London Language Institute

183 Central Avenue, Suite 101
London, Ontario, N6A 1M6.
CANADA
Phone: (519) 439-3350
Fax: (519) 439-8822
E-Mail: info@llinstitute.com
Web: www.llinstitute.com

Application for Enrollment (ESL)

First Name: _____ **Last Name**: _____

English Name: _____

Gender: ☐ Male ☐ Female **Date of Birth**: Month _____ Day ____ Year ____

Address: _____

_____

_____

(include street name and number, city, province, country, and postal code)

Phone Number: _____ **Fax Number**: _____
(include country and city codes)

E-mail Address: _____ **Passport Number**: _____

Status in Canada: ☐ Visitor ☐ Study Permit ☐ Permanent Resident ☐ Citizen

Desired Length of Study at London Language Institute: _____

Desired Start Date: _____

English level: ☐ I don't know ☐ Beginner ☐ Intermediate ☐ Advanced

Accommodation: ☐ Not required ☐ Homestay ☐ Residence (space permitting)

Medical insurance: ☐ Not required ☐ Required from _____ to _____
Arrival date Departure date

Airport pickup: ☐ Not required ☐ Pickup from London airport ($75) ☐ Pickup from Toronto airport ($150) ☐ Airbus from Toronto airport (approx. $70)

Please use the space below to tell us about your goals and aspirations for the future.

_____

_____

_____

Student Referred by:.