



2009 KGIC Toronto Summer Residence Program Application

Date: DD / MM / YYYY

(Please select one date and one duration)

Program Start Date: July 05 July 12 July 26 August 02

Program Duration (Weeks): 2 3 4

Student Information:

Last Name _____ First Name _____ Middle Name _____ Age (12 -17 Only) _____ Nationality _____
Date of Birth DD / MM / YYYY Gender M / F Student E-Mail Address _____

Home Address:

Street # _____ Street Name _____ Suite _____ City _____ Prov/State _____
Country _____ Postal Code _____

Parent Information:

Father Last Name _____ First Name _____ Mother Last Name _____ First Name _____

Parent Contact Number:

Home () _____ Work/Mobile () _____

Parent E-mail Address: _____ Student's English Level: None Little Fair Fluent

Flight Information:

Arrival _____ DD / MM / YYYY _____ AM / PM Departure _____ DD / MM / YYYY _____ AM / PM
(Flight #) (Date) (Time) (Flight #) (Date) (Time)

Do you require Unaccompanied Minor Service? YES NO

Service Request: Letter of Custodianship from KGIC Traveler's Insurance No additional service is required from KGIC

Statement of Authenticity:

I, _____ (Print Parent's Name), have read the above and declare that the information that I have provided is true and accurate.

x _____ (Parent's signature)

I, _____ (Print Student's Name), have read the above and declare that the information that was provided is true and accurate. Furthermore, I pledge to show respect for my fellow students and teachers during the program.

x _____ (Student's signature)

Office Use Only

Move-In Date: _____ Move-Out Date: _____ Extra Nights: _____

Notes/Comments:

