



TES International Student Application Form

International Students should submit the application form to International Admissions office of Toronto eLearning School at 105 Moatfield Dr Unit 1105, Toronto ON M3B 0A2 Canada. Tel: (001) 647-313-0131 admin@torontoelearningschool.com

PERSONAL DETAILS

FAMILY NAME / SURNAME	GIVEN NAME	PREFERRED OR ADOPTED GIVEN NAME	TITLE <i>Mr Miss Mrs Ms</i>
SEX (M/F)	DATE OF BIRTH (mm/dd/yy)	NATIONALITY	COUNTRY OF BIRTH
PASSPORT NUMBER	ISSUING COUNTRY	DATE OF ISSUE	DATE OF EXPIRY

DO YOU HOLD A STUDENT VISA?	YES	NO	
VISA No.	VISA EXPIRY DATE	DATE OF ENTRY	

PERMANENT ADDRESS

STREET NUMBER & NAME			APARTMENT NUMBER
CITY	PROVINCE	COUNTRY	POSTAL / ZIP CODE
TEL.(MOBILE)	WECHAT	E-MAIL	

PARENT'S INFORMATION

	FULL NAME	OCCUPATION	DATE OF BIRTH	TEL. (home)	TEL. (mobile)	E-MAIL
FATHER						
MOTHER						

APPLICATION DETAILS / PROGRAM SELECTION & COMMENCEMENT

Grade	Course

ENGLISH LANGUAGE PROFICIENCY

IS ENGLISH YOUR FIRST LANGUAGE?	YES	NO	IF "NO" WHAT IS YOUR FIRST LANGUAGE?
WAS ENGLISH THE LANGUAGE OF INSTRUCTION IN YOUR PREVIOUS SECONDARY OR POST-SECONDARY STUDIES?		YES	NO
STUDIES		DURATION	
HAVE YOU COMPLETED AN INTERNATIONALLY RECOGNIZED TEST OF ENGLISH PROFICIENCY WITHIN THE PAST TWO YEARS?			
YES NO (if YES, please provide details of the test and the official documentation)			

QUALIFICATIONS

Please provide details and documentation of all secondary studies completed or currently being undertaken, including explanation of grading systems.

SECONDARY SCHOOL STUDIES <small>If insufficient space, please attach a separate sheet to provide additional details.</small>			
FROM (mm/yy) TO (mm/yy)	SCHOOL / INSTITUTION	STATE / PROVINCE & COUNTRY	YEAR COMPLETED

Are you CURRENTLY attempting a final year high school qualification? YES NO

If YES, please indicate the date when the results will be available DATE (dd/mm/yyyy)

OTHER INFORMATION

How did you know first time about Toronto eLearning School ?

EXHIBITION / SEMINAR	RECOMMENDED BY AN EDUCATION AGENT	NEWSPAPER / MAGAZINE
RECOMMENDED BY A FRIEND OR RELATIVE	RECOMMENDED BY A TIC STUDENT OR AN ALUMNUS	INTERNET

PLEASE SPECIFY THE NAME OF THE ABOVE SOURCE

APPLICATION

1. Completed Application Form with Picture ID (Passport)	2. Academic Transcripts
3. Proof of English Language Proficiency (IELTS, TOEFL or Any Other Test)	
4. Registration fee of CAD\$ 350 (Wire Transfer/Online Payment by Paypal/Credit Card/e-Transfer)	

All documents can be scanned copies of originals to admin@torontoelearningschool.com

Tuition Fee Refund Policy

1. The application or registration fees and other administrative charges are NON-REFUNDABLE and are NOT included in the tuition fee.
2. The tuition of course must be paid fully before the course begins. The students can start or continue their studies only after all the tuition and other administrative charges are paid.
3. All the tuition fees are NON-REFUNDABLE. Students can change their courses within the first 30 days after payment. They must fill out "Application for Student Changing Course" form which is available in the International Office.

DECLARATION

I, the undersigned, declare that the information I have provided on this form is, to the best of my understanding and belief, complete and correct. I understand that providing false or incomplete information may lead to the rejection of my application or cancellation of my enrollment. After reading TES' brochure and/or website I have gained sufficient information about Toronto eLearning School to enroll. I give Toronto eLearning School permission to obtain any official education records or other details from the educational institution that I am currently attending or have previously attended.

I further declare that I have carefully reviewed and fully understand the Tuition Fee Policy of TES. I accept liability for payment of all fees and other costs.

APPLICATION FEE PAYMENT			A non-refundable CAD \$350 application fee MUST be included with this form.	
Visa	Master Card	American Express	Card Number	
Personal Cheque	Money Order	Bank Draft	Name on Card	
Wire Transfer	Cash	Debit Card	Expiry Date (MM/YY)	

APPLICANT'S SIGNATURE _____ DATE _____

PARENT/CUSTODIAN'S NAME (print) _____ SIGNATURE _____ DATE _____
(if applicant is under 18)