



CanSTEM Education Private School Inc.

30 Rambler Drive Unit-10 Brampton, Ontario, L6W 1E2 Ph: 647-568-0258 / 647-709-0258/- 647-847-1231

Email:-CanSTEM.Education@gmail.com www.canstemeducation.com

Student Application Form 2017-2018

Information on this form will be used for home/school communications and Study planning/programming

Grade:
OEN#:
Admit Date:

Student Information			
Name: (Legal) Last Name	(Legal) First Name	(Legal) Middle Name	Also known as:
Birthdate (Month/Day/Year):		Siblings at this school: Y N	
Gender	Email:	Name:	Name:
M F		<input type="checkbox"/> <input type="checkbox"/>	
Address: # Street		Apt/Unit	City/Town Province Postal Code Home Phone #
Birthplace: Country		City/Town	If not born in Canada:
Last Country of Residence:		Arrival Date (in Canada):	Canadian Citizen Y N
(Re)entry into Ontario Date:		First Language/Home Language:	Status in Canada:
Medical Alert Information/Disabilities/Allergies:		Health Card #:	Expiry date (month/day/year):
Family Doctor's Name:		Family Doctor's Phone #:	Immunization Record:
			Up to date with shots? Y N (Please enclose a copy)
Parent/Guardian Information #1			
Name: (Legal)Last	(Legal)First	Gender:	Relationship to student:
		M F	
Home Phone #:	Business Phone #:	Extn.:	Cell Phone #:
Email:		Address (if different from student):	
Parent/Guardian Information #2			
Name: (Legal)Last	(Legal)First	Gender:	Relationship to student:
		M F	
Home Phone #:	Business Phone #:	Extn.:	Cell Phone #:
Email:		Address (if different from student):	

Emergency Contact Information # 1

Name:		(Legal)Last Name	(Legal) First Name	Relationship to student:	
Gender:	Home Phone #:	Cell Phone #:	Business Phone #:	Extn:	
M <input type="checkbox"/> F <input type="checkbox"/>					
E-mail:		Address:			

Emergency Contact Information # 2

Name:		(Legal)Last Name	(Legal) First Name	Relationship to student:	
Gender:	Home Phone #:	Cell Phone #:	Business Phone #:	Extn:	
M <input type="checkbox"/> F <input type="checkbox"/>					
E-mail:		Address:			

Educational Background

Name of Previous School Attended:					Phone #:
Address:	#	Street	City	Province	Country
Departure date :	(m/d/y)	Last Grade Attended:	First Entry into Elementary School:	(m/d/y)	
Reason for Transfer:					
Has your child ever received ESL Assistance?			Has your child ever been expelled from school?		
<input type="checkbox"/> Y <input type="checkbox"/> N If yes, where?			<input type="checkbox"/> Y <input type="checkbox"/> N If yes, for?		
Has your child received Special Education Assistance?			Is this child currently under suspension from any school?		
<input type="checkbox"/> Y <input type="checkbox"/> N If yes, where?			<input type="checkbox"/> Y <input type="checkbox"/> N If yes, where?		

Notice to Parents and Applicants

Please read carefully

A copy of a recent TRANSCRIPT or report card must be submitted at the time of admission.
Deposit of first month fee must be paid at registration.
NO CREDITS or EXAMS will be issued until proof of prerequisites are provided and all outstanding balance settled.
You must return all borrowed school material, books and provide correct address and OEN for report card.
No refunds are issued for failed courses, poor attendance, expulsion, or poor grades.
We do not guarantee marks or result of your course. No refunds will be issued due to the same.
You must have 110 hrs. of study and completed all required tests, Quiz before report card is issued.

 Parent/Guardian Signature

 Date (month/day/year)

 Parent/Guardian Print Name