



Application for Admission

To Be Completed By SharpMinds:

Program Applied: (Check One) <input type="checkbox"/> Ontario Secondary School Year Grade 9 <input type="checkbox"/> Ontario Secondary School Year Grade 10 <input type="checkbox"/> Ontario Secondary School Year Grade 11 <input type="checkbox"/> Ontario Secondary School Year Grade 12 <input type="checkbox"/> Pre University <input type="checkbox"/> Weekend School		For Year : 20 _____ <input type="checkbox"/> ESL - January <input type="checkbox"/> ESL - April <input type="checkbox"/> ESL - June <input type="checkbox"/> ESL - September <input type="checkbox"/> Summer School - July <input type="checkbox"/> Summer School - August	Course Name : _____ Course Code : _____ Proof of Prerequisite: Course Name : _____ Course Code : _____ <input type="checkbox"/> Report Card <input type="checkbox"/> Ontario Student Transcript <input type="checkbox"/> Credit Summary
Referred By: _____	OEN: - -		

To Be Completed By Student/Parent:

Last Name : _____		First Name : _____	
School Name : _____			Repeated Course: Y <input type="checkbox"/> N <input type="checkbox"/>
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth : / / _____ MM DD YYYY	Place of Birth: _____	
Citizenship : <input type="checkbox"/> Canadian <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other _____		Visa Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Passport Number _____

Current Address (All correspondence regarding your admission will be sent to this address)

Street Address _____ City _____
 Province _____ Postal Code _____ Tel : (H) _____ (W) _____
 Student Cell : _____ Student Email: _____

Parent Guardian Information (If different from above)

Street Address _____ City _____
 Province _____ Postal Code _____ Tel : (H) _____ (W) _____
 Parent Cell: _____ Parent Email: _____

Emergency Contact: Name : _____ Relationship _____ Tel: _____

Refund Policy:

If you withdraw from a class : **A.** Before it begins, \$200 of the course fee is Non Refundable **B.** Less than 1 month after the course begins, 50% of the course fee is Non Refundable **C.** After the first month, the full course fee is Non Refundable.

I declare that the information given in this application is complete and correct to the best of my knowledge. I will take full consequences if any of my statements and documents submitted to SharpMinds Tutoring Inc. (STI) are found to be false. I have read and understood the above as well and the refund policy of SharpMinds Tutoring Inc. and agree to abide by this policy

Date

Parent / Guardian Name (Please Print)

Parent / Guardian Signature