



# COQUITLAM SCHOOL DISTRICT

## SUMMER GROUP EXPRESSION OF INTEREST

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Agency Name \_\_\_\_\_

Group Name \_\_\_\_\_

Group Home City/Country \_\_\_\_\_

Estimated number of students \_\_\_\_\_

Estimated age of students \_\_\_\_\_

Estimated number of chaperones \_\_\_\_\_

Arrival Date \_\_\_\_\_

Departure Date \_\_\_\_\_

Program Start Date \_\_\_\_\_

Program End Date \_\_\_\_\_

### Program

Lessons + Activities

Lessons only (morning only)  Lessons only (mornings + afternoons)

### Lesson Type

English Language Learning (ESL/ELL)

High School Credit Courses (minimum 100 hours of class time)

Other: \_\_\_\_\_

Would you like your group to have some classes with groups from another country?

(Pairing with another group is not guaranteed; it depends on other groups' availability.)

Yes

No

Preferred homestay provider

Canada Homestay Network

Harmony Homestay

Other: \_\_\_\_\_

### Special Requests/Comments:

\_\_\_\_\_