

Student Admission Form

Cossara Summers

Education Centre

Student Information

Last Name

First Name

Birth Date

mm/dd/yyyy

Gender

Current School

School Board

Which course would you like to take?

Email Address

How did you hear
about us?

Subject Teacher Recommendation

Provide the first and last name, and work phone number of a subject (math or English) teacher that can be contacted as a reference.

Another Subject Teacher Recommendation

Provide the first and last name, and work phone number of another subject teacher that can be contacted as a reference.

Tell us a little bit about yourself!

In 5 to 15 sentences tell us about your academic preferences, favourite activities in your free time, and which part of the upcoming trip is most exciting for you.

Student Residence Information

Street Address

Street Address Line 2

City

Province

Postal Code

Home Phone Number

First Parent/Guardian Information

Last Name

First Name

Email Address

Business/Cell Phone Number

First Parent/Guardian Residence Information

(If different from above)

Street Address

Street Address Line 2

City

Province

Postal Code

Home Phone Number

Second Parent/Guardian Information

Last Name

First Name

Email Address

Business/Cell Phone Number

Second Parent/Guardian Residence Information

(If different from above)

Street Address

Street Address Line 2

City

Province

Postal Code

Home Phone Number

Date
mm/dd/yyyy

Student Signature

Date
mm/dd/yyyy

First Parent/Guardian Signature

Date
mm/dd/yyyy

Second Parent/Guardian Signature