



## APPLICATION FORM

1. Student's Surname (Family name) :		2. Student's First Name (Given name) :	
3. English Name:		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. Passport Number:	18. Expiry Date:	19. Country of Issue:	
20. Entering Grade:	21. Grade Being Applied for:		

<b>22. Semester being applied for:</b>	
a. September to January <input type="checkbox"/>	<b>Application deadline - May 15<sup>th</sup></b>
b. February to June <input type="checkbox"/>	<b>Application deadline - November 30<sup>th</sup></b>
c. September to June <input type="checkbox"/>	<b>Application deadline - May 15<sup>th</sup></b>

<b>23. I Wish to:</b> (Please check the appropriate answer)		<b>24. Upon Finishing the Program I Wish to:</b> (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		

<b>25. What major areas of study do you wish to pursue?</b>	

<b>26. What are your career plans?</b>	

### 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"/>				
<b>I live with my:</b>					
Mother and father <input type="checkbox"/>	Father only <input type="checkbox"/>	Mother only <input type="checkbox"/>	Mother and Stepfather <input type="checkbox"/>	Father and Stepmother <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"/>			
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"/>			
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?	Private lessons?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Language spoken?	Number of years studied?	At school?	Private lessons?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Language spoken?	Number of years studied?	At school?	Private lessons?
		Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/> <i>(Please specify)</i>	viii. Other <input type="checkbox"/>
iv. Website <input type="checkbox"/> <i>(Please specify)</i>	

6. Student's Signature: \_\_\_\_\_ 8. Parent's Signature: \_\_\_\_\_

7. Date: \_\_\_\_\_ 9. Date: \_\_\_\_\_