

# Admission Form

**FIRST NAME \***

**LAST NAME \***

**MIDDLE NAME**

**GENDER \***

**DATE OF BIRTH \***

**ADDRESS \***

**CITY \***

**PROVINCE \***

**POSTAL CODE/ZIP \***

**COUNTRY \***

**CELL PHONE \***

**HOME PHONE \***

**STUDENT EMAIL \***

By providing your email address, you are consenting to get emails about your course/program.

**PRESENT SCHOOL \***

**CITY \***

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Marey Academy INFORMATION

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**HOW DID YOU HEAR ABOUT US?**

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**STATUS IN CANADA \***

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**GRADE \***

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**COURSE(S) \***

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## PARENT/GUARDIAN INFORMATION

**GUARDIAN NAME \***

**CONTACT NO. \***

**EMERGENCY CONTACT NAME \***

**EMERGENCY NO. \***

<input type="text"/>	<input type="text"/>
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