



COQUITLAM SCHOOL DISTRICT

SUMMER GROUP EXPRESSION OF INTEREST FORM

Contact Name: _____

Contact Email: _____

Agency/Independent Agent Name: _____

Estimated number of students: _____

Estimated number of chaperones: _____

Program Start Date: _____

Program End Date: _____

Program:

Lessons + Activities + Homestay

Lessons + Activities

Lessons only

Lesson type:

English Language Learning (ESL/ELL)

Cultural Ambassador program

High school credit courses

Other

Special Requests / Comments:

For more information and custom group quotes, please email iesummer@sd43.bc.ca