



Canada Cambridge Academy

APPLICATION FORM

Personal Information

First Name *	Last Name *	Date of Birth (YYYY-MM-DD) *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Passport Number *	First Language	Date Admitted into Canada (if Applicable)(YYYY-MM-DD) *	Grade *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transcript Attached *	While In Canada, Where will you stay? *	Study Permit Attached	Country of Citizenship *
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Homestay <input type="checkbox"/> Private Residence <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Applicant's Permanent Mailing Address

Street Address *	City *	State/Province/Region *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Zip/Postal Code *	Country *	Phone Number *	Email Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IELTS/TOEFL	Program Information *	Starting Semester *	
<input type="radio"/> Listening _____ <input type="radio"/> Reading _____ <input type="radio"/> Writing _____ <input type="radio"/> Speaking _____ <input type="radio"/> Overall Band Score _____	<input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Others	<input type="checkbox"/> September-November <input type="checkbox"/> November-January <input type="checkbox"/> January-April <input type="checkbox"/> April-June <input type="checkbox"/> July <input type="checkbox"/> August	

Emergency Contact Information

Emergency Contact Name *	Relationship *	Street Address *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City *	State/Province/Region *	Zip/Postal Code *	Country *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number *	Email Address *		
<input type="text"/>	<input type="text"/>		

Student Consent

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I authorize Canada Cambridge Academy to interact/exchange information with my agent with respect to my admission to Canada Cambridge Academy programs at Canada Cambridge Academy.

Applicant Signature (parent or Guardian Signature if student under 18)

Date(YYYY-MM-DD)

For Official Use Only

Agency / Contact Person	Email Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>