



WESTFIELD SECONDARY SCHOOL

Application Form

Student Information

Surname Name		First Name	
Other Name Used		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy)		Age	
Citizenship		Country of Birth	
Email Address		Home Phone#	

Current Education Information

attach recent original or certified copies of transcripts translated into English.

Name of your current school			
Email Address		Current Grade Attending	
Current School Year Start Date		End Date	
Certificate/Diploma Received			
TOEFL Score/Year Taken (if Applicable)		IELTS Score/Year Taken (if Applicable)	
Other Language Proficiency Test Taken and Score (if Applicable)			

Study Plan at the Academy

Grade Applying	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Pre-U
Semester Applying	<input type="checkbox"/> September <input type="checkbox"/> January <input type="checkbox"/> May <input type="checkbox"/> July <input type="checkbox"/> August
Specific Ontario Courses/Credits Needed (for Current Ontario students):	
Goals	<input type="checkbox"/> Ontario Secondary School Diploma <input type="checkbox"/> University Preparation Credits
Area of Interest: <input type="checkbox"/> Arts <input type="checkbox"/> Business <input type="checkbox"/> Computer Studies <input type="checkbox"/> English <input type="checkbox"/> Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Other (please specify):	
Post-Secondary Goals: <input type="checkbox"/> Attend University in Canada <input type="checkbox"/> Attend College in Canada <input type="checkbox"/> Attend University in the USA <input type="checkbox"/>	
Other (please specify):	
Extra-Curricular (please specify if necessary)	<input type="checkbox"/> Sports: <input type="checkbox"/> Film or Video <input type="checkbox"/> Other: _____ <input type="checkbox"/> Arts: <input type="checkbox"/> Production <input type="checkbox"/> Musical Instruments: <input type="checkbox"/> Potography <input type="checkbox"/> Journalism



160 Commerce Valley Dr E, Markham, Ontario, Canada L3T 0A9

Tel: 905-707-9119 // 905-707-9998

Fax No.: 905-581-0285

Email: admin@westfieldsecondary.com

Web: westfieldeducation.com



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Student Services Information

Custodianship: <input type="checkbox"/> Required <input type="checkbox"/> Not Required	Airport Pick-up: <input type="checkbox"/> Required <input type="checkbox"/> Not Required
Accommodation & Care	All international students are required to live in accommodation arranged by the Academy.

Parent and Family Information

Father			
Surname Name		First Name	
Date of Birth (mm/dd/yyyy)		Highest Education	
Email Address		Job Title	
Employer			
Cell-phone#		Work phone#	
Mother			
Surname Name		First Name	
Date of Birth (mm/dd/yyyy)		Highest Education	
Email Address		Job Title	
Employer			
Cell-phone#		Work phone#	
Home Country Mailing Address			
Province		Country	
		Postal Code	
Home Phone#		Emergency Contact	<input type="checkbox"/> Father <input type="checkbox"/> Mother
Email Address to receive information from the Academy			
Accompanying Family Member (to the Academy)		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify):	
Emergency Contact Information in Canada			
Surname Name		First Name	
Relationship to the student			
Home Phone#		Cell-phone#	
Work Phone#		Email Address	
Home Address			
Province		Country	
		Postal Code	



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Medical Information An up-to-date immunization record is required by the Public Health Department and Academy officials. A form outlining immunizations requirements will be sent to all students accepted to the Academy.

Does the student have any medical condition or take any medication? No Yes, please describe: _____

Does the student have perceived or documented learning disability, physical handicap, social integration difficulty, behavioural concerns? No Yes, please describe: _____

Agency Information (if applicable)

Company	_____	Contract Person	_____
I, _____, hereby authorize the above named agent to receive personal, school and accommodation information electronically of _____ (name of student) on my behalf.			
Signature of Father	_____	Date	_____
Signature of Mother	_____	Date	_____
Signature of Applicant	_____	Date	_____

Student signature: _____

Date: _____

Parent/Guardian signature (for students under 18 years old): _____

Date: _____



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