



## International Student Application Form

### **Instruction for the applicants**

(Please print the application form, use black pen to fill it in)

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1. Fax it to us (416) 292-4255
2. Then mail the original & required documents to

JRS College of Business and Healthcare Inc  
330-4168 Finch Avenue East  
Scarborough, ON  
Canada  
M1S 5H6

## 1. Personal Information (Please print clearly using capital letters)

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Mr.    Mrs.    Ms.

Male    Female

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Full Name as in your passport

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
Country of Citizenship

\_\_\_\_\_  
First Language

\_\_\_\_\_  
Home Telephone No

\_\_\_\_\_  
Cell phone No

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Fax No

## 2. Permanent Address in Home Country

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\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
Apartment Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal/ Zip Code

## 3. Current Mailing Address (If different above)

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\_\_\_\_\_  
Street Number & Name

\_\_\_\_\_  
Apartment Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal/ Zip Code

## 4. Emergency Contact Information

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\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Language Spoken

\_\_\_\_\_  
Home Telephone No

\_\_\_\_\_  
Cell phone No

\_\_\_\_\_  
E-mail

**5. How did you hear about us**

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<input type="checkbox"/> Agent	<input type="checkbox"/> Our Web-site	<input type="checkbox"/> Internet
<input type="checkbox"/> Relative / Friend	<input type="checkbox"/> Newspaper / Magazine	<input type="checkbox"/> Other _____

**6. Representative Information** ( if applicable)

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**My Agent**

_____		_____	
First Name		Last Name	
_____			
Company Name			
_____		_____	
Street Number & Name		Apartment Number	
_____	_____	_____	
City	Province/State	Country	
_____		_____	
Postal/ Zip Code		E-mail	
_____	_____	_____	
Home Telephone No	Cell phone No	Fax No	

**My Friend/Family Member or Other**

_____		_____	
First Name		Last Name	
_____			
Street Number & Name		Apartment Number	
_____	_____	_____	
City	Province/State	Country	
_____		_____	
Postal/ Zip Code		E-mail	
_____	_____	_____	
Home Telephone No	Cell phone No	Fax No	

I hereby authorize the above individual to act on my behalf in all matter concerning my application to JRS College and if required in international admission matters as well. I understand and agree that all information concerning my application to JRS College can be communicated to the individual/company named above.

### 7. Program Selection

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- Accounting and Payroll Administration Diploma (APA)
- Computerized Accounting Diploma (CA)
- Personal Support Worker Diploma (PSW)
- Health Office Administrator Diploma (HOA)
- Early Childcare Assistant Diploma (ECA)
- Community Service Worker Diploma (CSW)
- Pharmacy Assistant Diploma (PA)

Preferred Start Date (mm/dd/yyyy) \_\_\_\_\_

### 8. Education

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\_\_\_\_\_  
 Name of Last Secondary School Attended Graduation Year (mm / yyyy)  
(Please fax the translated and notarized transcripts and diploma with your application. Then mail certified copies with original application)

\_\_\_\_\_  
 Name of Last Colleges/University Attended Graduation Year (mm / yyyy)  
(Please fax the translated and notarized transcripts and diploma with your application. Then mail certified copies with original application)

English Level     Beginner     Intermediate     Advanced

English Testing

TOEFL    Date Taken (mm/dd/yyyy) \_\_\_\_\_ (Please fax and mail your notarized marks to us)

IELTS    Date Taken (mm/dd/yyyy) \_\_\_\_\_ (Please fax and mail your notarized marks to us)

**9. Services**

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Do you need Home Stay Services?  Yes  No

Do you need Airport Pick-up?  Yes  No

Please indicate any other services you may need \_\_\_\_\_

**10. Required Documents to be faxed and mailed with this application**

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- Translated and notarized transcript from Secondary School and/or other level of education
- Translated and notarized diploma from Secondary School and/or other level of education
- TOEFL or IELTS notarized test report, if applicable to you
- Translated copy of Birth Certificate
- Copy of passport (front and back with photo signed with date of birth)
- Registration fee of CAD \$200 (bank draft)

**11. If you are accepted, how would you like to receive your offer letter?**

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- Mail
- Fax
- Scanned copy via E-mail

I certify that above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in withdrawal/cancellation from JRS College of Business and Healthcare Inc., at any time during my enrollment.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Place signed at

\_\_\_\_\_  
Date