

## New Frontiers School Board 214 McLeod, Châteauguay, QC J6J 2H4 450 691-1440 info@nfsb.me

## **International Student Application Form**

PERSONAL INFORMATION

Name (Please print as it appears in your passport)

Family Name		First Name	Middle Name
Birthday		Day/Month/Year	
Gender Identity: ☐ Ma	ale □Female □ I id	entify my gender as	_
Marital Status: $\square$ Sing	le □Married □Oth	er	
Place of Birth:	City	Province	Country
Country of Citizenship	:		
Native Language		Passport Number	Passport Expiry Date
Mailing Address			
Apt.		Street	
City	Province	Country	Postal Code
Phone		Email	
PERMANENT ADDRESS (O	nly if different from al	pove)	
Apt.		Street	
City	Province	Country	Postal Code
Phone		Email	





Contact Address City Province Country  EDUCATIONAL INFORMATION (Attach to Application Form)  High School Transcripts (Country of Origin) Specify:		Fii	First Name		
Mother's Home Address (street, city, country, postal code  Spouse's Family Name First Name  Spouse's Home Address (street, city, country, postal code)  Emergency Contact Information  Contact Family Name First Name Relationship Phone  Contact Address City Province Country  EDUCATIONAL INFORMATION (Attach to Application Form)  High School Transcripts (Country of Origin) Specify:	Father's Home Address (stre	et, city, country, posta	al code)		
Spouse's Family Name  First Name  Spouse's Home Address (street, city, country, postal code)  Emergency Contact Information  Contact Family Name  First Name  Relationship  Phone  Contact Address  City  Province  Country  EDUCATIONAL INFORMATION (Attach to Application Form)  High School Transcripts (Country of Origin) Specify:	Mother's Family Name	Fii	First Name		
Emergency Contact Information  Contact Family Name First Name Relationship Phone  Contact Address City Province Countre  EDUCATIONAL INFORMATION (Attach to Application Form)  High School Transcripts (Country of Origin) Specify:	Mother's Home Address (stre	eet, city, country, pos	tal code		
Emergency Contact Information  Contact Family Name First Name Relationship Phone  Contact Address City Province Countre  EDUCATIONAL INFORMATION (Attach to Application Form)  High School Transcripts (Country of Origin) Specify:	Spouse's Family Name	Fir	First Name		
Contact Family Name First Name Relationship Phone Contact Address City Province Countr  EDUCATIONAL INFORMATION (Attach to Application Form)  High School Transcripts (Country of Origin) Specify:	Spouse's Home Address (stre	eet, city, country, post	tal code)		
Contact Address City Province Country  EDUCATIONAL INFORMATION (Attach to Application Form)  High School Transcripts (Country of Origin) Specify:					
EDUCATIONAL INFORMATION (Attach to Application Form)   High School Transcripts (Country of Origin) Specify:	Emergency Contact Informat	tion			
☐ High School Transcripts (Country of Origin) Specify:			Relationship	Phone	Email
	Contact Family Name	First Name		Phone Country	Email Postal Code
<ul> <li>☐ High School Transcripts (obtained in Québec)</li> <li>☐ B2 (5.5) Level of English on an official English test (TOEFL iBT or IETLS)</li> <li>☐ Other – Specify</li> </ul>	Contact Family Name Contact Address	First Name City	Province		
	Contact Family Name  Contact Address  EDUCATIONAL INFORMATION (Armanical Contact Address)  High School Transcripts (Orange Hig	First Name  City  ttach to Application  Country of Origin) Spential Spential English to the control of the cont	Province  Form)  cify:  est (TOEFL iBT or IETLS)		

## www.**nfsb.me**

**French** □ Beginner

**FAMILY INFORMATION** 



 $\square$  Advanced

 $\Box$  Intermediate

(Student must be 16 years of age by Jur	e 30 <sup>th</sup> of the current school year)						
☐ Residential and Commercial Drafting	${f g} \; \square$ Interior Decorating and Visual Display	☐ Automobile Mechanics					
☐ Institutional & Homecare Assistance	☐ Welding and Fitting	☐ Carpentry					
☐ Secretarial	☐ Accounting	☐ Horticulture					
☐ Landscaping Operations	☐ Hairdressing						
☐ Starting a Business	☐ High Pressure Welding	☐ Construction Business Management					
I WOULD LIKE TO REGISTER FOR FOLLOWING	SEMESTER: FALL WINTER						
	tion contained in this application is true and co my application for admission to the Vocational						
Applicant's Signature	Parent/Guardian Signature (If Applicant is under 18 years of age)	Date					
Applications may be sent to							
New Frontier School Board Department of Continuing Education 214 McLeod, Chateauguay, Québec J6J 2H4	n or ir	via email at international@nfsb.qc.ca					
<ul><li>application form.</li><li>Payments may be made by Canad payment originates from outside</li></ul>	3) Study permit 4) Valid Passpor 6) Full balance of -refundable application fee + \$1, 000.00 CAD ian money order payable to: New Frontiers S	tuition deposit) must accompany this chool Board; or by wire transfer if					





Balance of tuition is due at orientation/registration before the start of class.

No cash or personal cheques are accepted for tuition payments.