



Application Form

Please indicate:

Grade 9-12 (Academic Program)

Short Term Program



Student Information

Last Name		First Name	
Date of Birth (DD/MM/YYYY)		First Language	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth	
Home Address			
City	State/Province	Postal Code	Country
Telephone		Email	
Apt. #	Status in Canada <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa		

Parent/Guardian Information

• If the Applicant's Legal Guardian in Canada is not a parent, please enter the Legal Guardian's information below, including relationship to the applicant and **PLEASE** attach a copy of a notarized legal guardian/custodianship documents to this application.

Father's Name		Date of Birth		Mothers Name		Date of Birth	
Address				Address			
City		State/Province		City		State/Province	
Postal Code		Country		Postal Code		Country	
Cell		Occupation		Cell		Occupation	
Email				Email			
<input type="checkbox"/> I have a guardian in Canada		<input type="checkbox"/> I need a guardian		Guardian Name			
Email				Occupation		Cell	

Accommodation Request

- | | |
|--|--|
| <input type="checkbox"/> Student Residence | <input type="checkbox"/> Shared Room |
| <input type="checkbox"/> Home Stay | <input type="checkbox"/> Single Room |
| <input type="checkbox"/> Meal Plan | <input type="checkbox"/> Winter & Fall Semesters |
| <input type="checkbox"/> Airport Pick up | <input type="checkbox"/> Spring/Summer Semesters |

Do you have any allergies?

☐ Yes

☐ No

If yes, please list allergies

Do you have any food restrictions?

☐ Yes

☐ No

If yes, please list food restrictions