

**I hereby apply for admission to New Renaissance Academy. I understand the final decision for admission will be contingent on review and acceptance by the Principal.**

<b>A. Student Information (Mandatory)</b>			
Family Name	Given Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality
Date of Birth (mm/dd/yyyy)		City of Birth	
Passport Number		Expiry Date (mm/dd/yyyy)	
Referred by (Agent/Agency)			
Home Phone	Mobile Phone	Email	
Home Address			
Apartment	Street Number	Street Name	
City	Province	Postal Code	
Correspondence Address (if different)			
<b>B. Parent/Guardian Information (Mandatory)</b>			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Guardian			
Please complete parent section. If the student will be living with a Guardian, while studying at New Renaissance Academy, please also complete the Guardian section.			
<b>Mother</b>			
Family Name		Given Name	
Occupation			
Mobile Phone		Email	
Home Phone		Business Phone	
Home Address			
Apartment	Street Number	Street Name	
City	Province	Postal Code	
Language of communication preferred:		I can usually be reached during:	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Evening	
<b>Father</b>			
Family Name		Given Name	
Occupation			

Mobile Phone	Email		
Home Phone	Business Phone		
Home Address Apartment                      Street Number                      Street Name City                                  Province                                  Postal Code			
Language of communication preferred:	I can usually be reached during: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Evening		
<b>Guardian</b>			
Family Name	Given Name		
Occupation			
Mobile Phone	Email		
Home Phone	Business Phone		
Home Address Apartment                      Street Number                      Street Name City                                  Province                                  Postal Code			
Language of communication preferred:	I can usually be reached during: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Evening		
<b>C. Student's Educational Background</b>			
School Name	School Address	Period (mm/yyyy)	Grade Attained
	Street Number                      Street Name City    Province Postal Code		
	Street Number                      Street Name City    Province Postal Code		
	Street Number                      Street Name City    Province Postal Code		
<b>D. Program Information</b>			
Entry Grade	<input type="checkbox"/> Grade9	<input type="checkbox"/> Grade10	<input type="checkbox"/> Grade11 <input type="checkbox"/> Grade12
Term	<input type="checkbox"/> Fall (Sept)	<input type="checkbox"/> Spring (Feb)	<input type="checkbox"/> Summer (Jul) <input type="checkbox"/> Other
Entry Program	<input type="checkbox"/> Business	<input type="checkbox"/> Engineering	<input type="checkbox"/> Technology

**E. Health Information**

Students often have medical issues that need to be attended to when at school. Please be advised that New Renaissance Academy is a nut free facility. Please indicate any allergies or medical issues of which the school should be aware.

**Parent Signature: X** \_\_\_\_\_

**F. Refund Policy**

I have read the attached fee schedule. I understand that students may withdraw up to six weeks before the start of their first semester and receive a full refund, less the application fee, homestay deposit (if applicable) and monies spent on uniforms and textbooks.

Students withdrawing within six weeks of the start of the semester but before the start of school, may receive a 75% refund. Students will not be eligible for a refund after starting school.

I have read, understand, and agree with the above refund policy.

Please see Admissions – International Students Section of the New Renaissance Academy Website for a more detailed description of the New Renaissance Academy Refund Policy.

**Parent Signature: X** \_\_\_\_\_

Student Name (PRINT): \_\_\_\_\_ Signature of Student: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Signature of Student over 18 years old: \_\_\_\_\_ Date(mm/dd/yyyy): \_\_\_\_\_

**Please send the above documents to the attention of:**

Please include the following documents with the Student Application Form:

1. Copy of Birth Certificate.
  2. Completed Application Form.
- Please note: All fields must be filled in. Failure to fully complete the application may delay a decision on acceptance.
3. Report Cards/Transcripts as required.
  4. Application fee – CAD \$500.00.

Please send the above documents to the attention of:

Director of Admissions  
 New Renaissance Academy  
 9500 Dufferin Street  
 Vaughan, Ontario, Canada  
 L6A 1S2

**For office use only**

Application Form Received (mm/dd/yyyy):	Application Fee Received (mm/dd/yyyy):
Admission Date (mm/dd/yyyy):	Entry Grade Level:
Referral:	Program Name:
Documentation Complete:	
Signature of Authorization (Principal):	