

## Application for School Admission (International Students)

<b>School Requested</b>			
<b>When will you arrive in Canada?</b>		<input type="checkbox"/> <b>New Student</b> or <input type="checkbox"/> <b>Returning Student</b>	
<b>Student Information</b>			
Last Name		Given Names (as shown on identity documents)	Date of Birth (YYYY/MM/DD)
<input type="checkbox"/> Male <input type="checkbox"/> Female	First Language (Mother Tongue)	Other Languages	
Email address		Telephone Number (including country code)	
Street Address	Town/City	Province/State	Country
<b>Education</b>			
Highest level, form, year or grade completed:			
Do you presently attend school? <input type="checkbox"/> <b>Yes</b> , Level/Form/Grade:		or <input type="checkbox"/> <b>No</b> , Completion Date: (YYYY/MM/DD)	
Name of your present school or the last school attended		Address of your present school or the last school attended	
Current Language(s) of Instruction:		<input type="checkbox"/> Transcripts attached (must be translated into English)	
<b>Parent / Guardian Information (In Home Country)</b>			
Last Name		Given Names (as shown on identity documents)	Relationship to Student
Street Address	Town/City	Province/State	Country
Email address		Telephone Number (including country code)	
<b>Parent / Guardian Information (In Canada)</b>			
Last Name		Given Names (as shown on identity documents)	Relationship to Student
Street Address	Town/City	Province/State	Country
Email address		Telephone Number	
<b>Other Emergency Contact (In Canada)</b>			
Last Name		Given Names	
Street Address	Town/City	Province/State	Country
Email Address		Telephone Number	
<b>Person who will pay fees</b> <i>If a refund is required, it will be forwarded to the person who has paid the fees.</i>			
Name		Address	
<b>Program</b>			
<b>SECONDARY SCHOOL</b>		<b>ELEMENTARY SCHOOL (Must submit Roman Catholic Baptismal Certificate)</b>	
<input type="checkbox"/> Full School Year (September – June)	<input type="checkbox"/> Semester 1 only (September – January)	<input type="checkbox"/> Full School Year (September – June)	<input type="checkbox"/> Semester 1 only (September – January)
<input type="checkbox"/> Semester 2 only (February – June)	Grade requested:	<input type="checkbox"/> Semester 2 only (February – June)	Grade requested:

\_\_\_\_\_  
Applicant's Signature (If over 18 years of age)

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Parent/Guardian Signature (Home Country)  
(If student is under 18 years of age)

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Date (YYYY/MM/DD)