

# CANADA BENSON ACADEMY

## APPLICATION FOR ADMISSION



### Applicant Information

Last (Family) Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Birth (D/M/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Gender:  Male  Female  
 Nationality: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ Passport Issued by: \_\_\_\_\_

### Parents/ Guardian Information

	Info on: <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Info on: <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	Applicant living with:
Name:			<input type="checkbox"/> Both Parents
Date of Birth:			<input type="checkbox"/> Father Only
Home Address:			<input type="checkbox"/> Mother Only
			<input type="checkbox"/> Guardian Only
City:			<ul style="list-style-type: none"> <li>Supervised after-school and weekend programming including 24-hour residence supervision by live-in House Parents <b>(Fees required)</b></li> </ul>
Province:			
Country/ Postal Code:			
Company Name:			
Occupation:			
Work Phone:			
Work Fax(if any):			
Email: (required)			
Home Phone:			
Home Fax(if any):			
Cell Phone:			

### Applicant's Educational Background

Secondary School Attended:					
Address of School:					
Beginning Date:		Ending Date:		Form/ Sec/ Grade Completed:	
Certificate or Diploma Obtained (if any):					
English Language Proficiency Examination results (if any):	<input type="checkbox"/> TOEFL:		<input type="checkbox"/> IELTS:		Other (specify):

### I wish to begin my studies at Canada Benson Academy

<b>Level:</b>	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Pre-U	<input type="checkbox"/> Other			
<b>Start:</b>	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> May	<input type="checkbox"/> July	<b>Year:</b>	20____

<b>Future Field of Study:</b>	<input type="checkbox"/> University degree	<input type="checkbox"/> College degree	<input type="checkbox"/> Other
	<input type="checkbox"/> Engineering	<input type="checkbox"/> Genetics / Biology	<input type="checkbox"/> Pharmacy
	<input type="checkbox"/> Business / Commerce	<input type="checkbox"/> Computer	<input type="checkbox"/> Other Sciences
	<input type="checkbox"/> Social Science	<input type="checkbox"/> Other	
	<input type="checkbox"/> Humanities		

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
 Signature of Parent or Guardian (if applicant is under 18 years of age): \_\_\_\_\_

**Please mail or email application to:**  
**CANADA BENSON ACADEMY**  
 1556 Wyandotte St W Windsor Ontario Canada N9B 1H5

Tel: + 1 (519)-253-1694  
 Email: [apply@canadabenson.ca](mailto:apply@canadabenson.ca)