



APPLICATION FORM

1. Student's Surname (Family name) :		2. Student's First Name (Given name) :	
3. Other Names:		4. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
5. Address:			
6. Town/ City		7. Country	
8. Postal code:			
9. Home Phone Number :		10. Cell Phone Number :	
11. Student's email address:			
12. Date of Birth (year-month-day) :		13. Age Upon Arrival:	
14. Place of Birth:		15. Country of Birth:	
16. Nationality:			
17. Grade Being Applied for:			
22. Semester being applied for:			
a. August to January <input type="checkbox"/>		Application deadline - May 15 th	
b. January to June <input type="checkbox"/>		Application deadline - November 30 th	
c. August to June <input type="checkbox"/>		Application deadline - May 15 th	
23. I Wish to: (Please check the appropriate answer)		24. Upon Finishing the Program I Wish to: (Please check the appropriate answer)	
a. Graduate with a DES (Secondary School Diploma) <input type="checkbox"/>		a. Apply to a Canadian University or College <input type="checkbox"/>	
b. Develop my English skills only <input type="checkbox"/>		b. Apply to a University in my home country <input type="checkbox"/>	
		c. Will not be applying to a University or College <input type="checkbox"/>	
		d. Other	
25. What major areas of study do you wish to pursue?			
26. What are your career plans?			

27. PARENTAL INFORMATION

a. My father is: Living <input type="checkbox"/> Deceased <input type="checkbox"/>		b. My mother is: Living <input type="checkbox"/> Deceased <input type="checkbox"/>	
I live with my:			
Mother and father <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Other <input type="checkbox"/>			
28. Father's Surname (Family name) :		29. Father's First Name (Given name) :	
30. Spoken English: Yes <input type="checkbox"/> No <input type="checkbox"/>		Father's Date of Birth:	
31. Address (If different from child's address) :			
32. City/State/Country:		33. Postal code:	
34. Home Phone Number :		35. Cell Phone Number :	
36. Email Address:			
37. Occupation:			
38. Mother's Surname (Family name) :		39. Mother's First Name (Given name) :	
40. Spoken English: Yes <input type="checkbox"/> No <input type="checkbox"/>		Mother's Date of Birth:	
41. Address (If different from child's address) :			
42. City/State/Country:		43. Postal code:	
44. Home Phone Number :		45. Cell Phone Number :	
46. Email Address:			
47. Occupation:			

STUDENT PERSONAL INFORMATION

1. Indicate the foreign languages you speak and the number of years you have been studying them:

a. Language spoken?	Number of years studied?	At school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Private lessons? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Language spoken?	Number of years studied?	At school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Private lessons? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Language spoken?	Number of years studied?	At school? Yes <input type="checkbox"/> No <input type="checkbox"/>	Private lessons? Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Do you have any brothers or sisters? Yes ☐ No ☐

If yes,

a. Sibling’s name:	Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
b. Sibling’s name:	Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
c. Siblings’ name:	Age:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>

3. I wish to study the following subject:

(Write your requests below. Include any languages that are important to you)

I MUST STUDY	I WOULD LIKE TO STUDY

4. I wish to take part in the following extra-curricular activities (sports, music, etc.):

I HAVE A STRONG INTEREST IN	I HAVE SOME INTEREST IN

5. ADDITIONAL INFORMATION

a. How did you find out about this program? (Please check the appropriate answer)

i. Friends <input type="checkbox"/>	v. Education Fair <input type="checkbox"/>
ii. Canadian Education Centre <input type="checkbox"/>	vi. Canadian Embassy/Consulate <input type="checkbox"/>
iii. Newspaper/Magazine <input type="checkbox"/> (Please specify)	viii. Other <input type="checkbox"/>
iv. Website <input type="checkbox"/> (Please specify)	

6. Student’s Signature: _____	8. Parent’s Signature: _____
7. Date: _____	9. Date: _____