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

IB Tutoring 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-YYYY):_____ Age:_____ Gender: O Male O Female

Street address:_____ City:_____

Province:_____ Country:_____ Postal code: _____

Cell phone:_____ Email: _____

How did you hear about our school? o Educational Fair o Educational Agent O Friends/Family O Online

If you heard about our school from an agent or friend, please specify:_____

CURRENT SCHOOL PROFILE

Please attach report cards/ transcripts from your current school.

School:_____ Current grade: _____

Street address:_____ City:_____

Province:_____ Country:_____ Postal code: _____

FAMILY PROFILE

Parent 1 Full name: _____

Email:_____

Street address: _____

City:_____ Country:_____

Home phone: (_____)_____

Cell phone: (_____)_____

Parent 2 Full name: _____

Email:_____

Street address: _____

City:_____ Country:_____

Home phone: (_____)_____

Cell phone: (_____)_____

PROGRAM SELECTION

Please select the program that you are interested in: 1._____ 2._____ 3._____ 4. _____

Please select how many terms you wish to study: O Fall Semester O Winter Semester O Summer O Other, please specify_____

Please let us know if you have any learning issues:_____

Signature of Parent:_____ Date_____