

STUDENT APPLICATION FORM

Personal Information

Last Name		First Name		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality		Date of Birth (DD/MM/YYYY)			
Home Address		Street No. & Name			
City & Country		Postal Code			
Phone Number		Alternative Phone Number			
Facsimile Number		E-mail			
Address in Canada (If Applicable)					
Home Address		Street No. & Name			
City & Province		Postal Code			

Parent/Guardian Information

Name		Relationship to Applicant		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.
Contact Address		Street No. & Name				
City & Country		Postal Code				
Phone Number		Alternative Phone Number				
Facsimile Number		E-mail				

Education Information

Date	Name of School	Diploma/Degree	Type of Course

Program Application Information

High School Program: Grade _____

Other Program: _____

School Services Required

Residence

Airport Pickup

Other Service _____

Referral Information (If Applicable)

Referred by _____

Declaration

I declare that the above information is true and complete. I understand that any false information submitted in this form may invalidate my application or registration.
I have read and agreed on Dewey College Fee Schedule Policy.

Application's Signature _____

Date _____

Guardian's Signature (if applicable) _____

POINT CHECKLIST (BEFORE SENDING INFORMATION)

- 1. Application Form (Completed)
- 2. Application Fee
- 3. Certified True Copies of School/University Transcripts
- 4. Language Proficiency Score (if available) _____
- 5. Copy of Passport with Photo

Please send completed application by mail, e-mail or fax to Dewey College:

Dewey College
Admission Office
5889 Coopers Ave, Mississauga, Ontario Canada L4Z 1P9
Website: www.deweycollege.ca
E-mail: admissions@deweycollege.ca
Tel: +1 (905) 897-6668
Fax: +1 (905) 897-6662