

☐ New Registration ☐ Extension ☐ Upgrade

STUDENT INFORMATION

Last Name(s):		First and Middle Name(s):	
Usual First Name / Nickname (if applicable):		Date of Birth (YYYY/MM/DD):	
Nationality:	Citizenship:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	
Student Email Address:		Student Phone Number:	
Agency name (if applicable):		Visa Type: <input type="checkbox"/> Student Visa <input type="checkbox"/> Visitor Visa/ETA <input type="checkbox"/> Working Holiday Visa <input type="checkbox"/> Other	
Home Country Mailing Address		Mailing Address in British Columbia	
Street Address:		Street Address:	
City:	City:	Postal Code:	
Province:	Province: British Columbia	Country: Canada	
Country:	Postal Code:	Personal Canadian Phone Number:	
<p>For applicants applying within Canada who require a Study Permit, please indicate whether you currently hold a Study Permit from another DLI in Canada: <i>Please note: If you hold a Study Permit, in most cases you will be required to apply for an extension. For more information visit:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No https://www.canada.ca/en/immigration-refugees-citizenship/services/study-canada/change-schools.html</p>			

EMERGENCY CONTACT INFORMATION

Contact Full Name:	Relationship:
Email Address:	Phone Number:

PROGRAM INFORMATION Select the program(s) you want to register for and provide the start and end date(s) and duration in weeks

School of English Language			School of International Business			
<input type="checkbox"/> Global English	<input type="checkbox"/> Afternoon Plus Class	<input type="checkbox"/> IELTS	<input type="checkbox"/> Diploma	<input type="checkbox"/> Diploma + Co-Op	<input type="checkbox"/> Executive Certificate	<input type="checkbox"/> Four Week Certificate
<input type="checkbox"/> University Preparation	<input type="checkbox"/> TESL	<input type="checkbox"/> TESL with Practicum	<input type="checkbox"/> Two Week Certificate	<input type="checkbox"/> Afternoon Plus Class		
Start Date: (yyyy/mm/dd)	End Date: (yyyy/mm/dd)	Duration: (in weeks)	Program Name:	Start Date: (yyyy/mm/dd)	End Date: (yyyy/mm/dd)	Duration: (in weeks)

Are you interested in VGC's University Pathway Program? ☐ Yes ☐ No ☐ Undecided If yes, which institution:

PROGRAM ADMISSION REQUIREMENTS

There are specific requirements for each VGC program, all of the details are on VGC's website at: www.VGC.ca. In addition to these requirements, students must be the appropriate age and be able to prove that they can study legally in Canada on their first day at VGC. Students must also be capable of functioning in an academic environment. (Program admission requirements may not be waived by the student or the institution).

MEDICAL INSURANCE Note: It is mandatory to have medical insurance whether it is through VGC or not.

Would you like to purchase medical insurance from VGC? (\$21/ week, minimum two weeks - non-refundable): ☐ Yes ☐ No

PRIVACY

Please be advised that under section 61 of the Private Training Act, the Registrar is authorized to collect, use and disclose personal information in accordance with the Registrar's regulatory duties under that Act. Accordingly, this institution is authorized to disclose your personal information to the Registrar for regulatory purposes. VGC filing and student information is kept in the Cloud in order to store and protect students' historical records. VGC does not share this information with any third parties.

VGC is designated by the Private Training Institutions Regulatory Unit (PTIRU)

TERMS AND CONDITIONS (General Rules, Student Activity Release & Indemnity Form, and Photo Release Form)

In order to attend classes and activities, students and their parent/legal guardian (if applicable) must sign the following information.

GENERAL RULES

Students are expected to obey all Canadian laws and policies. These rules apply to all students while they are in British Columbia and VGC (school, activities and accommodation).

No Alcohol: In the province of British Columbia, the legal drinking age is 19. If a minor student is caught drinking, under the influence, or in possession of alcohol, the authorities (police) can be notified, as well as the student's parents. Depending on the severity, the minor may be sent back to their home country. It is also illegal to buy alcohol for anyone who is under 19.

No Tobacco or Vaping: In the province of British Columbia, the legal age for buying tobacco or vapour products is 19. It is illegal to buy cigarettes or vapour products for anyone who is under 19.

No Drugs: Drugs are not tolerated and are taken very seriously in Canada. Police will be contacted if students are caught using, under the influence, or in possession of any illegal drugs. Students may be fined, arrested, or deported by legal authorities.

No Marijuana: In the province of British Columbia, the legal age for buying marijuana products is 19. VGC does not tolerate any students to be in possession, or be under the influence of marijuana at VGC, on activities, in VGC accommodation and during the Co-Op placement.

