

International Visa Students - Short-term Program



International Education Programs
c/o York Region Learning Connections

10909 Yonge Street, Suite 202
Richmond Hill, ON L4C 3E3 Canada

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ALL STUDENTS ARE REQUIRED TO COMPLETE THIS FORM AND RETURN BY FAX (1-905-884-2613) OR EMAIL (admissions@yrdsb.edu.on.ca) PRIOR TO THE PROGRAM START DATE.

STUDENT INFORMATION

SURNAME (FAMILY NAME)		FIRST NAME		OTHER NAME USED	
<input type="checkbox"/> MALE	DATE OF BIRTH (MM/DD/YYYY)	AGE	CITIZENSHIP	COUNTRY OF BIRTH	
<input type="checkbox"/> FEMALE	/ /				
NAME OF SCHOOL					

PROGRAM ATTENDING

SUMMER ENGLISH LANGUAGE ACADEMY (SELA) WINTER OUTDOOR WORLD CAMP (WOW)

FLIGHT ARRIVAL

AIRLINE		FLIGHT NUMBER	
DEPARTURE FROM	DEPARTURE DATE	DEPARTURE TIME	
ARRIVAL DATE IN TORONTO		ARRIVAL TIME	

FLIGHT DEPARTURE

AIRLINE		FLIGHT NUMBER	
DEPARTURE FROM	DEPARTURE DATE	DEPARTURE TIME	
<input type="checkbox"/> I have made personal arrangements for airport transfers	<input type="checkbox"/> I have pre-paid YRLC/YRDSB for round-trip airport transfers		

ACCOMMODATION INFORMATION

HOMESTAY PROVIDED BY YRLC HOMESTAY SERVICES DORMITORY PROVIDED BY YRLC CAMP CABINS

DATE OF ARRIVAL AT ACCOMMODATION (MM/DD/YYYY)	TIME OF ARRIVAL AT ACCOMMODATION (MM/DD/YYYY)
DATE OF DEPARTURE FROM ACCOMMODATION (MM/DD/YYYY)	TIME OF DEPARTURE FROM ACCOMMODATION (MM/DD/YYYY)

LOCAL CONTACT / HOST FAMILY INFORMATION

SURNAME (FAMILY NAME)		FIRST NAME		RELATIONSHIP TO STUDENT	
STREET ADDRESS					
CITY	PROVINCE	POSTAL CODE	EMAIL ADDRESS		
PRIMARY TELEPHONE (include area code)		WORK TELEPHONE (include area code)		FAX TELEPHONE (include area code)	

Arrival Confirmation