

APPLICATION FORM

Mississauga
 North York

Application For: Elementary School Secondary School Language School Preparatory School Night School

Today's Date: _____
Day Month Year



Personal Information

Name of Student: _____
Surname Given Name

Birthdate: _____ Male ___ Female ___ Native Language: _____
Day Month Year

Citizenship: Canadian ___ Landed Immigrant ___ Visa Student ___ Other (please Specify): _____

Street: _____ City: _____ Postal Code: _____

Telephone: (_____) _____ Cell Phone: (_____) _____ E-mail: _____

Parent/Guardian's Name: _____

Address (if different from child) _____
Street City Postal

Telephone: (_____) _____ Cell: (_____) _____ Work Phone: (_____) _____

E-mail (optional): _____

If parents are separated, indicate with whom the child is living: _____. Provide copy of relevant custody papers.

Address to which statement of fees, reports and correspondence are to be sent:

_____ Street City Postal

Emergency Contact: _____ Relationship: _____ Telephone: (_____) _____

School History

School Presently Attending: _____ (_____) _____
Name Address Telephone

Years Attended: 20 ___ to 20 ___ Present Grade: _____ Prerequisites for your study choice: _____

Please list previous schools attended and dates: _____. Grade(s) repeated: _____

Professional Degrees Earned (if available): _____.

Signature of Parent / Guardian

Signature of Parent / Guardian

Date

Please enclose copies of most recent school reports (transcripts) and last year's final report, including any certified English translation of transcripts. Please submit a Medical History report to attach to the overall application form.

This application form is the initial form required to supplement registration for potential applicants. Please be aware further documentation will be required before matriculation. Personal information is collected under the legal authority of the Education Act, R.S.O. 1980, c. 129. This information will be used for the purposes of: processing student registration, production of student databases, student placement and referrals, statistical and reporting requirements by the Ministry of Education, program development, determining transportation requirements, creation and maintenance of the Ontario student records, provision of provincially funded health resources to students, contracting parent(s), etc., in case of emergency, and the disclosure of health related information to the Medical Officer of Health. Questions regarding this collection and use of personal information should be directed to the School Office.

FOR OFFICE USE ONLY

Course: _____

Student No: _____