Em	Email			
'									
Mailing Address If Different from Above									
Street Nun	nber & Apartm	ent Number (If	Applicab	le)					
City		P	Province				P	ostal Code	
Home Pho	ne Number					Fax N	lumber		
Alternate Phone Number Email									
			Er	nergei	ncy Cont	act			
Full Name		Date			Date Of	e Of Birth (DD/MM/YY)			
Gender		C			Country	Country Of Residence			
Nationality	,	Passport Number				(If App	olicable)		
		How D	id You	Know	About C	entra	al Colle	ge	
☐Agent	Ourv	website	bsite			paper ,	[/] Magazir	ie	☐ Relative / Friend
If from an agent, please specify the name						Ot	her:		



Program Selection							
Program Priority	Progra	m Title	Start Date (Date/Month/Year)				
1 st Choice							
2 nd Choice							
3 rd Choice							
Do you need Homestay Pro	ogram?	Yes	∐No				
Do you need Airport Pic	kup?	□Yes	□No				
Do you enclose the required funds?		□Yes	□No				
Cdn \$200.00 Application Fee (Non-Refu	undable)	□Yes	□No				
Cdn \$150.00 Homestay Placement (Op	tional)	□Yes	□No				
Cdn \$100.00 Airport Pickup (Optional)		□Yes	□No				
Medical Insurance Approx. Cdn \$2.00 /	Per Day (Optional)	□Yes	□No				
Do you enclose the required documen		□Yes	∐No				
Translates and notarized transcripts fro education	om highest level of	□Yes	□No				
Wonderlic, TOEFL or IELTS test report		□Yes	□No				



Payment Information								
Payment ca	an be made b	y Bank Draft, Certified Cheque, Cre		rd, American Express) or Bank				
		By Credi	t Card					
Credit Card Information: ☐ Visa ☐ Master Card ☐ American Express								
Card Number:			Expiration Date (MM/YY)	: /				
Cardholder's Name (as it appears in your card):			cvc					
Signature:								
Bank Transfer Information								
Beneficiary Bank: TD Canada Trust Bank Account No.: 5292130								
Bank No.: 004		Transit No. : 0087	2 Swift	Code: TDOMCATTTOR				
Bank Address: 1800 Sheppard Ave E, Willowdale, ON M2J 5A7, Ontario, Canada.								
Tel: 1.416 491-0567								
		Declara	tion:					
I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by Central College of an offered seat at any time during my enrolment.								
Appli	cant Name	Applicant S	Signature	Date				