



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)

- 2026 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) ____/____/____