



*ACADEMY OF SECONDARY STUDIES*

School Number: 669784

Tel: 416-450-0129

Email: [admissions@castudy.ca](mailto:admissions@castudy.ca)

PO BOX M63, 55 Kelfield Street. Etobicoke, ON M9W 5A3

Date: \_\_\_\_\_

**Application Form**

**Personal Information**

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth (DD/MM/YEAR) \_\_\_\_\_ Gender: Male / Female

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Schools Attended**

School Name	Address	From	To

**Parent/Guardian Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Tel Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature