

Application English in Canada - Destination Canada International Summer Language Camp 2019 at Carleton University in Ottawa E-Mail or Mail to: Lisbeth Graverholt English in Canada, Hjørring Gymnasium, privat: Græsvangen 1, DK-9800 Hjørring Phone 0045-2041 0785 lisbeth.graverholt@skolekom.dk		send application & pass photo to Lisbeth Graverholt			
Family name (as written in the passport)		First name (as written in passport)		Sex female ___ male ___	
Address		City		Date of birth: Age July 1, 2019:	
Telephone parents (home)		Telephone parents (cell)		Postal Code	
Citizenship		Passport number		E-Mail parents	
Passport Date and Place of Issue		Date of expiry		E-Mail participant	
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 ___ How long? No ___	
Does participant suffer from medical problems? Is medical treatment required? (Please attach explanation if necessary)				Yes ___ 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 6 th July ___ 13 th 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 (does not apply if you participate in group flight)					
Signature of parent/guardian				Date	
(With the signed application form you accept the conditions about payment as outlined in "Praktiske oplysninger 2019")					
Permission 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