



Student Information

FAMILY NAME _____ GIVEN NAME(S) _____

BIRTH DATE |_____| |_____| |_____| CURRENT GRADE _____ GRADE TO ENTER _____
 YYYY MM DD

Please attach a recent photo of the applicant

LANGUAGE SPOKEN AT HOME _____ LANGUAGE SPOKEN AT CURRENT SCHOOL _____

Citizenship

CANADIAN CITIZENSHIP LANDED IMMIGRANT OTHER CITIZENSHIP (PLEASE SPECIFY) _____

COUNTRY OF BIRTH _____ ORIGINAL PLACE OF ENTRY _____ YEAR OF ENTRY _____

DOES THE APPLICANT REQUIRE A STUDENT VISA? NO YES

Educational Assessment

HAS THE APPLICANT EVER HAD AN EDUCATIONAL ASSESSMENT? NO YES (IF SO, PLEASE PROVIDE A COPY)

Current School

NAME OF SCHOOL _____

STREET ADDRESS _____

CITY _____ PROVINCE/STATE _____ COUNTRY _____ POSTAL CODE _____

TELEPHONE _____

IF THE APPLICANT'S CURRENT SCHOOL IS **NOT** IN ONTARIO, HAS HE/SHE EVER ATTENDED SCHOOL IN ONTARIO? NO YES

NAME OF SCHOOL _____

ADDRESS _____

GRADES OR YEARS ATTENDED _____

Affiliation to NILE Academy

RELATIVE OF A STUDENT/AN ALUMNUS _____ GRADE/GRADUATION YEAR _____ RELATIONSHIP _____

RELATIVE ALSO APPLYING TO NILE ACADEMY _____ RELATIONSHIP _____



Parent Information

MR MRS MS DR OTHER (SPECIFY) _____

FAMILY NAME GIVEN NAME(S)

HOME ADDRESS

CITY PROVINCE/STATE

COUNTRY POSTAL CODE

HOME TELEPHONE MOBILE

EMAIL

NAME OF EMPLOYER

WORK TELEPHONE WORK FAX

| month | day | year |
PARENT'S DATE OF BIRTH (RESIDENCE APPLICANTS ONLY)

MR MRS MS DR OTHER (SPECIFY) _____

FAMILY NAME GIVEN NAME(S)

HOME ADDRESS

CITY PROVINCE/STATE

COUNTRY POSTAL CODE

HOME TELEPHONE MOBILE

EMAIL

NAME OF EMPLOYER

WORK TELEPHONE WORK FAX

| month | day | year |
PARENT'S DATE OF BIRTH (RESIDENCE APPLICANTS ONLY)

During the school year, the applicant lives with:

BOTH PARENTS MOTHER ONLY FATHER ONLY GUARDIAN OTHER (SPECIFY) _____

School correspondence should be sent to: CHECK ALL THAT APPLY

MOTHER FATHER GUARDIAN OTHER (SPECIFY) _____

How did you learn about NILE Academy?

INTERNET WORD-OF-MOUTH SCHOOL FAIR OTHER (SPECIFY) _____

I, _____ being the parent or guardian of the student named above, hereby make formal application to have him/her accepted as a student at NILE Academy.

SIGNATURE OF PARENT/GUARDIAN DATE

SIGNATURE OF PARENT/GUARDIAN DATE

Checklist

- COMPLETED APPLICATION FORM
- LAST 2 SEMESTERS REPORT CARDS
- COPY OF APPLICANT'S BIRTH CERTIFICATE OR LEGAL DOCUMENT
- TRANSCRIPT (FOR HIGH SCHOOL)
- HEALTH CARD COPY
- IMMUNIZATION RECORDS
- COPY OF CANADIAN STUDY VISA (IF APPLICABLE)
- COPY OF EDUCATIONAL ASSESSMENT (IF APPLICABLE)
- APPLICATION FEE: \$200
- OSR REQUEST FORM SIGNED
- STUDENT HANDBOOK SIGNED

Residence applicants only

- TEACHER RECOMMENDATIONS
- COPY OF MAIN PAGE OF PASSPORT

Residence Application

APPLICANT'S NAME

Guardian Information (in the Greater Toronto Area)

MR MRS MS DR OTHER (SPECIFY) _____

FAMILY NAME

GIVEN NAME(S)

HOME ADDRESS

CITY

PROVINCE/STATE

COUNTRY

POSTAL CODE

HOME TELEPHONE

MOBILE

EMAIL

WORK TELEPHONE

WORK FAX

Educational Agent (if applicable)

MR MRS MS DR OTHER (SPECIFY) _____

FAMILY NAME

GIVEN NAME(S)

COMPANY NAME

ADDRESS

CITY

PROVINCE/STATE

COUNTRY

POSTAL CODE

TELEPHONE

MOBILE

EMAIL

I, _____ being the parent or guardian of the student named above, hereby make formal application for him/her to live in residence at NILE Academy.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE



