Highland Academy of Canada 9600 Bathurst Street Vaughan, ON L6A 3Z8 Tel: 905 303 5509 www.highlandacademy.ca

Summer Credit Program Application

Please kindly submit your application to: Admissions Department, Highland Academy of Canada - Head Office, 9600 Bathurst Street, Vaughan, ON, L6A 3Z8 or through email success@highlandacademy.ca.

STUDENT PROFILE O NEW student	O RETURNING student					
First name:	Middle name:Last_name:					
Country of birth:	Citizenship:					
Date of birth (MM-DD-YY	YY):Ago	e:	Gender: O Male	O Female		
Street address:			City	7:		
Province:	Country:		Post	tal code:		
Cell phone:		Email:				
-	or school? o Educational Fair ool from an agent or friend, please sp			·		
•	transcripts from your current school.					
School:		Current	grade:			
			-	7:		
Province:		Country:	Post	tal code:		
FAMILY PROFILE Parent 1 Full name:		F	arent 2 Full name:			
Email:	Email:					
Street address:			treet address:			
City:	Country:		Lity:	Country:		
Home phone: ())	I	Home phone: ())		
Cell phone: (_		Cell phone: ()		
Please select how many Please let us know if you Students who register f	terms you wish to study: O July Contain that you are interested in: 1 terms you wish to study: O July Contain that any learning issues: for HAC high school credit courses ounselling summary to show that the	O August O Other	r, please specifyu	ntario Student Transcript (OST), final urse, if applicable.		
	High	land Academy of	Canada			