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

Reach-Ahead Program Application

According to Section 2.5.2.1, K to 12: Ontario Schools: Policy and Program Requirements, under exceptional circumstances, an individual student in Grade 8, with parental consent, may be given permission by the principal of a secondary school to "reach ahead" to take secondary school courses. The principal of the elementary school and the principal of the secondary school will

decide, whether "reaching ahead" to take a secondary school course is in the best interest of the student.

O NEW student O l	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:
•		cational Agent O Friends/Family O Online
-	scripts from your current school.	
	Current grade:	
		City:Country:Postal code:
Email:Street address:		Email: Street address:
	Country:	onyoundy
)	
Cell phone: ()_		Cell phone: ()
PROGRAM SELECTION		
Please select the program that yo	u are interested in: 12	34
Please select how many terms yo	u wish to study: O Fall Semester O	Winter Semester O Summer O Other, please specify
Please let us know if you have an	y learning issues:	
Signature of Parent:		Date