

Student Application for Admission

The information collected on this form will be protected under the Municipal Freedom of Information and Protection of Privacy Act.

Applicant Information

Family Name: _____ Given Name: _____

Preferred Name (English Name): _____ WeCHAT ID: _____

Address: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____ Email: _____

Date of Birth (D/M/Y): _____ Age: _____ Language Spoken: _____ Gender: Male Female

Nationality: _____ Country of Birth: _____ Country of Residence: _____

Parent Information

Family Name: _____ Given Name: _____ Date of Birth (D/M/Y): _____

Relationship to Student: Mother Father Language Spoken: _____ WeCHAT ID: _____

Home Phone Number: _____ Business Phone Number: _____

Cellular Phone Number: _____ E-Mail Address: _____

Family Name: _____ Given Name: _____ Date of Birth (D/M/Y): _____

Relationship to Student: Mother Father Language Spoken: _____ WeCHAT ID: _____

Home Phone Number: _____ Business Phone Number: _____

Cellular Phone Number: _____ E-Mail Address: _____

Address if different from Applicant: Mother Father

Address: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Guardian Information (If applicable)

Family Name: _____ Given Name: _____ Date of Birth (D/M/Y): _____

Relationship to Student: _____ Language Spoken: _____ WeCHAT ID: _____

Home Phone Number: _____ Business Phone Number: _____

Cellular Phone Number: _____ E- Mail Address: _____

Address: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Primary contact for Laureate College: Mother Father Guardian

Applicant's Educational Background

Current School: _____ Current Level of Study: _____

Last Date Attended (If applicable): _____ Ontario Education Number (If applicable): _____

Address of School: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Academic Information

Applying for: Grade 9 Grade10 Grade11 Grade12

Starting in: September 20____ November 20____ January 20____ April 20____ July 20____

Has student received Special Education support? Yes No If yes, type of program (if known) _____

What is this student's ESL (English As a Second Language) Background? None 1 to 2 years 3 to 5 years Over 5 years

Is this student currently under expulsion from any school or school board? Yes No

Is this student currently under suspension from another school? Yes No

Declaration

I declare that the information I have provided on this form is complete and correct. I understand that providing false or incomplete information may lead to the rejection of my application or cancellation of my enrolment. I have gained sufficient information about Laureate College to make my decision to enroll in the selected program. I grant Laureate College permission to obtain any official academic transcript or education record or other details from the educational institution that I am currently attending or have previously attended.

Signature of Parent/Guardian: _____ Date (D/M/Y): _____

Signature of Student (18 years of age or over): _____ Date (D/M/Y): _____