

<p>Application</p> <p><b>English in Canada - Destination Canada</b></p> <p><b>International Summer Language Camp 2018</b></p> <p>at</p> <p><b>Carleton University in Ottawa</b></p> <p><b>Mail or E-Mail to: Lisbeth Graverholt</b></p> <p>English in Canada, Hjørring Gymnasium, Skolevangen 23, DK-9800 Hjørring  Phone 0045-20410785  <a href="mailto:lisbeth.graverholt@skolekom.dk">lisbeth.graverholt@skolekom.dk</a></p>		<p>send application &amp; pass photo to Lisbeth Graverholt</p>	
Family name	First name	Sex	female ___ male ___
		Date of birth:	Age July 1, 2018:
Address	City	Postal Code	
Telephone parents (home)	Telephone parents (cell)	E-Mail parents	
		E-Mail participant	
Citizenship	Passport number	Place of birth	
Passport Date of Issue	Date of expiry		
Mother's name	Occupation	Business phone	
Father's name	Occupation	Business phone	
Name and address of home school		Please state your most recent marks in English: oral English ___ written English ___	
Name of English teacher		How would you rate your English level: <input type="checkbox"/> most advanced <input type="checkbox"/> high intermediate <input type="checkbox"/> low intermediate <input type="checkbox"/> high beginners	
I am presently in grade _____		What mark would you give yourself in English: oral English ___ written English ___	
I started English in grade _____			
Has participant lived in a foreign country Where?		Yes ___ No ___	How long?
Does participant suffer from medical problems? Is medical treatment required? (Please attach explanation if necessary)		Yes ___ No ___	No ___
List languages participants speaks			
Registering for the following session:    3 weeks ___ 4 weeks ___		Niagara Falls/Toronto Tour:	Outdoor Adventure Weekend
Flying to Canada on    7 <sup>th</sup> July ___ 14 <sup>th</sup> July ___ other date ___		Yes ___ No ___	Yes ___ No ___
Participating in supervised group flight    yes ___ no ___			
Provide complete flight schedule (all flight connections) to Ottawa Airport as soon as possible ( <b>does not apply if you participate in group flight</b> )			
Signature of parent/guardian		Date	
<b>(With the signed application form you accept the conditions about payment as outlined in "Praktiske oplysninger 2018")</b>			
<b>Permission</b> In enrolling my child I hereby agree to permit the camp doctor or nurse to administer such routine medication as they deem advisable in the event of an emergency. If camp doctors are not able to contact either parent, the directors are hereby given permission to act on the parent's behalf in signing permission for medical care as advised by a medical doctor.		Signature of parent/guardian	Date