Commission scolaire English-Montréal
English Montreal School Board

INTERNATIONAL STUDENT APPLICATION FORM

STUDENT INFORMATION

Family Name: _____
First Name: _____
Middle Name: _____
Birth Date: (MM/DD/YYYY) _____
Country of Birth: _____
Country of Citizenship: _____
Mother Tongue: _____

Gender: ☐ Male ☐ Female
Marital Status: ☐ Single ☐ Married
Passport Number: _____
Passport Expiry Date: (MM/DD/YYYY) _____

Adult Education & Vocational Services

Submit Application to:

English Montreal School Board
Att: AEVS Dept. Room #339
6000 Fielding Avenue
Montreal, Quebec, Canada H3X 1T4

EMSB Information:
Phone: 514-483-7200 Ext: 7449
email: aevsinternational@emsb.qc.ca

Please select your field of study: *place checkmark in the appropriate box(es)* ☐ Adult Education (FGA) ☐ Vocational Training (FP)

Type of Request: ☐ 1st application ☐ Re-application -Date of Re-application: _____ (MM/DD/YYYY)

Change of: ☐ Centre ☐ Program ☐ Start date of program ☐ Not applicable

- **$5,000.00 CAD ($500.00 CAD non-refundable application fee + $4,500.00 CAD tuition deposit) must accompany this form.**
- **Payment by Debit, VISA, MasterCard; OR by Canadian money order payable to: ENGLISH MONTREAL SCHOOL BOARD; OR by wire if payment is originating from outside of Canada only (no direct deposit accepted).**
- **If a student is DENIED admission OR has a study permit refusal supported by appropriate documentation, the tuition deposit of $4,500.00 will be refunded. If a Study Permit was REFUSED due to missing or inappropriate documentation, a refund may not be granted.**
- **Contact EMSB or your representative for the full cost of the program you have selected**
- **Balance of tuition is due at registration before the start of class (2 weeks prior to start date).**

QUEBEC MAILING ADDRESS

Street: _____
City: _____
Province: _____ Postal Code: _____
Phone Number: _____ Cell Number: _____
Email: _____

PERMANENT MAILING ADDRESS *(if not in Quebec)*

Street: _____
City: _____
Province: _____ Postal Code: _____
Country: _____
Phone Number: _____ Cell Number: _____
Email: _____

FAMILY INFORMATION

Father's Family Name _____ Father's First Name _____ Phone Number _____
Father's Address - (Street, City, Country, Postal Code) _____ Email address _____

Mother's Family Name _____ Mother's First Name _____ Phone Number _____
Mother's Address - (Street, City, Country, Postal Code) _____ Email address _____

Spouse's Family Name (if applicable) _____ Spouse's First Name _____ Phone Number _____ Email address _____

EMERGENCY CONTACT *(from country of origin or Montreal)*

Contact Person (First and Last Name) _____ Relationship to student _____
Address - (Street, City, Country, Postal Code) _____ Phone Number _____ Email address _____

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How did you find out about the English Montreal School Board? ☐ **REFERRAL** ☐ **INTERNET** ☐ **FRIEND** ☐ **FAMILY**

Name of Person/ Representative referring to the EMSB?*(if applicable)* _____

Signature of Representative: _____

VOCATIONAL TRAINING PROGRAMS (*check one of the following programs*):

Administration, Commerce & Computer Technology

- ☐ Accounting *
- ☐ Professional Sales *
- ☐ Sales Representation **
- ☐ Secreterial Studies *
- ☐ Legal-Secreterial Studies **
- ☐ Starting a Business **

Beauty Care

- ☐ Aesthetics *
- ☐ Hair Removal **
- ☐ Hairdressing *

Food Services and Tourism

- ☐ Professional Cooking *
- ☐ Contemporary Prof. Pastry Making **
- ☐ Food and Beverage *
- ☐ Hotel Reception *
- ☐ Travel Consulting and Sales *

Communications and Documentation

- ☐ Computer Graphics *
- ☐ Printing *

Health Services

- ☐ Institutional and Home Care Assistance * (N/A)
- ☐ Pharmacy Technical Assistance *
- ☐ Support for Assistive Services in Health & Social Services Institutions *

Mechanical Manufacturing

- ☐ Industrial Drafting (CAD) *
- ☐ Machining *

Metallurgical Technology

- ☐ Welding and Assembly *

Motorized Equipment Maintenance

- ☐ Automobile Mechanics *

Woodworking and Furniture Making

- ☐ Cabinet Making *
- ☐ Carpentry *
- ☐ Furniture Finishing & Architectural Design *

Electrotechnology

- ☐ Automated Systems Electromechanics *

***DVS – Diploma of Vocational Studies / ** AVS – Attestation of Vocational Specialization**

****Very important: Contact EMSB or your representative for the full cost of the program you have selected.***

Adult Education Course: ☐ **Yes** ☐ **No**

If you checked "Yes" please specify: _____

Students applying to take Adult Education courses must meet, in person, with an EMSB Adult Education academic advisor in order to determine the necessary courses to be taken prior to final schedule approved.

I wish to apply for English classes with the EMSB ☐ **Yes** ☐ **No**

PROOF OF ENGLISH PROFICIENCY: ☐ **Yes** *(Provide proof)* ☐ **No** *(Level will be evaluated prior to start of class)*

Preferred *start date of the program of study : _____**(MONTH / YEAR)**

Start date of selected options will depend on program schedule and availability.

Declaration - By signing below, I certify that the information provided in this application is true and complete, and I ask the English Montreal School Board to process my application for admission as indicated above.

Failure to provide the authenticated original diplomas and transcripts required to support your application to the vocational training program will result in the cancellation of your admission. All students must demonstrate that they meet the admission requirements before starting their training.

Student's Signature | Parent's/Guardian's Signature *(if Applicant is under 18 years of age)* | Date (MM/DD/YYYY)

Please note that for the application to be considered, this form must be completed in full and signed in BLUE INK by the student (and guardian if under 18 years of age); must include the application fee of $500 CAD and the $4,500 CAD tuition deposit.

TO BE COMPLETED BY EMSB HEAD OFFICE

DATE RECEIVED: _____ COMMENTS: _____

INITIAL: _____

ACCEPTED: ☐ YES ☐ NO