



# Bond Language Centre

1500 Birchmount Road, Toronto, Ontario M1P 2G5 Canada  
Tel.: 416-266-8878 Fax: 416-266-3898  
Email: languagecentre@bondgroup.ca  
Website: www.bondlanguagecentre.ca www.bondgroup.ca

## Application Form

<b>Personal Information:</b>			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Surname (as shown in passport)	Given name (as shown in passport)	Nationality
Date of Birth (dd-mm-yy):		First Language:	
Home Address:			
Street	City	Province	Post Code Country
Home phone:	Mobile:	Email:	
<b>Education Background:</b>			
Name of School & Address	From (year) to (year)	Level Attained	Country
<b>Please complete the following information:</b>			
Program information:	<b>TOEFL:</b> <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
	<b>IELTS:</b> <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
	<b>ESL:</b> <input type="checkbox"/> AO <input type="checkbox"/> BO <input type="checkbox"/> CO <input type="checkbox"/> DO <input type="checkbox"/> EO		
Accommodation (Please indicate if accommodation is required.): <input type="checkbox"/> Residence <input type="checkbox"/> Home-stay			
Airport Pickup (Please indicate if airport pickup is required.): <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have read the fees schedule. I fully understand that 1) Application fee is non-refundable; 2) Tuition fee will be paid according to the fees schedule; 3) Fees are subject to change without further notice; 4) The tuition and boarding fees paid are refundable only if the student's application for a Study Permit is refused by the Canadian immigration authorities.			
_____	Print Name of Student: _____	Date: _____	
Student's Signature			
<b>For Office Use Only:</b>			
Admission Date:	Program Name:	Entry Level:	
Notes:	Signature of Authorization: (Principal)		

Notes: There are 5 levels in ESL from AO the lowest, BO, CO, DO, EO highest level.