

Please fill out all fields in the application. Save the document and send it to: [registration@atpalcanada.com](mailto:registration@atpalcanada.com)



### PART A - PERSONAL INFORMATION

Given Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Gender: F    M                  Date of birth: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



### 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 participate in the camp for:  
     1 week      2 weeks      3 weeks      4 weeks      5 weeks      6 weeks      Other: \_\_\_\_\_  
 Recommended start dates (2020):  
     July 6      July 13      July 20      July 27      August 3      August 10      August 17



### PART C - EMERGENCY CONTACT

Given Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_



### PART D - MEDICAL CONDITIONS

Does your child have a medical condition? Yes    No    - If yes, specify: \_\_\_\_\_  
 Does your child require a special diet? Yes    No    - If yes, specify: \_\_\_\_\_  
 Does your child have any allergies? Yes    No    - If yes, specify: \_\_\_\_\_  
 Does your child take any medication? Yes    No    - If yes, specify: \_\_\_\_\_

Help us find your child's homestay family (if applicable). Tell us about him/her:



### Refund Policy - General Guidelines

- \$ 150 administrative cost - Visa denial
- \$ 200 cancellation fee - with written notice more than 15 business days prior to the start date
- \$ 300 cancellation fee - with written notice less than 15 business days prior to the start date - Accommodation placement fee and Accommodation Fee are **NOT REFUNDABLE**
- **THERE IS NO REFUND AFTER THE START DATE**

### 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 2:00 pm, Monday through Friday) and attend every scheduled class.
  - 5.- I will actively participate in every class by speaking my target language. Should I fail to participate according to Atpal standards, this may result in class and/or level changes.
  - 6.- Should I fail to regularly attend the course (75% minimum), I am not entitled to take any tests or be issued a certificate
  - 7.- I'm aware that ATPAL does not permit the use of alcohol, tobacco, and/or drugs on-campus, and that attendance to class is strictly prohibited under the influence of alcohol/drugs.

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.

**Once the study period is started, students need to complete it. Credit is not transferable. It is not possible to freeze credit to a later date or to convert classes into another program.**

### Start date/Program/Language Modifications

Students may change the start date and program/language they registered in (subject to availability) for a non-refundable fee of CAN\$ 100 each time changes are made. Notifications regarding changes must be received by the school in writing (email) not less than 12 calendar days before the scheduled start date.

### Insurance Policy

Emergency 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 adhere to the emergency health insurance plan offered through ATPAL Languages, I will purchase an emergency health insurance coverage from a provider of my choice; and I will send proof of insurance to ATPAL Languages along with my registration.

### Acknowledgment

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

I acknowledge that I have read, understood and agree with 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 applies 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 \_\_\_\_

