



BROWN ACADEMY

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This form is to be used by students who wish to take Ontario Secondary School credit courses at Brown Academy.

STUDENT INFORMATION			
Last Name	First Name		Date of Birth
Grade:	Student #	OEN #	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Street #, Street Name			Town / City
Province ONT	Postal Code	<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Study Permit <input type="checkbox"/> Other	
Contact Cell #:		Expiry Date: _____ (yyyy/mm/dd)	
E-mail:			

PROGRAM CHOICE	
Course Name:	Start Date:

PARENTS/ GUARDIAN INFORMATION			
First Parent/Guardian		Second Parent/Guardian	
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship
Name(Family Name, First Name)		Name(Family Name, First Name)	
Home Phone #	Cellular #	Home Phone #	Cellular #
If address information different than above, fill in area below			
Street#, Street Name		Street#, Street Name	
Town/City ONT	Postal Code	Town/City ONT	Postal Code

EDUCATIONAL BACKGROUND	
Is the student currently attending school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>If Yes</i> , Name of School	Address of School

Phone Number Of School	School Board	
Date Last Attended Previous School	# of Years/Months in Secondary School _____ # of Years/ Months out of Secondary School _____	Grade___ Graduated___ Credits Earned to Date___

Grade 10 Ontario Secondary School Literacy Test (OSSLT)

Successfully Completed: Yes No

EMERGENCY INFORMATION

Emergency Contact Name	Relationship	Contact Phone #
Contact Cell #	Contact Other #	

STUDENT DECLARATION

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this application. I authorise the school to obtain information concerning my academic record from any school, university or other institution attended by me. I am aware that tuition fees will be refunded ONLY if I am refused a Student Visa by the Canadian Authority. If I am accepted as a student at Brown Academy, I hereby agree to abide by all the rules and regulations of the school. Brown Academy collects, stores and uses personal information only for the purposes of administering student and prospective student admissions, enrolment and education. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.

Student Signature

Date:_____

Signature of parents/Guardians (if applicant below 18 years of age)

Date:_____