

THE ERINDALE ACADEMY APPLICATION FOR ADMISSIONS

PERSONAL DETAILS

Family Name:	Given Name:	Gender:	Marital Status:
Date of Birth (dd/mm/yy):	Place of Birth:	Status in Canada:	
Home Address:	City:	State:	Country:
Postal Code:	Phone1: (Day)	Phone2: (night)	Email:

EMERGENCY CONTACT :

Name :	Phone (Home) :
Relationship:	Phone (Business) :

EDUCATION BACKGROUND

Previous School(s) Attended

High School Name	Grade	From (mm/yy)	To (mm/yy)	Certificate or Diploma Obtained

TOEFL Score _____

Other English test score, please specify _____

ACADEMIC PROGRAM APPLYING FOR

Course Code	Course Name	Prerequisite	Course Type	Start Date
			<input type="checkbox"/> Online Course <input type="checkbox"/> Classroom Course	
			<input type="checkbox"/> Online Course <input type="checkbox"/> Classroom Course	
			<input type="checkbox"/> Online Course <input type="checkbox"/> Classroom Course	
			<input type="checkbox"/> Online Course <input type="checkbox"/> Classroom Course	
			<input type="checkbox"/> Online Course <input type="checkbox"/> Classroom Course	

I have provided the following supporting documents:

- Identification
 OST (Ontario Student Transcript)
 Report Card
 Others, explain:

I declare that the information given in this application form is to the best of my knowledge complete and correct. I am aware that tuition fees will be refunded ONLY if my ules and regulations of the School. School shall under no circumstances be liable for any loss, damage or injury.

Signature of Applicant

Date (dd/mm/yyyy)

Name of Parent or Guardian (if applicant is under 18): _____

Signature of Parent or Guardian (if apply)

Date (dd/mm/yyyy)

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FOR OFFICE USE ONLY

The applicant is

approved

refused

others

Details:

The application is approved/refused by

Title: Principal Vice Principal Guandian(s) Counselor

Course Type: Online Course

Classroom Course

Signature of approved/refused officer

Date(dd/mm/yyyy)

Reasons for refuse: