



Alathena International Elementary School

LOWER SCHOOL 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 from the last grade.
- 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 required documents officially translated if not in English. We will accept official notarized copies of some transcripts, depending on the country of origin.
- We will contact you to schedule the required appointment after an application is on file. We encourage you to submit an application at your earliest convenience, and thank you in advance for your patience as we make calls to schedule appointments.

To Apply:

Admission: JK TO GRADE 8

The application materials should be sent to:

Email:

admissions@alathenaschool.com

Mailing Address:

Alathena International Elementary School
1446 Don Mills Road, Unit 112, Toronto, ON M3B 3N3

STUDENT INFORMATION

Last Name*

Middle Name

First Name*

Gender*

Date of Birth*(mm/dd/yyyy)

Current School

Current Grade*



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STUDENT INFORMATION CONTINUED	
Nationality*	City of Birth
Passport Number	Expiry Date (mm/dd/yyyy)
Ontario Health Card Number (If applicable)	
Home Address	
City	Province
Postal Code	
Parent/Guardian Information Student lives with: Please complete the section below.	
Parent 1	
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:
Parent 2	
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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Other (If different than the information above).		
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 PROGRAM PREFERENCE

Grade* - Please choose the grade you are applying for

For JK

Expected Start Term*

Other Term

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

Child Name (PRINT)

Signature of Parent/Guardian

Parent/Guardian Name (PRINT)

Date (mm/dd/yyyy)