

INTERNATION STUDENT APPLICATION FORM



PART A

STUDENT INFORMATION

Sur Name / First / Middle / Nickname

Street Address

City / Province / Country / Postal Code

Phone / Fax / Email (include area code)

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

Nationality / Country or Citizenship

PARENT OR GUARDIAN INFORMATION

For additional parents/guardians, please include 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 / Relationship

Street Address / City / Province / Postal Code

Phone / Fax / Email (include area code)

Parent or Guardian #2 / Relationship

Street Address / City / Province / Postal Code

Phone / Fax / Email (include area code)

STUDENT'S PREVIOUS EDUCATION

Present grade in school

School you now attend

Phone / Fax / Email (include area code)

COUNSELOR APPROVAL

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

Counselor

Signature

Phone / Fax / Email (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

Physician Name (Printed)

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

www.KingsViewAcademy.com