STUDENT APPLICATION FORM

# Student Information

|  |  |  |  |
| --- | --- | --- | --- |
| Surname  |  | First Name  |  |
| Preferred Name  |  | Gender  | [ ] Male [ ] Female |
| Citizenship |  | Country of Birth  |  |
| Date of Birth (dd/mm/yyyy)  |  | Age  |  |
| E-mail Address |  | Contact Phone # |  |

**Current Education Information** *Attach the most recent original or certified copies of transcripts or school records (translated into English) from the previous two years of study.*

|  |  |
| --- | --- |
| Name of your current school |  |
| School E-mail |  | Current Grade Attending |  |

# Study Plan at the SOC Online Academy

|  |
| --- |
| Specific Ontario Courses/Credits Needed: |
| Goals | [ ] Ontario Secondary School Diploma [ ] ESL [ ] Other (please specify): |
| Area of interest:[ ] Arts [ ] Business [ ] Computer Studies [ ] English [ ] Science [ ] Mathematics [ ] Social Science [ ] Engineering [ ] Health Sciences/Medicine[ ] Other (please specify): |
| Post-Secondary Goals[ ] Attend University in Canada [ ] Attend College in Canada [ ] Attend University in the USA [ ] Other(please specify): |
| Extra-Curricular Activities (Interests/Hobbies/Skills) | [ ] Sports (please specify):[ ] Arts (please specify):[ ] Musical Instruments (please specify):[ ] Film or Video Production (please specify):[ ] Photography or Journalism (please specify):[ ] Other (please specify): |

# Parent and Family Information

Please fill these out with one of your parent’s information

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name |  |
| E-mail Address |  |
| Cell Phone # |  | Phone # |  |
| Home Country Mailing Address |  |

*Your typed Name will be accepted as if Signed by Hand*

The school **will NOT** issue a refund in the following circumstances:

(1) If a student voluntarily withdraws from the program after a study permit has been granted for attending the SOC Online Academy.

(2) If a student is in violation of SOC Online Academy policies of the Student Code of Conduct and dismissed from SOC Online Academy.

**I/We have read, understand and agree to the PAYMENT POLICY, DEFERRAL FEES, and REFUND OF FEES outlined above.**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature  |  | Date  |  |
| Parent or Guardian Signature (1)  |  | Date  |  |
| Parent or Guardian Signature (2) \* If applicable |  | Date  |  |

*Your typed Name will be accepted as if Signed by Hand*