



COQUITLAM COLLEGE

516 Brookmere Ave
Coquitlam, BC
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Application for Admission

Surname (family name), First (given names)

NAME **MALE** **FEMALE**

CITIZENSHIP **DATE OF BIRTH (D/M/Y)**

CHECK HERE IF HOMESTAY REQUIRED **VISA STUDENT?** YES NO

Address in Home Country

STREET **CITY**

PROVINCE/STATE **COUNTRY**

TEL **FAX** **POSTAL/ZIP CODE**

EMAIL **PLACE OF BIRTH**

PARENT FAMILY NAME **PARENT TEL #**

LAST SCHOOL ATTENDED **CITIZENSHIP**

FORM/GRADE

Program Choice

- University Transfer Program
- Senior High School Programs
- English Studies Certificate Program

Semester of First Enrolment

- Spring Semester (January to April)
- Summer Semester (May to July)
- Fall Semester (September to December)

Parent Consent Form

At Coquitlam College, we feel that extra-curricular activities are an important part of the College's programs and that all students benefit greatly by participating in them.

I give permission to my son/daughter to participate in the following activities.

Please tick off any activities that you **DO NOT** want your son/daughter to participate in.

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Golf | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Hiking | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Horseback riding | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Ice-skating | <input type="checkbox"/> Whale Watching |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Skiing | <input type="checkbox"/> Water Sports |
| <input type="checkbox"/> Floor Hockey | | |

.....
SIGNATURE OF PARENT OR GUARDIAN.

DATE (D/M/Y)

It is mandatory that all students have BC Medical Insurance.

Please provide the following information if you are paying with VISA or mastercard.

CARD NUMBER **EXPIRY DATE**

NAME ON CARD

I declare that the information in this application is complete and correct.

.....
SIGNATURE.

DATE (D/M/Y)

How did you hear about Coquitlam College?