WISELAD LEARNING &
ASSESSMENT LTD.

Email: inquiry@wldlearn.com
Line: WLDLEARN
Vancouver, Canada

STUDENT INFORMATION

Legal Name: First Name _____ Last Name _____

Date of Birth (YY/MM/DD) ____/____/____ Age (As of Jan 1, 2025) _____

Gender ○ Male ○ Female Place of Birth _____

Home Address _____

City _____ Country _____

Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

COURSE SELECION

Global College (Vancouver)

2025 Summer Camp ○ Duration: _____ Week/s

Power Speaking Training ○

PiELTS ○

E.Y.L. English for Young Learners ○

Bridge Course ○

Do you have any medical issues we should know about your child? ○ Yes ○ No
If yes, please explain

_____

_____

_____

Parent Signature

_____

Date (YY/MM/DD) ____/____/____