



Alathena International Academy - North York

INTERNATIONAL STUDENT APPLICATION FORM

**Please proceed to the form below to continue with your application.
Complete and electronically submit this application form.**

- All applicants are required to provide official transcripts starting Grade 9 from their home country.
- All applicants are required to provide the student's birth certificate or passport photo.
- Submit the non-refundable application fee of \$200.
- International applicants should arrange to have their transcripts officially translated if not in English. We will accept official notarized copies of some transcripts, depending on the country of origin.

TO APPLY TO ALATHENA OSSD PROGRAM:

Admission: Grade 9 - 12

The application materials should be sent to:

Email: info@alathenaschool.com

Mailing Address: Alathena International Academy - North York
1446 Don Mills Road, Unit 110, Toronto, ON M3B 3N3

PERSONAL INFORMATION

Last Name*

Middle Name

First Name*

Gender*

Date of Birth*

Telephone*

Email*



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PERSONAL INFORMATION CONTINUED		
Nationality*	City of Birth	
Passport Number*	Expiry Date (mm/dd/yyyy)	
Referred by (Agent/Agency)		
Home Address		
City	Province	Postal Code
Parent/Guardian Information Student lives with: Please complete the section below.		
Father		
Last Name*	Middle Name	
First Name*	Occupation	
Cell Phone*	Home Phone	
Email		
Home Address (If different than above)		
City	Province	Postal Code
Language of communication preferred:	I can usually be reached during:	
Mother		
Last Name	Middle Name	
First Name	Occupation	
Cell Phone	Home Phone	
Email		
Home Address (If different than above)		
City	Province	Postal Code
Language of communication preferred:	I can usually be reached during:	



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Guardian (If the student will be living with a Guardian, while studying at Alathena, please also complete the section below.)		
Last Name	Middle Name	
First Name	Occupation	
Cell Phone	Home Phone	
Email		
Home Address		
City	Province	Postal Code
Language of communication preferred:		I can usually be reached during:

STUDENT'S EDUCATION BACKGROUND

Last School Name*

Highest Level of Education:*

STUDENT'S PROGRAM PREFERENCE

Preferred Delivery Mode*

Entry Grade for OSSD Program*

Other Program

Expected Start Term*

I hereby apply for admission to Alathena International Academy. I understand the final decision for admission will be contingent on review and acceptance by the Admission Department.

Student Name (PRINT)

Signature of Student if over 18 years old

Parent/Guardian Name (PRINT)

Date (mm/dd/yyyy)

Signature of Parent/Guardian