



NORTH STAR ACADEMY LAVAL

T (450) 973-9797
F (450) 973-4463
nsapartnerships@northstaracademy.ca
northstaracademy.ca
950, rue Elodie-Boucher
Laval (Québec) H7W 0C6

Application for Consideration as an Education Consultant/Agent

COMPANY PROFILE

Company Name: _____

Address: _____

City: _____

Country: _____

Postal Code: _____

Website: _____

Fax: _____

Skype Name: _____

Primary Contact Name:

Phone: _____

Email: _____

Company Director/Principal:

Phone: _____

Email: _____

Alternative Representative:

Phone: _____

Email: _____

Additional Information: _____

COMPANY BACKGROUND

Year founded: _____

Years as an education agent: _____

Number of staff: _____

Number of offices (locations): _____

Countries recruiting from: _____

PERFORMANCE

Number of students sent abroad each year: _____

Proposed number of high school students sent to NSAL in the next year: _____



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DECLARATION

I am interested in representing you as an educational representative and I agree to do so in an honest and professional manner. **I agree to:**

Regularly monitor policies and changes to the policies as reported on the Citizenship and Immigration Canada (CIC) website.

Regularly monitor policies and regulations and changes to these policies and regulations as reported on the Quebec Ministère de l'Éducation et de l'Enseignement supérieur (MEES) website.

Signed: _____

Name: _____

Date: _____

Organization: _____

Position: _____