

I hereby apply for admission to New Renaissance Academy. I understand the final decision for admission will be contingent on a review of the documentation provided and acceptance by the school.

A. Student Information (Mandatory)						
Family Name		Given Name		Gender		
				☐ Male ☐ Female		
Date of Birth (mm/do	d/yyyy)			☐ Citizenship		
		1		☐ Permanent Resident		
Home Phone		Mobile Phone		Email		
Home Address						
Apartment	Street Numbe	r	Street Name			
City	Province		Postal Code			
Correspondence Add	lress (if differen	t)				
B. Parent/Guardia	n Information	(Mandatory)				
Student lives with:			•	•		
Please complete pa	arent section. I	If the student w	ill be living with	a Guardian, while studying at New		
Renaissance Acade	my, please also	o complete the	Guardian section	•		
Mother						
Family Name			Given Name			
Occupation						
Mobile Phone			Email			
Home Phone			Business Phone			
Home Phone			Busiliess Pholie			
Home Address						
Apartment	Street Numbe	r	Street Name			
City	Province		Postal Code			
Father						
Family Name			Given Name			
Occupation						
Mobile Phone			Email			
Home Phone			Business Phone			
Home Address						
Apartment	Street Numbe	r	Street Name			
City	Province		Postal Code			



Guardian						
Family Name		Given Name				
Occupation						
Mobile Phone			Email			
Home Phone			Busine	ss Phone		
Home Address						
Apartment	Street Number		Street N	lame		
City			Postal Code			
C. Student's Educa	tional Background					
School Name	School Address				Period (mm/yyyy)	Grade Attained
	Street Number	Street Nai	me		, ,,,,,	
	City	Province				
	Postal Code					
	Street Number	Street Nai	me			
	City	Province				
	Postal Code					
	Street Number	Street Nai	me			
	City	Province				
	Postal Code					
D. Program Inform	ation				1	
Entry Grade	☐ Grade9	☐ Grade1	10	☐ Gra	ade11 \square G	rade12
Term	☐ Fall (Sept)	☐ Spring (Feb) ☐ Summer (July) ☐ Other		ther		
Entry Pathway	☐ Business	☐ Business ☐ Engineering ☐ Technology				
E. Local Students Outside the Greater Toronto Area						
1. Accommoda	tion (If Applicable):					
☐ Staying at home ☐ Staying with a friend/relative in Toronto						
If a friend or	relative:					
Family Name Given Name Address: ApartmentStreet Number Street Name						
City Province Postal Code						
Phone Number Email						
Relationship to student						



2.	Custodianship:			
	I would like New Renaissance Academy to arrange custodianship for my son/daughter while attending			
	New Renaissance Academy.			
	☐ Yes ☐ No			
3.	Homestay:			
	I would like New Renaissance Academy to arrange a home stay placement for my son/daughter while			
	attending New Renaissance Academy.			
	□ Yes □ No			
4.	Airport Pickup:			
	For students residing in Canada but farther aw Yes No	vay, please indicate whether Airport Pickup is required.		
F. Hea	Ith Information			
Studen	ts often have medical issues that need to be a	ttended to when at school. Please be advised that New		
Renais	sance Academy is a nut free facility. Please indi	cate any allergies or medical issues of which the school		
should	be aware.			
		Parent Signature: X		
G. Refu	and Policy			
		hat 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 – Local Students Section of the New Renaissance Academy Website for a more detailed				
description of the New Renaissance Academy Refund Policy.				
		Parent Signature: X		
Studen	t Name (PRINT):	Signature of Student:		
Parent	/Guardian Name (PRINT):	Signature of Parent/Guardian:		
<u>.</u>	ure of Student over 18 years old:	Date(mm/dd/yyyy):		
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Please send the above documents to the attention of:

Please include the following documents with the Student Application Form:

- 1. Copy of Birth Certificate or Permanent Resident Card.
- 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):				