

Miniversity Academy Toronto

Familia Doctrina Senescall

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Application Form

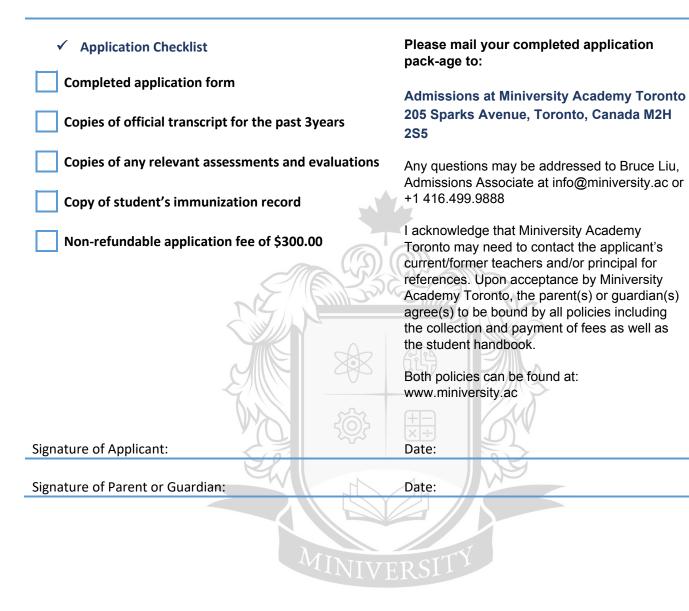
Student Information

Student Name:	
First Name	Last Name
Grade:	Gender: Male Female
(1)	
Date of Birth: (year/month/day)	Birth Country:
AN GUILE	Current status in Canada,
Nationality:	if applicable:
Home Address:	Mailing address:
Telephone: (Home)	(Cell)
Email:	
er.	
Parent/Guardian Information	
Father's Name:	Contact No.:
MIN	VERSITY
Date of Birth: (year/month/day)	Email:
Home Address:	Mailing Address: (if it is same as Home address, remain as blank)
Mother's Name:	Contact No.:
Date of Birth: (year/month/day)	Email:
Home Address:	Mailing Addross: (if it is some as tions address remain as blank)
nome Address.	Mailing Address: (if it is same as Home address, remain as blank)
Guardian's Name:	Contact No.:
Date of Birth: (year/month/day)	Email:
Home Address:	Mailing Addross: (if it is some as there address newsing a block)
	Mailing Address: (if it is same as Home address, remain as blank) 0.9888 Email: info@miniversity.ac www.miniversity.ac

Education History

Current Attending School Name:		
School Address:		
From (Month/Year) To (Month/Year)		
Previous School Name:		
School Address:		
From (Month/Year) To (Month/Year)		
*If you need more space, please attach a separate blank paper.		
Grade of Student Applied		
Grade 9 Grade 10 Grade 11 Grade 11	Grade 12	
Semester of Student Applied		
Year: September January May	July	
Interested in Studying in the Canadian University		
1 st choice:		
2 nd choice:		
In what major:		
(1 st choice)		
(2 nd choice)		
Have you Taken IELTS and/or TOEFL before?	Yes No	
If yes, please submit a photocopy of your test report		
Does the applicant have any medical or health issues that Miniversity Academy Yes No Toronto should be aware of?		
If yes, please provide additional information on a separate sheet.		
Are there any psychological or educational evaluations (including an IEP) or Yes No excep-tionality regarding the applicant that Miniversity Academy Toronto should be aware of?		
If yes, please provide additional information on a separate sheet.		

Getting to know you: *Please list the applicant's favourite curricular & co-curricular interests: clubs, subjects, sports, activities, etc.*



 FOR INTERNAL USE ONLY

 Date Received:

 Application Status:
 Missing:

Comments: