

Please fill out all fields in the application. Save it and send it to: registration@atpalcanada.com



PART A - PERSONAL INFORMATION

Given Name: _____ Last Name: _____

Gender: F M Date of birth: M ___ D ___ Y _____ Nationality: _____

Passport Number: _____ Phone: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

I am applying for: Temporary visa (less than 6 months) Student visa (more than 6 months)



PART B - COURSE DETAILS

I want to enroll in: English French

My level is (to be confirmed by placement test): Beginner Intermediate Advanced

I want to study at ATPAL:

4 weeks 8 weeks 12 weeks 16 weeks 20 weeks 24 weeks Other _____

Full-Time Course 25 hours week/ 30 lessons

Recommended start dates (2019):

January 7	April 1	June 25	September 16	December 9
January 21	April 15	July 8	September 30	Other _____
February 4	April 29	July 22	October 15	
February 18	May 13	August 5	October 28	
March 4	May 27	August 19	November 11	
March 18	June 10	September 3	November 25	

Language Booster I - 8 hours week/10 lessons - Sessions start every 4 weeks. Call us to find out about starting dates

Language Booster II - 4 hours week/5 lessons - Sessions start every 4 weeks. Call us to find out about starting dates

Acceleration Preparation Courses (APP):

IELTS	TOEFL	TEFaQ	
March 18	January 7	January 7	August 5
August 5	May 27	March 18	October 15
October 15		May 27	

Executive English	Executive French	Creative/Academic Writing EN	Creative/Academic Writing FR
April 23	April 23	February 11	February 11
September 9	September 9	July 8	July 8
		November 18	





PART C - ACCOMMODATION

I will require accommodation in Montreal Yes No

Type of residence:

Homestay*	Apartment - Studio	EVO Residence
Room (Student House)	Apartment - 1 Bedroom	LaMarq Residence

Most homestays in Canada are non-smoking. It is not permitted to smoke inside the dwelling.

Homestay, 3 meals (Breakfast - Lunch - Dinner)

Homestay, 2 meals (Breakfast - Dinner)

Accommodation start date (move-in): M ____ D ____ Y ____ Departure date (move-out): M ____ D ____ Y ____

ATPAL makes every effort to find you suitable accommodation if we are unable to meet all your requests, ATPAL will advise you and ask you to prioritize your requests.

***If you chose homestay, please answer the following questions:**

Do you have any special dietary restrictions? Yes No - If the answer is yes, please explain: _____

Do you have any allergies? Yes No - If the answer is yes, please explain: _____

Do you have any medical needs? Yes No - If the answer is yes, please explain: _____

Do you have any special needs or any special request? - Please tell us about it:

Help us find your host family. Tell us about yourself:



PART D - EMERGENCY CONTACT

Given Name: _____ Last Name: _____

Phone: _____ Email: _____ Relationship: _____



PART E - OTHER SERVICES

I will take an Emergency Health Insurance Policy with Atpal Yes No

I will require a Custodianship letter (for minors under 18 years of age) Yes No

I will require a transfer*- from the airport to Montreal From Montreal to the airport

* We must receive travel information, flight number and estimated time of arrival not less than 72 hours before ETA. We will wait not more than two hours at the airport. If flight is delayed more than two hours, the pick-up fee is non-refundable.



How did you find out about ATPAL?

Recommendation Agency Flyer/Brochure Internet Search Ad Other: _____

Refund Policy - General Guidelines

- 1.- To apply for a refund, a written refund request stating the reason(s) for the request must be received by ATPAL Languages.
- 2.- Request for a refund may be sent to us by letter, fax or email. Oral requests are not accepted.
- 3.- Requests for a refund are processed 15 to 20 business days from the date refund request was received in our office.
- 4.- If a Visa for entry to Canada is refused, refund request must be accompanied by a copy of the refusal letter issued by the Canadian Embassy.
- 5.- If a letter of acceptance has been issued by ATPAL Languages, the refund request must be accompanied by the original acceptance letter.
- 6.- Refunds are paid:
 - a.- by bank transfer to the account from which original payment was received, in CAD\$; banking fees and commissions will be deducted
 - b.- to the credit card account from which original payment was received, in CAD\$; banking fees and commissions will be deducted
 - c.- by check in CAD\$ if fees have been paid cash
 - d.- refunds will not be paid cash
- 6.1.- ATPAL Languages will refund all tuition, accommodation and medical insurance fees, books and airport transfer paid in advance minus a \$200 cancellation fee if refund request is received 15 business days or more prior to scheduled start date
- 6.2.- ATPAL Languages will refund all tuition, medical insurance fees, books and airport transfer paid in advance minus a \$300 cancellation fee if refund request is received less than 15 days prior to scheduled start date. First month of accommodation is not refundable
- 6.3.- ATPAL Languages will refund 50% of books and tuition fees paid in advance if refund request is received up to five business days after scheduled start date. Registration, medical insurance fee, Airport-Montreal transfer fee and first month of accommodation will not be refunded
- 6.4.- ATPAL Languages will refund 25% of books and tuition paid in advance if refund request is received between six and ten business days after scheduled start date. Registration, medical insurance fee, Airport-Montreal-Airport transfer fees and first month of accommodation will not be refunded
- 6.5.- Refund requests received by ATPAL Languages more than ten business days after scheduled start date will not be processed
- 6.6.- The following are not refundable
 - a.- Course Registration Fee: \$ 150
 - b.- Accommodation Placement Fee (if applicable): \$ 200
 - c.- Courier/mail fees (if any)
 - d.- Credit card and banking fees and/or commissions

The weekly rate will be recalculated based on the number of weeks studied. Note that the weekly rate may change. Partially studied weeks will be considered as completed weeks.

7.- After the approval of an entry visa and/or study permit by Canadian Immigration Authorities using the letter of acceptance (L.O.A) from ATPAL Languages, **NO REFUND WILL BE MADE** if an applicant does not come to Canada on account of personal reasons and/or does not study the course they registered in.

Deferrals and/or Vacation Policy

- a.- A written request stating the reason (s) for the request must be received by ATPAL Westminster by email. Oral requests are not accepted.
- b.- Requests are processed between 48 and 72 hours from the date the request is received in our office.
- c.- Medical insurance and accommodation fees will not be deferred.
- d.- Students who interrupt their studies may continue their program and take the unused portion of the course not more than 20 days from the date the course was interrupted.
- e.- ATPAL Languages will not refund or be held responsible for any change in the material, course content, program or schedule that may occur during the time students have interrupted their course.
- f.- ATPAL Languages will not process any refund for any portion of the course not used by student or if student does not resume the course within 20 days.
- g.- Courses of less than 12 weeks will not be eligible for vacation time.
- h.- Not more than one week vacation may be granted for courses between 13 and 20 weeks.
- i.- Not more than two weeks vacation may be granted for courses of 20 weeks and more.
- j.- Vacations are granted based on attendance to the regular course, students that have less than 70% attendance will not be granted any vacation time.

Pledge

ATPAL Languages' reputation as one of the world's leading institutions in the field of foreign-language training rests largely on the quality of its academic programs. In order to contribute to maintaining the highest standards of quality, all students are required to abide by basic coexistence rules and sign the following declaration:

- I, student of ATPAL Languages, pledge that:
 - 1.- I will respect teachers, students and staff and interact harmoniously with other students of ATPAL, irrespective of culture, ethnic background and religion throughout my period of study at ATPAL.
 - 2.- I will strive to achieve excellent academic results through hard work and perseverance.
 - 3.- While at ATPAL, I will refrain from speaking any language other than the one(s) I am studying.
 - 4.- I will be punctual to my classes (9 am to 2:30 pm, Monday through Friday) and attend every scheduled class.
 - 5.- Should I fail to regularly attend the course (75% minimum), I am not entitled to take any tests or be issued a Certificate.

I understand that, should I fail to comply with any of the parts of this declaration I may be expelled from the course or be denied access to class. I am aware that suspended students are not entitled to any refund or course extension.

Insurance Policy

Health insurance is mandatory for all international students who are taking a full-time language program in Canada. ATPAL Languages can provide medical insurance if requested. ATPAL Languages uses Guard.me as the health insurance provider for our students. <https://www.guard.me/>
If I decide not to purchase it with ATPAL, I will purchase my own insurance from a different provider and I will send proof of insurance to ATPAL along with my registration.

I certify that all information provided by me on this application is accurate and correct and that ATPAL will not be held responsible where medical information has been withheld or falsely given. I authorize ATPAL to take appropriate action in the event of a medical emergency and I understand that I am responsible for all medical bills incurred.

Acknowledgment

I acknowledge that I have read, understood and agree to the terms, pledge and policies set forth in this document.

Signature of applicant: _____ Date: M ____ D ____ Y ____

Signature of parent/guardian if applicant is under 18: _____ Date: M ____ D ____ Y ____

Waiver (Optional)

I hereby grant ATPAL Languages, associated companies and licensees, permission to photograph, record and videotape me while attending ATPAL Languages or activities conducted by ATPAL Languages. I understand ATPAL Languages will own the still photographs and/or video footage in which I appear, and have the unrestricted right to publish such photographs and use such video in ATPAL Languages sales literature, on the ATPAL Languages website and in any other ATPAL Languages material, and shall have the right to license others to do the same.

I also understand that this grant is intended to be worldwide in scope and to apply to all media now existing or hereafter developed.

Signature of applicant: _____ Date: M ____ D ____ Y ____

Signature of parent/guardian if applicant is under 18: _____ Date: M ____ D ____ Y ____

