



# Miniversity Academy Toronto

Familia Doctrina Senescall

205 Sparks Avenue, North York, ON M2H 2S5

Tel: +1 416 499 9888

admission@miniversity.ac

www.miniversity.ac

## Application Form

### Student Information

**Student Name:**

First Name

Last Name

Grade:

Gender: Male

Female

Date of Birth: (year/month/day)

Birth Country:

Nationality:

Current status in Canada,  
if applicable:

Home Address:

Mailing address:

Telephone: (Home)

(Cell)

Email:

### Parent/Guardian Information

**Father's Name:**

Contact No.:

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 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 Address: (if it is same as Home address, remain as blank)

**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 12

**Semester of Student Applied**

**Year:**

September

January

May

July

**Interested in Studying in the Canadian University**

1<sup>st</sup> choice:

2<sup>nd</sup> choice:

In what major:

(1<sup>st</sup> choice)

(2<sup>nd</sup> 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 Toronto should be aware of?**

Yes  No

*If yes, please provide additional information on a separate sheet.*

**Are there any psychological or educational evaluations (including an IEP) or excep-tionality regarding the applicant that Miniversity Academy Toronto should be aware of?**

Yes  No

*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.

✓ **Application Checklist**

- Completed application form
- Copies of official transcript for the past 3years
- Copies of any relevant assessments and evaluations
- Copy of student's immunization record
- Non-refundable application fee of \$300.00

**Please mail your completed application pack-age to:**

**Admissions at Miniversity Academy Toronto  
205 Sparks Avenue, Toronto, Canada M2H  
2S5**

Any questions may be addressed to Jun W,  
Admissions Associate at [info@miniversity.ac](mailto:info@miniversity.ac) or  
+1 416.499.9888

I acknowledge that Miniversity Academy Toronto may need to contact the applicant's current/former teachers and/or principal for references. Upon acceptance by Miniversity Academy Toronto, the parent(s) or guardian(s) agree(s) to be bound by all policies including the collection and payment of fees as well as the student handbook.

Both policies can be found at:  
[www.miniversity.ac](http://www.miniversity.ac)

Signature of Applicant:

Date:

Signature of Parent or Guardian:

Date:

**FOR INTERNAL USE ONLY**

**Date Received:**

Application Status:

Missing:

Comments: