TIA LANGUAGE SCHOOL REGISTRATION FORM

223-1140 Burnhamthorpe Rd. W.,
Mississauga, Ontario, CANADA L5C 4E9
Tel: (905) 615-1011 Fax: (905) 615-1029
Email: info@tiaschools.com www.tiaschools.com

REGISTER GUIDELINES

Please complete all sections of the form clearly and accurately and send this application to your local representative or directly to the Admissions Team at info@tiaschools.com.

PROGRAM APPLIED FOR (please check all that applies)				
ESL Foundation IELTS/C	CELPIP for PR IELTS Academic	Univ/College English		
EXPECTED ENROLLMENT				
Start Date: #Weeks of Study:				
Are you planning to attend a university or college in Canada?				
PERSONAL INFORMATION				
Surname (Family Name)	Given Name(s)	Gender Male Female		
Date of Birth (mm/dd/yy)	First Language	Nationalilty		
PERMANENT MAILING ADDRES	S			
Address		City		
State/Province	Country	Postal Code		
Home Phone Number	Mobile Phone Number	Emergency Contact Name		
E-mail Address		Emergency Phone Number		
PARENT/GUARDIAN INFORMATION	ON (For students below 18 years old only)			
PARENT/GUARDIAN 1 Surname (Family Name)	Given Name(s)	Telephone Number		
Date of Birth (mm/dd/yy) Home Add	dress			

PLEASE CHECK ON T	HE BOX IF THE FOLL	OWING SERVICES REQUIRED:
Airport Transfer P	ck up Drop off	Homestay Yes No
SCHOOL FEE (Please METHOD OF PAYMENT	refer to the Fee Schedu	ıle posted in our TIA Language School Admissions Sectior
Bank Draft	Bank Wire	Cheque (Domestic) E-Transfer
REFUND POLICY (Ple	ase read the following c	carefully before you submit the application form)
	m the school registration 1 to 59	s before the first class, the tuition will be fully refunded. days before the first class, the tuition less the registration fee of \$100 will be
PLEASE READ AND S	SIGN BELOW	
information may jeopa policy. I consent to TIA homestay, health reas I consent to participati hazards. I waive all classchool activities, acco	rdize my registration. I under a releasing my personal infor ons, marketing, or other need ing in activities, accommodati aims pertaining to liability for a mmodations, and excursions.	ions, and excursions which may involve physical risks, dangers, and any loss, damage, expense, or injury that I may suffer as a result of
Applicant Signature:_		Date:
Parent's or Legal Guardi (for students below 18 ye	<u></u>	
OFFICIAL USE ONLY	′ (the following informati	ion must be submitted)
SUPPORTING DOCUM	IENTS	
Application Form		Study Permit (if Applicable)
Student's Photo I.D.		Health Insurance
ADMISSION		
		Program: