



McCANNY SECONDARY SCHOOL APPLICATION FORM

Please print CLEARLY in black ink using **CAPITAL LETTERS**. Application should be submitted to the International Admissions Office at McCANNY SECONDARY SCHOOL at 1051 McNicoll Ave, Toronto, ON M1W 3W6 Phone: 416-491-5555/ 647-505-2313

1. APPLICANT'S PERSONAL DETAIL

Family Name: _____

Given Name : _____

Date of Birth : ____ (DD)/____ (MM)/____ (YY)

Gender: Male Female Prefer not to say

Nationality: _____ First Language: _____ Immigration Status: _____

Residential address: _____

Tel #: _____ Cell #: _____ Email: _____

2. APPLICANT'S ACADEMIC BACKGROUND

Previous School Attended: _____

The Highest Level of Education: _____ Date of Completion: _____

— I wish to begin my study at **McCanny Secondary School** in the semester of —

January April June September October November in _____ (YYYY)

Grade 9

Grade 10

Grade 11

Grade 12

3. CHOICE OF PROGRAM

G9-12 Diploma Program University Pathway Art Program Language Program

4. PARENTS' INFORMATION

Father/Mother's name: _____ Tel: _____

Legal Guardian's name: _____ Tel: _____

Address: _____ Email: _____

5. STUDENT DECLARATION

I hereby certify that information entered above is correct and complete. I understand that false information will invalidate this application. I authorize the school to obtain information concerning my academic record from any school, university or other institution attended by me. I am aware that tuition fee will be refunded ONLY if I am refused a student Visa by the Canadian Authority. If I am accepted as a student at McCanny Secondary School, I hereby agree to abide all the rules and regulations of the school. McCanny Secondary School collects, stores and uses personal information only for the purpose of administrating student and prospective student admissions, enrollment 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.

Applicant's Signature: _____

Date: _____ (DD/MM/YYYY)

OFFICE USE ONLY

Copy of Immigration documents received date: _____ (DD/MM/YYYY) Signature: _____

Other documents received date: _____ (DD/MM/YYYY) Signature: _____

**SCHOOL
STAMP**

I HAVE CONSIDERED THIS APPLICATION AND I RECOMMEND THAT THE APPLICANT BE : **APPROVED** **DECLINED**