

Full-Time Student Application Form

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

Application for:

Please check one:	<input type="checkbox"/> Burlington Campus	<input type="checkbox"/> Oakville Campus	<input type="checkbox"/> Online
Applying for:	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11
	<input type="checkbox"/> Other, Please specify: _____		
Starting in:	<input type="checkbox"/> Term 1 (Sept - Nov)	<input type="checkbox"/> Term 2 (Nov - Jan)	<input type="checkbox"/> Term 3 (Jan - Apr)
	<input type="checkbox"/> Term 4 (Apr - Jun)	<input type="checkbox"/> Term 5 (Jul)	<input type="checkbox"/> Term 6 (Aug)

Applicant Information:

Legal Name: _____						
	First Name	Middle Name	Last Name			
Preferred Name: _____						
(English Name)	First Name	Middle Name	Last Name			
Date of Birth: _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
			(DD/MM/YYYY)			
Status in Canada: (If Applicable)		<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Canadian Permanent Resident		
		<input type="checkbox"/> Student VISA, please specify your citizenship: _____				
Home Address: _____						
Unit #	Street # and Name	City	Province	Country	Postal Code	

Mailing Address: _____
(If differ from above) Unit # Street # and Name City Province Country Postal Code

Home Phone Number: _____ Cell Phone Number: _____
(Area Code) - Phone Number (Area Code) - Phone Number

Email Address: _____ Social Media ID: _____
(Line/WeChat/WhatsApp, etc)

Applicant Academic Information:

Current or Last School Attending: _____

Current Level if Study: Grade _____ Last Date Attended: _____
(DD/MM/YYYY)

Ontario Education Number(OEN): _____
(If Applicable)

School Address: _____
Street # and Name City Province Country Postal Code

School Phone Number: _____ School Guidance's Email: _____
(Area Code) - Phone Number

What is Applicant's ESL (English As a Second Language) Background?

- None 1-2 Years 3-5 Years Over 5 Years

Does applicant need any Special Education support? No Yes, Please specify: _____

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

Applicant's Parent/Guardian Information:

Primary Contact's information:

Name: _____
Mr/Mrs/Ms First Name Middle Name Last Name

Relationship to Applicant: Mother Father Legal Guardian

Home Address: _____
Unit # Street # and Name City Province Country Postal Code

Mailing Address: _____
(If differ from above) Unit # Street # and Name City Province Country Postal Code

Home Phone Number: _____ Cell Phone Number: _____
(Area Code) - Phone Number (Area Code) - Phone Number

Email Address: _____ Social Media ID: _____
(Line/WeChat/WhatsApp, etc)

Secondary Contact's information:

Name: _____
Mr/Mrs/Ms First Name Middle Name Last Name

Relationship to Applicant: Mother Father Legal Guardian

Home Address: _____
Unit # Street # and Name City Province Country Postal Code

Mailing Address: _____
(If differ from above) Unit # Street # and Name City Province Country Postal Code

Home Phone Number: _____ Cell Phone Number: _____
(Area Code) - Phone Number (Area Code) - Phone Number

Email Address: _____ Social Media ID: _____
(Line/WeChat/WhatsApp, etc)

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 enrollment. 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 Student: _____ Date: _____
(DD/MM/YYYY)

Signature of Parent/Guardian: _____ Date: _____
(DD/MM/YYYY)

TO BE COMPLETED BY THE AGENT (IF APPLICABLE)

Name of Agency: _____ Name of Agent: _____

Business Phone Number: _____ Business Email: _____
(Area Code) - Phone Number

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Application Received on: _____ Completed By: _____
(DD/MM/YYYY)

Grade: _____ Start Date: _____
(DD/MM/YYYY)

Laureate Student Number: _____ OEN: _____

Applicant Required Document Check Box:

- | | | |
|---|---|---|
| <input type="checkbox"/> Passport and VISA Copy | <input type="checkbox"/> Application Form | <input type="checkbox"/> Enrollment Agreement |
| <input type="checkbox"/> Applicant's Portrait | <input type="checkbox"/> Reflection Form | <input type="checkbox"/> Reference Form |
| <input type="checkbox"/> Transcript / Report Card | | |