



**KING'S VIEW
ACADEMY**

INTERNATIONAL STUDENT APPLICATION FORM

PART A

Student Information

Sur Name/First/ Middle

Street Address/

City/ Province/ Country/Postal Code

Phone/ Fax/ e-mail (include area code)

Birthdate/ Passport #/ Sex: M or F/ Height/ Weight

Nationality/Country of Citizenship

Parent or Guardian Information

(If there are two parents/guardians, please include additional names, addresses and information on a separate sheet of paper.)

Applicant normally lives with:

Father Mother Stepfather Stepmother Legal Guardian Other

If parent(s), what is current marital status?

Single Married Common Law Divorced Separated

Parent or Guardian #1 --Name/Relationship

Street Address/ City/ Province/ Postal Code

Phone/ Fax/ e-mail (include area code)

Parent or Guardian #2-- Name/Relationship

Street Address/ City/ Province/ Postal Code

Phone/ Fax/ e-mail (include area code)

Student's Previous Education

Present grade in school

School you now attend

Phone/ Fax/ e-mail (include area code)

Counselor Approval

I have asked the following person to complete the Recommendation Form.

Counselor #1 Name / Signature

Phone/ Fax/ e-mail (include area code)

Street Address/ City/ Province/ Postal Code

Student Health

General State of Health: ___ Excellent ___ Good ___ Average ___ Poor

Are there any allergies, or health matters KVA should be aware of?

Physician's Signature/ Date

Printed Name of Physician/ Phone (include area code)

Please send admissions materials to:

Admissions
King's View Academy
6199 Chebucto Road
Halifax, Nova Scotia, Canada, B3L 1K7
Tel 902-429-5434 Fax 902-429-5433
Email: admin@KingsViewAcademy.com
Web Site: <http://www.KingsViewAcademy.com>