



Maple Leaf Academy

#200, 731 - 6th Avenue S.W.
Calgary, Alberta, Canada T2P 0T9

Tel. (403) 262-8851
Fax. (403) 262-8911

E-mail, mail or fax completed application form:

APPLICATION FORM

Personal Information

Applicant Information

Family Name _____ First Name and Middle Initials _____ Gender: Male Female

Address in Calgary _____ City / Province _____

Postal Code _____ Home Phone Number _____ email _____

Address in your home Country _____

City _____ State/Province _____ Country _____ Postal Code _____

Emergency Contact. First and Last Name _____

Emergency Phone # _____ Email _____ Relationship _____

Your Date of Birth Month _____ Day _____ Year _____ Country of Birth _____ Country of Citizenship _____

Visa Type _____ If you are in Canada now, your visa status: _____ School Transfer From _____

How long have you studied English? _____ years Your English level is: Beginner Intermediate Advanced

How did you hear about MLA? Internet Agent MLA Student Yellow Pages Ad _____ Other _____

Residence Plan _____ Homestay Experience _____ Other (specify) _____

Programs:

ESL Full-Time ESL Part-time Morning ESL Part-time Evening Accent Reduction

Course Start date: Month _____ Day _____ Year _____

Estimated Length of Stay: One Month Two Months Three Months Four Months Five Months Six Months

Semester applied for: Fall (September) Winter (January) Spring (April) Summer (July)

Please Note: This information is intended only for Administrative use. All confidential, personal, and/or privileged information will be used in accordance with the PIPA Act.

I hereby certify that all information given in this application is true and correct. If I am accepted, I shall follow the Academy regulations during the period of my training. I shall abide by all Immigration policies.

Date Signed Month _____ Day _____ Year _____ Signature _____