		Educat					/ IN-CLASS	
Ph.: 647-568-0258 / 647-709-0258 / 647-335-1660 / 647-847-1231 / 905-454-6744 Email: CanSTEM.Education@gmail.com www.canstemeducation.com Application for Admission: High School Credit Course						OEN#: How did you find us:		
Surname (Last Name)		First Name		Middle Name		Date of Birth (YYYY-MM-DD)		
Address: Street Na		те	Apt/Unit # City/Town			Province	Postal Code	
ender: M F tudent Personal Email address :		Alternative Number #:		#:	Canadian Citizen: Y N If NO, Status in Canada			
Guidance Counsello		ess:	Courses you wa	nt to enroll in		SCHOOL:		
Course:	Course:	Course:			Course:		Course:	
Mode:	Mode:	Mode:			Mode:		Mode:	
Course:	Course:	Course:			Course:		Course:	
Mode:	Mode:	Mode:			Mode:		Mode:	
Parent / Guardia	an Informat	ion	OR (If ab	ove 18) Em	ergency	Contact In	formation	
Mother's Full Name:				Father's Full Name:				
Address:				Address:				
Cell Phone:				Cell Phone:				
E-mail:				E-mail:				
	/ Report card	/ Student Status	Sheet must be		time of ad	Imission, to c	onfirm prerequisite.	
	arks will be i any other El	ssued until proc ectronic Gazette	of of prerequi e is not permi	sites is provide tted in classroo	d and all oms. You	outstandin must surrei	lable. NO REFUND. g balances settled. nder at the front desk. n. without refund.	
, We do not guarai								
Switching from In-Clas	ss to ONLINE or	ONLINE to In-class	requires fees, ar	nd only one switch	is allowed.	Fee must be p	aid before switch is done.	
l hereby certify	that all in	formation giv	ven is true. I	have read a	nd agre	e to the to	erms stated above.	
Applicant's Signature				Parent/ Guardian Signature				
Note: For complete term		(if the applicant is under 18)						
Admin. Use Only: F	ees status:							
Pre-requisiste submi	ssion:	, ONLIN	NE USER ID:			, /	Access date:	