point 3
centre de langues
language center

Student Registration Form

Mr./ Mrs./ Ms. _____ (Family Name) _____ (First Name)

Date of Birth _____ (Day/Month/Year)

Address _____

City _____ Postal Code _____

Country _____

Telephone # _____ Fax number _____

E-mail _____

Occupation _____ Citizenship _____

Name of relative or friend to contact in case of emergency _____
Address same as above
If not, please provide address _____

City _____ Country _____

Postal Code _____ Telephone # _____

Course Start date: _____ (Day/ Month/ Year) Course End date: _____ (Day/ Month/ Year) # of weeks _____

Which program are you applying for?
__ Intensive English
__ Intensive French
__ TOEFL Preparation
__ Private Lessons
__ Other _____

Please indicate the level in which you think you belong:
__ Beginner 1
__ Beginner 2
__ Intermediate 1
__ Intermediate 2
__ Advanced 1
__ Advanced 2

Where did you learn about POINT3?
__ Friend
__ Internet
__ Newspaper (name)
__ Other _____

Do you need assistance in finding an accommodation in Montreal? __Yes __No
If yes, please complete the **Accommodation Request Form** and specify the type of accommodation you are requesting.

Do you wish to use POINT3's Airport Reception service ($100)? __ Yes __ No
Do you wish to purchase accident and health insurance through POINT3 ($2.00 per day)? __ Yes __ No

- **I confirm that I have read and accepted the Refund Policy and the Release and Agreement.**
- **I understand that I must have valid health insurance for my entire stay with POINT3**

Signature _____ Date _____

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