

Application Form

Applicant Information			
Name:		Date of birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	First Name Last Name		dd/mm/yyyy
Address:			
Phone No.:		E-mail:	
Nationality:		O.E.N.:	
Highest ENG Level Completed: <input type="checkbox"/> ESLBO <input type="checkbox"/> ESLCO <input type="checkbox"/> ESLDO <input type="checkbox"/> ESLEO <input type="checkbox"/> ENG2D <input type="checkbox"/> ENG3U			
Status in Canada:	<input type="checkbox"/> Citizen <input type="checkbox"/> Study Permit	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Please specify: _____)	
Education History			
From	To	School Name	Highest Level Program Completed
Parent/Custodian Information			
Father or Mother		Custodian	
Name:		Name:	
	First Name Last Name		First Name Last Name
Date of Birth:		Date of Birth:	
	dd/mm/yyyy		dd/mm/yyyy
Email Address:		Email Address:	
Phone No.:		Phone No.:	
Test Center Information (For Test Center Only)			
Test Center Name:		Test Center Address:	

Canada Online Academy Fees and Refund Policy

- The one-time Application Fee is CAD\$80.00.
- Tuition is CAD\$480.00 per course for local students and CAD\$650.00 per course for international students.
- Neither the Application Fee nor the Tuition Fee is refundable for any reason.

I/We have read and fully understand **Canada Online Academy Fees and Refund Policy**, **Canada Online Academy Minimum Hardware and Software Requirements**, **Canada Online Academy Attendance Policy**, and **Canada Online Academy Acceptable Use Policy**, which can be found on our website www.coastudy.com. I/We declare all information provided in this application is true and valid. I/We understand that not meeting any of the requirements will affect the student's learning experience. I/We agree to abide by all rules and regulations of Canada Online Academy. Canada Online Academy shall not be held liable for losses or expenses as a result of the school being unable to provide education owing to labour disputes or other causes beyond its control.

Signature of Student

Date

Signature of Parent (if student under 18 y/o)

Date

Course Selection

Name		D.O.B.		
Subject	Course Name	Course Code	Course(s) to Enroll	Preferred Start Month
English as a Second Language	English as a Second Language Level 3	ESLCO		
	English as a Second Language Level 4	ESLDO		
	English as a Second Language Level 5	ESLEO		
Mathematics	Principles of Mathematics	MPM1D		
	Principles of Mathematics	MPM2D		
	Functions and Relations	MCR3U		
	Calculus and Vectors	MCV4U		
	Mathematics of Data Management	MDM4U		
	Advanced Functions	MHF4U		
English	Grade 10 English 10	ENG2D		
	Grade 11 English 11	ENG3U		
	Grade 12 English 12	ENG4U		
	Ontario Secondary School Literacy	OLC4O		
Science	Grade 9 Academic Science	SNC1D		
	Grade 10 Science	SNC2D		
	Grade 11 Physics	SPH3U		
	Grade 12 Physics	SPH4U		
	Grade 11 Chemistry	SCH3U		
	Grade 12 Chemistry	SCH4U		
	Grade 11 Biology	SBI3U		
	Grade 12 Biology	SBI4U		
Canadian and World Studies	Issues in Canadian Geography	CGC1D		
	Civics and Citizenship/ Career Studies	CHV20/GLC2O		
	Canadian History	CHC2D		
	Analyzing Current Economic Issues	CIA4U		
Business Studies	Introduction to Business	BBI1O		
	Financial Accounting Fundamentals	BAF3M		
	Financial Accounting Principles	BAT4M		
	Business Leadership: Management Fundamentals	BOH4M		
	International Business Fundamentals	BBB4M		
	Introduction to Computer Science	ICS3U		
	Computer Science	ICS4U		
Social Science and the Humanities	Introduction to Anthropology, Psychology, and sociology	HSP3U		
	Individuals and Families in a diverse society	HHS4U		
	Nutrition and Health	HFA4U		
Total Number of Courses: _____				

FOR OFFICE USE ONLY:					
Date Received		Application Approved	YES	NO	Signature
NOTE					