

Youth English 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

☐ NEW student ☐ RETURNING student

First name: _____ Middle name: _____ Last name: _____

Country of birth: _____ Citizenship: _____

Date of birth (MM-DD-YYYY): _____ Age: _____ Gender: ☐ Male ☐ Female

Street address: _____ City: _____

Province: _____ Country: _____ Postal code: _____

Cell phone: _____ Email: _____

How did you hear about our school? ☐ Educational Fair ☐ Educational Agent ☐ Friends/Family ☐ 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: _____

Parent 2 Full name: _____

Email: _____

Email: _____

Street address: _____

Street address: _____

City: _____ Country: _____

City: _____ Country: _____

Home phone: (_____) _____

Home phone: (_____) _____

Cell phone: (_____) _____

Cell phone: (_____) _____

PROGRAM SELECTION

Please select the program that you are interested in: ☐ Weekday Program ☐ Weekend Program

Please select how many terms you wish to study: ☐ 1 Terms ☐ 2 Terms ☐ Summer ☐ Other, please specify _____

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

Signature of Parent: _____ Date: _____