



GOLDEN HILLS SCHOOL DIVISION No. 75

AGENCY APPLICATION

Legal Company Name:	
Company Name (Short form if applicable):	
Primary Address:	
City:	Country:
Postal Code:	Phone #:
E-mail:	
Company Website:	
Contact Person 1:	Position:
E-mail:	
Contact Person 2:	Position:
E-mail:	
Contact Person 3:	Position:
When was your company established?	
How many people do you employ?	
Do you work with other Canadian Institutions?	Yes No
If yes, which areas of Canada are they in?	
What experience does your staff have in recruitin	g students for Canadian public
secondary institutions?	

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2		
3		
4.		
5		
Last year, how many students did yo	ou send overseas? Hov	v many of chose Canada?
Program	Number of students sent worldwide	Number of students sent to Canada
Secondary – Full School Year		
Secondary – Half a School Year		
Secondary – Less that a semester		
Short-Term Group Study		
Short-Term Group Study Other		
· ·	vide students before,	during and after their period
Other Please describe the services you pro	vide students before,	during and after their period
Other Please describe the services you pro		

Please provide three references

(Include 3 valid email addresses & phone numbers)

1) Company Name: _	
Address: _	
_	
City: _	Country:
Contact Name: _	Position:
Contact Email: _	Phone:
2) Company Name:	
Address: _	
-	
City: _	Country:
Contact Name: _	Position:
Contact Email: _	Phone:
3) Company Name:	
-	
City: _	Country:
Contact Name: _	Position:
Contact Email: _	Phone:

PLEASE RETURN TO:

Golden Hills School Division No. 75 c/o communications@ghsd75.ca or Golden Hills International Program 435A Highway 1 Strathmore, AB T1P 1J4