

Tel: 437 229–8000 **WhatsApp**: +1 437 229–8000 **WeChat:** WilliamAcademy

E-mail: Admissions@WilliamAcademy.ca www.WilliamAcademy.ca

William Academy Summer Course Application Form

Student Information and Family Information					
Legal Name (Last, First)				- 4	
Date of Birth (yyyy/mm/dd)			Phone Number		
Email Address					
Home School Registered					
Parents/Guardian name (if under 18)		2,7			
Parents/Guardian Email Address/phone number					
Student Home Address		(Address)		(Province)) (Postal Code)	
School Registration	n				
Which course(s) are you registering for?		rm 1 (July):	Sumn	Summer Term 2 (August):	
How did you hear about William Academy?	Facebook	Website	Other:	1 	
Status in Canada Citizen/Perma		anent Resident International S	Student		
Please include the following with your application:					
1) Photo ID (Passport or Driver's license)					
2) Final Report	card or trar	nscript showing your pre-req	uisite course(s).		
Student's Signature			_Date		