No Fake Identification: If a minor student is caught in possession of a fake I.D., the student's parents and the authorities will be notified immediately and the minor will be sent back to their home country. Fraud is illegal in Canada.

Initial (Mandatory):

STUDENT ACTIVITY RELEASE & INDEMNITY FORM

Please accept my application to participate in any or all activities provided by VGC International College, hereinafter referred to as the ("School"), as described in the school brochures or other materials, or as may be offered from time to time, by the School, its employees or representatives ("School Activities"). For good and valuable consideration, the receipt and sufficiency of which is acknowledged, the undersigned student (or legal guardian on behalf of the student is under 19), hereby agrees as follows:

1. That many of the School Activities require a certain degree of skill and physical fitness and that participating in such activities exposes me to certain risks of accident or injury.
2. That by signing below I waive any and all claims that I have or may have in the future against the School, its employees, and representatives. This does not include any claims as a result of wrongful, negligent or unauthorized act or omission on part of the school or its employees.
3. I hereby release the School, its employees, and representatives from any and all liability for any loss, damage, expense, personal injury or death, that I may suffer, or that my heirs, next of kin, executors, administrators, families or representatives may suffer as a result of any cause, condition or event whatsoever beyond the direct control of the School.
4. This Waiver shall be effective and binding upon my heirs, next of kin, executors, administrators, families or representatives in the event of my death or incapacity.
5. This Waiver shall be governed by and interpreted in accordance with the laws of the Province of British Columbia.

In entering into this Waiver, I am not relying upon any oral or written statements made by the School or its employees or representatives other than as written in this Waiver. I have read and fully understand this Waiver and I am aware that by signing I am waiving certain legal rights which I or my family, next of kin, executors, administrators, families or representatives may have against the School or its employees or representatives.

Initial (Mandatory):

PHOTO RELEASE FORM

I hereby grant to VGC International College and its affiliates (the "School"), the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of photographic images of me, which may be taken during my attendance at the School, for use in connection with the activities of the School or for promoting, publicizing or explaining the School or its activities.

This grant includes, without limitation, the right to publish such images in the School's PR/ promotional materials, such as social media, marketing admissions publications, advertisements, fund-raising materials, and any other School-related publications. These images may appear in any of the wide variety of formats and media now available to the School and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, websites, podcasts and other electronic/online media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the School and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs or video footage, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Initial (Optional):

PAYMENT PLAN

Please send VGC the non-refundable registration fee and a \$2,000 deposit. When payment is received, VGC will provide you with a Letter of Acceptance. If your contract is longer than six months, you have the option of paying in full or paying the first half of your tuition before classes begin and then pay the remaining tuition halfway through your program.

- Notes:
- If your contract is less than six months, you must pay all of your tuition before the start of classes.
 - The payment types that are accepted at VGC are: Wire Transfers, Debit Cards, Credit Cards, Cheques and Cash.

VGC POLICIES AND PROGRAM OUTLINES

Program Outlines: For your reference, all of VGC's Program Outlines can be found in each program section on the VGC website. In addition to the website, the program outline for the program registered has been attached to this contract.

It is mandatory to read the Tuition Refund Policy as well as the policies listed below before signing this contract.

- Statement of Student Rights Policy
- Student Attendance Policy
- Student Dismissal Policy
- Respectful and Fair Treatment of Students Policy
- Tuition Refund Policies
- Dispute Resolution Policy
- Student Grade Appeal Policy
- Work Experience Policy (attached if applicable)

These policies, including additional VGC policies, can be found on the VGC website at: www.VGC.ca/policies/

TERMS AND CONDITIONS DECLARATION

I agree to the terms set out in the General Rules and Student Activity Release & Indemnity Form. I understand that if I break VGC's general rules, there will be consequences which could lead to being dismissed from VGC International College and (if applicable) VGC accommodation.

I have provided my initials stating whether or not I agree to the terms in the Photo Release Form section.

Printed Student Name: _____	Printed Parent/ Legal Guardian Name: _____ (If 18 and under)
Student's Signature: _____	Signature of Parent/ Legal Guardian: _____ (If 18 and under)
Date Signed (yyyy/mm/dd): _____	Date Signed (yyyy/mm/dd): _____ (If 18 and under)

STUDENT DECLARATION

I declare that:

- I consent to the institution sharing my personal information with the Ministry of Post-Secondary Education and Future Skills for research purposes and statistical analysis under the authority of sections 6(2)(a) and 10(1)(a) of the Personal Information Protection Act (PIPA).
- I consent to the sharing, in accordance with applicable Provincial privacy legislation, of my enrolment and reporting information between VGC and Immigration, Refugees and Citizenship Canada, as necessary, for the purposes of the International Student Program.

Should you have any questions about the collection, disclosure and use of personal information you may contact: Director, Policy and Institution Certification, Private Training Institutions Regulatory Unit, System Integrity Branch, Post-Secondary Policy & Programs, Ministry of Post-Secondary Education and Future Skills, 310-601 Cordova Street W, Vancouver, BC V6B 1G1 or by telephone at (604 569-0019).

Printed Student Name: _____	Printed Parent/ Legal Guardian Name: _____ (If 18 and under)
Student's Signature: _____	Signature of Parent/ Legal Guardian: _____ (If 18 and under)
Date Signed (yyyy/mm/dd): _____	Date Signed (yyyy/mm/dd): _____ (If 18 and under)

VOLUNTARY DISCLOSURE

Do you have a long-term physical or mental health condition that limits the kind of activity you can perform on a daily basis?

☐ Yes ☐ No If yes, please specify: _____

Do you want to register for: ☐ Homestay OR ☐ VGC Residence OR ☐ No Accommodation

STUDENT INFORMATION

Last Name(s):	First and Middle Name(s):	
Nationality:	Birthday (yyyy/mm/dd):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary

How would you describe your personality? (example: shy, outgoing, organized, etc...) And what kind of activities are you interested in?

HOMESTAY INFORMATION

Please choose: ☐ Homestay + 3 meals ☐ Homestay + 2 meals

Additional Information:	Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details: _____
	Do you have a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, details: _____
	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	² Additional charges apply. See Pricelist.

Are you comfortable with:	Cats? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Preference	Teenagers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Preference
	Dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Preference	Children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Preference

Do you have any special requests?:

Expected Period of Homestay:	Number of Weeks: _____	Number of Extra Days: _____
	Check-in Date (yyyy/mm/dd): _____	Check-out Date (yyyy/mm/dd): _____

Do you require Airport Pick-up? *Additional fee. See Pricelist:* ☐ Yes ☐ No

Do you require the Unaccompanied Minor Service (UM)? ☐ Yes ☐ No

Additional fee. See Pricelist

Notes:

- \$35/week surcharge during summer months (May – September).
- Homestay must be booked for a minimum of two weeks.

HOMESTAY RULES

In addition to the "Homestay Guidelines, Rules and Policies" document, found on the VGC website at: www.VGC.ca/policies/, it is important for all students to understand and adhere to the following rules.

1. Sleepovers and parties are not permitted on the premises of the host family's home.
2. Students must notify their homestay family in advance if they will not be home by dinner. Minor students must inform their homestay family where they will be and what time they will be home.
3. If the homestay family invites a minor student to go for a trip or an activity, the student must inform VGC.
4. Students under VGC Custodianship cannot cancel homestay with VGC. Minor students requesting VGC Homestay must be under VGC Custodianship.
5. Parents of minor students must provide written permission to VGC if the minor student wants to be away from their homestay overnight.
6. Minor students must abide by VGC's curfew for minor students.

VGC HOMESTAY DECLARATION

I have read and understood the VGC Homestay Guidelines and Policies document found on the VGC website at: www.VGC.ca/policies/ and the homestay rules on this page. If I am a minor, I agree to the homestay rules for 18 and under, including #2-4 above.

Student's Signature: _____ Signature of Parent or Legal Guardian: _____

(If 18 and under)

Date Signed (yyyy/mm/dd): _____ Date Signed (yyyy/mm/dd): _____

VGC RESIDENCE INFORMATION (18 YEARS AND OLDER)

- a. Contact VGC for room availability. If your request is not available, VGC will provide other options and dates.
b. In order to guarantee a booking, students must pay the placement fee, rent for four weeks, damage deposit, and the amenities fee.

Shared Residence Type: <input type="checkbox"/> Shared Room <input type="checkbox"/> Shared Room with Ensuite	Private Residence Type: <input type="checkbox"/> Private Room <input type="checkbox"/> Private Apartment
Residence Location:	Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Weeks in Residence:	Number of Extra Days:
Start Date (yyyy/mm/dd):	End Date (yyyy/mm/dd):
Do you require airport pick-up? <i>Additional fee. See Pricelist:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require airport drop-off? <i>Additional fee. See Pricelist:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

VGC RESIDENCE DECLARATION

By registering for the residence, you agree to the Policies and Regulations on the website: www.VGC.ca/policies/

Student's Signature: _____ Date Signed (yyyy/mm/dd): _____