SHERWOOD HEIGHTS SCHOOL

CONFIDENCE KNOWLEDGE EXCELLENCE

Admission Application International Students

Student's Surname:	*Given Names:*	*Gender:* ☐ male ☐ female	
Birthdate: *day* *month* *year*		*Grade Applied For:*	*School Year:*
Location: ☐ **Erin Mills Campus 3650 Platinum Dr.** ☐ **Kennedy Campus 5870 Kennedy Rd.**		*Transportation Required:* ☐ yes ☐ no	

Student Home Address:	*international address line 1*	*Canadian street address*
	international address line 2	*city & province*
	international address line 3	*postal code*
Home Telephone:	*international telephone*	*Canadian telephone*

Parent/Guardian Information	***father***	***mother***	***guardian (if applicable)***
Name:	☐ **Mr.** ☐ **Dr.** *first name* *last name*	☐ **Ms.** ☐ **Mrs.** ☐ **Dr.** *first name* *last name*	☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **Dr.** *first name* *last name*
Cell Phone:			
Email:			
Occupation:			
Employer's Name:			
Business Telephone:			
Business Address:			

Student's Present School:	*Telephone:*
School's Address:	
Please Detail Any Health Problems or Difficulties:	
Agent's Name and Company (if applicable):	***Agent's Telephone Number:***
Signature of Parent/Guardian:	**Date:**

Personal information is collected under the authority of the Education Act and will be used for the establishment and maintenance of the Ontario Student Record in accordance with the (OSR) Guideline 2000. Access to the OSR Records may be obtained by contacting the principal.

(Please enclose a copy of the student's last report card.)