SHERWOOD HEIGHTS SCHOOL

CONFIDENCE KNOWLEDGE EXCELLENCE

# Admission Application International Students

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|---|---|---|---|
| *Student's Surname:* | *Given Names:* | *Gender:* ☐ male ☐ female | |
| *Birthdate:* *day* *month* *year* | | *Grade Applied For:* | *School Year:* |
| *Location:* ☐ **Erin Mills Campus 3065 Glen Erin Dr.** ☐ **Kennedy Campus 5870 Kennedy Rd.** | | *Transportation Required:* ☐ yes ☐ no | |
| *Student Home Address:* | *international address line 1* | *Canadian street address* | |
| | *international address line 2* | *city & province* | |
| | *international address line 3* | *postal code* | |
| *Home Telephone:* | *international telephone* | *Canadian telephone* | |

| *Parent/Guardian Information* | ***father*** | ***mother*** | ***guardian (if applicable)*** |
|---|---|---|---|
| *Name:* | ☐ **Mr.** ☐ **Dr.** *first name* *last name* | ☐ **Ms.** ☐ **Mrs.** ☐ **Dr.** *first name* *last name* | ☐ **Mr.** ☐ **Ms.** ☐ **Mrs.** ☐ **Dr.** *first name* *last name* |
| *Cell Phone:* | | | |
| *Occupation:* | | | |
| *Employer's Name:* | | | |
| *Business Telephone:* | | | |
| *Business Address:* | | | |
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|---|---|
| *Student's Present School:* | *Telephone:* |
| *School's Address:* | |
| | |
| *Please Detail Any Health Problems or Difficulties:* | |
| ***Agent's Name and Company (if applicable):*** | ***Agent's Telephone Number:*** |
| **Signature of Parent/Guardian:** | **Date:** |

*(Please enclose a copy of the student's last report card.)*