



Maple Leaf Secondary School

APPLICATION FOR ADMISSION

Let us help you take the worry out of the admission process. We will guide you, step by step on what you need to do.

Step1

Registration

Return the printed version of the application form.

Step2

Registration Checklist

The Registration package must include all the documents listed below in the Checklist.

Step3

Submit the Competed Registration Package

Documents should be sent by email to the Admissions Office or by mail/in person to the address below.

Step4

File Assessment & Response

The file will be analyzed and evaluated. You will receive a response from us within a few days.

Checklist

- A completed Application Form
- An original copy of their Civil Birth Certificate
- A recent wallet-size picture of applicant
- A legible photocopy of the applicant's most recent report card
- A legible photocopy of the applicant's past transcripts
- A non-refundable Application Fee for \$250
- A copy of any psycho-socio or educational evaluation (if applicable)
- Study Permit
- Photocopy of Passport

Secondary 9 10 11 12

Start Date (MM/YY):

Application Date (YY/MM/DD):

Residence required: Home Stay Dormitory

For Office Use

Student No.:

APPLICANT

Surname:	Given Name:
Date of Birth: (YY/MM/DD)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Place of Birth: (City) (Country)	Mother tongue:
Telephone:	Email:
Status in Canada: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other _____	

FAMILY INFORMATION

<u>Father's Surname:</u>	<u>Given Name:</u>
<u>Place of Birth: City:</u>	<u>Country:</u>
<u>Telephone:</u>	<u>Email:</u>
<u>Address:</u>	
<u>City:</u>	<u>Country:</u>
<u>Postal Code:</u>	<u>Occupation:</u>

<u>Mother's Surname:</u>	<u>Given Name:</u>
<u>Place of Birth: City:</u>	<u>Country:</u>
<u>Telephone:</u>	<u>Email:</u>

If different than father's address

<u>Address:</u>	
<u>City:</u>	<u>Country:</u>
<u>Postal Code:</u>	<u>Occupation:</u>

SCHOOL HISTORY

<u>Present School:</u>	
<u>Present grade level:</u>	<u>Last grade level completed:</u>

CORRESPONDANCE

PRIMARY

Father Mother Guardian Agent Other(relationship):

Contact information required for Guardian/Agent/Other

Name of Agency (for agents only):

Surname: _____ Given Name: _____

Relationship to Applicant: _____ Email: _____

Address: _____

City: _____ Country: _____

Postal Code: _____ Tel. (Home): _____

Tel. (Office): _____ Tel. (Mobile): _____

SECONDARY (if applicable)

Father Mother Guardian Agent Other(relationship):

Contact information required for Guardian/Agent/Other

Name of Agency (for agents only):

Surname: _____ Given Name: _____

Relationship to Applicant: _____ Email: _____

Address: _____

City: _____ Country: _____

Postal Code: _____ Tel. (Home): _____

Tel. (Office): _____ Tel. (Mobile): _____

ADDITIONAL INFORMATION

Please complete the following if you have been in country for less than 3 years OR are entering the country to study for the first time.

1. Do you have a high school diploma from your country? Yes No
2. Do you plan on earning an Ontario High school diploma? Yes No
3. Is this going to be your first year studying in Canada? Yes No
4. Is your primary goal with us? Learn English Earn a high school diploma

PERSON RESPONSIBLE FOR THE APPLICATION

Father Mother Guardian Agent Other(relationship): _____

Surname: _____ Given Name: _____

Signature: _____

Referred by: Friend Internet School Newspaper/Magazine Ad
 Trade Show Other(please specify): _____