

Registration Form

Personal information

Mr. Ms. Nationality: _____ Last Name: _____ First Name: _____
Date of Birth (mm/dd/yyyy): _____ Home Address: _____
City: _____ Province/State: _____ Country: _____
Postal Code: _____ Phone #: + - - Email: _____
Address in Canada (If Applicable): _____ City: _____
Province: _____ Postal Code: _____ Phone # in Canada: -
Visa Applying For: Visitor Student Working Holiday Work Permit (Co-op or Practicum) or
I am Landed Immigrant Citizen Are you confined to a wheel chair? No Yes
Is there any medical condition that we should be aware of? No Yes • If yes, please provide details:

Emergency Contact Information

Contact Name _____ Relationship: _____
Nationality: _____ Phone: + - - Email: _____

Medical Insurance

I would like to request medical insurance: Yes No
If yes, Start Date (mm/dd/yyyy): _____ End Date (mm/dd/yyyy): _____

Homestay Accommodation

Homestay (HS)
DEA will do its best to accommodate your requests, however, due to availability DEA cannot guarantee that your request will be granted.
No Accommodation Length Weeks _____
Student House: I would like more than 8 weeks* rent included with my invoice: Yes No
If yes, # of weeks: _____
*Note that 8 weeks house rent must be included with the invoice.
*If Student House is full at the time of application, I am open to Homestay
 Yes No If yes, # of weeks: _____ I will arrange my own accommodation.

Airport Service

Pick up: Yes No Flight #: _____ Date of Arrival (mm/dd/yyyy): _____
Time: _____ Drop off: Yes No Flight #: _____
Date of Departure (mm/dd/yyyy): _____ Time: _____

Information given in this application is true and correct. I accept DEA terms and conditions.

Signature: _____ Custodian's Signature* (If under 19): _____
Date (mm/dd/yyyy): _____
For enrolment through an agency, Agent to complete this section: Name of the Agency: _____
Contact Person: _____ Phone #: _____ Email: _____