

Agency Name: Business License / Registration Number: Agency Address (head office): Agency Address (branches): Phone: Email: Agency Contact Person: Email:	Fax: Website: Title: Phone:	
Brief agency history (when and where it was founded, how it developed) and what sets you apart from others:		
Number of full-time employees: Do you charge students fees for your services? YES NO Please list the services you provide to students:		
Top 3 countries your students come from:	Top 3 countries your students go to:	
1. 2.	1. 2.	Number of students who you sent abroad in the last
3.	3.	12 months:
Number of students who you sent to Canada in the last 12 months:Number of students you estimate to send to Alexander Academy in the next 12 months		
Marketing and Recruitment Activities your agency Education Fairs TV or Radio Ads Print Ads Outdoor Ads		Other (specify):
Most of your students are interested in the following education programs (mark ones that apply):		
ESL Schools High School Pathway Programs Vocational	College Graduate Undergraduate	Other (specify):
How did you learn about Alexander Academy?	Referral Internet Other:	
Please list two references from a high school which you represent (preferably from Canada):		
School or district:	School or district:	
Contact Name:	Contact Name:	
Email:	Email:	
Phone number:	Phone number:	

Signature:

Date:

Alexander Academy is committed to using personal information in accordance with the Personal Information Protection Act (PIPA). By providing personal information on this form, you consent to have the college use the information solely for the purposes of providing academic and student support services. The full Alexander Academy policy is available online at www.alexanderacademy.ca