



Admission Application International Students

Student's Surname:		Given Names:		Gender: <input type="checkbox"/> male <input type="checkbox"/> female	
Birthdate: day month year			Grade Applied For:		School Year:
Location: <input type="checkbox"/> Erin Mills Campus 3065 Glen Erin Dr. <input type="checkbox"/> Kennedy Campus 5870 Kennedy Rd.			Transportation Required: <input type="checkbox"/> yes <input type="checkbox"/> 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:	<input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	first name last name	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	first name last name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
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.)