



APPLICATION FOR ADMISSION

*Personal Information

Family Name _____ Given Name _____ Preferred Name _____

Date of Birth: D/M/Y ____/____/____ Gender: Male Female Place of Birth _____

Citizenship _____ Native Language _____ Date of Entry in Canada: D/M/Y ____/____/____

Current Address _____

Telephone (____) _____ Fax _____ E-mail _____

Information of Parents/Guardian(s) -If Under 18

Mother _____ Tel(____) _____ Email _____

Father _____ Tel(____) _____ Email _____

Address _____

Guardian _____ Tel(____) _____ Email _____

*Emergency Contact

Name _____ Tel(____) _____ Email _____ Relationship _____

*Education Background

School Previously Attended _____

Beginning Date _____ Ending Date _____ Grade/Degree _____ Note _____

*I wish to begin study at The Duncan Academy

Academic Program Sept ____ Nov ____ Jan ____ Mar ____ May ____ July ____ August ____, Year _____

Courses enrolled _____

I acknowledge that I have read the prospectus for The Duncan Academy, the condition of acceptance, and the fees and refund policies. I hereby state my acceptance of those conditions, policies and the information given in this application is complete and correct to the best of my knowledge.

Signature of Parent or Guardian (if Applicant is under 18 years of age) _____

*Signature of Applicant _____ *Date _____

Office Use Only

Handling Officer's name _____

Memo _____