



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	
			<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 application for Student Visa is refused. If I am accepted as a student at Toronto Central Academy, I hereby agree to abide by ~~all school~~ 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)



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

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Signature of approved/refused officer Date(dd/mm/yyyy)

Reasons for refuse: