

## How to Apply to AGORA Prep

Applications to**AGORA Prep**are processed on a rolling basis. There is no deadline; however, it is recommended that you submit your application as early as possible. Please email the Office if you have any questions or would like to arrange for a personal tour.

# **Please submit:**

- □ Application form (signed by Guardians or parents)
- □ Nonrefundable Registration fee (\$450 Domestic and \$900 International students)- payment by e-transfer to **info@agoraprep.com**.
- □ Report cards for current school year and final report cards\* from previous three years (If applicable)
- □ Birth certificate copy
- □ Passport copies for Internationalapplicants.
- $\Box$  Photo (wallet size)

Upon receipt of the above you will be contacted by the Office to confirm enrollment.

### Assessment:

- $\square$  Review of Report cards
- $\Box$  Review of submitted existing reports already done.

Upon completion of the application process, you will be notified of admission acceptance.

### Application For Admission for All Applicants to Prep program

Please complete ALL information (Please print)

Surname/Last name: For international applicants, as it appear		Legal first na	me:			
Middle name:		Preferred name:				
Country of Birth:		Start Date at Agora Prep/Plus:				
Date of Birth: Month [	] Day [	] Year [	] Gender:	Μ	$\mathbf{F}$	
Citizenship Status:  Canad	lian Citizen	Canadian I	Landed Immigrant (da	ate of entry)	□ Inter	national Applicant
Country of Citizenship:						
Primary language spoker Part 2: School Information	_		Student Email for t	ablet/laptop use: (if	in grades 7-12)	
Primary language spoke	_		Student Email for t	ablet/laptop use: (if	in grades 7-12)	
Primary language spoke Part 2: School Information	_		Student Email for t	ablet/laptop use: (if	in grades 7-12) Exit Date:	
Primary language spoke Part 2: School Information	on lication grade:	□ Intern		ablet/laptop use: (if		
Primary language spoker Part 2: School Informatic Current grade: App	on lication grade:	Intern	Entry Date:	ablet/laptop use: (if		
Primary language spoker Part 2: School Informatic Current grade: App Applying as:  Domestic stude	on lication grade:	□ Intern	Entry Date: ational student	ablet/laptop use: (if		
Primary language spoker Part 2: School Informatic Current grade: App Applying as:  Domestic stude Current School:	on lication grade:	Intern	Entry Date: ational student Telephone:	ablet/laptop use: (if		
Primary language spoker Part 2: School Informatic Current grade: App Applying as:  Domestic stude Current School: City:	on lication grade:		Entry Date: ational student Telephone:	ablet/laptop use: (if		

Does your child have Ontario Health Coverage (OHIP)? Yes No

Has your child skipped or repeated a grade? Yes No (If yes, please explain)

Has your child ever attended summer school or night school? Yes No (If yes, please explain)

Have you ever engaged a tutor to assist your child with his/her studies? Yes No (If yes, please explain)

Has your child ever received a school suspension or expulsion? Yes No (If yes, please explain)

Is your child experiencing any learning difficulties? Yes No (If yes, please explain)

Does your child have an assessment? Yes No (If yes, please provide copies of the appropriate reports and explain)

Educational assessment Psychological AssessmentIndividual Education Plan

Is your child taking medication? Yes No (If yes, please list the prescribed drug and the daily dosage)

# If your child is applying to kindergarten, is he/she toilet-trained? Yes No

# Part 3: Family Information

Mother: Mrs. Miss Ms. Dr. Other		
Surname/Last name:	First name:	
Home Address:		
City: Prov/State:	Country:	Postal Code:
Home Telephone:	Mobile Telephone:	
Personal E-mail:		
Profession:	Position:	
Company:		
Address:		
City:	Prov/State:	Postal Code:
Work Phone:		
Work E-mail:		
Father:Mr. Dr. Other		
Surname/Last name:	First name:	
Home Address:		
City: Prov/State:	Country:	Postal Code:
Home Telephone:	Mobile Telephone:	
Personal E-mail:		
Profession:	Position:	
Company:		
Address:		
City:	Prov/State:	Postal Code:
Work Telephone:		
Work E-mail:		

# General

How did y	ou hear about A	GORA Prep? I	Please be speci	fic.	
Website	Friend/Family	Online Search	Open House	Agent	Other(please specify):
Are you w	orking with an e	educational age	nt/immigratio	nconsu	ltant?Yes No
Name:			E	-mail:	
Which AGOR	A Prep students	and/or families	s are known to	o you?	
Name:			R	elation	:
Name:			R	elation	:
Are any of	your relatives a	ttending AGO	RA Prep?		
Name:			R	elation	•

# Approvals

Name:

 Parents are:
 Married
 Separated
 Divorced
 Other (e.g., never married, common law)

 If parents are separated or divorced, who has custody?
 Joint
 Mother only
 Father only
 Other/

 applicant lives with:
 Both parents
 Mother only
 Father only
 Guardian
 Other

Person(s) to whom billings, reports and correspondence are to be sent (check all that apply):

Both parents Mother Father Legal Guardian Canadian Custodian/Agent

# **Emergency Contact in Canada:**

Name of local emergency contact:

Telephone: (day) Tel

E-mail:

Telephone (evening)

**Relation:** 

Relationship to applicant:

### **Release Signatures**

The following signatures refer to the entire contents of this application package once completed and are required for**AGORA Prep**to process your application. Please follow instructions carefully.

Date:	info Applicant's signature:
Mother's signature:	Father'ssignature:

TheinformationprovidediswrittenasthetruthinthisapplicationandiscollectedforthepurposeofdeterminingadmissiontoAGORA Prep.InformationwillremainonfilewiththeAdmissionOfficeforaperiodofthreeyears.Ifanapplicantisadmittedtotheschool, theapplicant'sinformationwillbesharedwithotherofficeswithintheschool.AtnopointwillanyoneoutsideAGORAPrepbegiven proprietaryaccesstoyourinformation unlesspermissionhasbeengiveninPartVI.Byprovidingyourpersonalemail,youconsenttoreceiving informationandnewslettersfromAGORA Prep.Youcanwithdrawyourconsentatanytimebynotifyingusbyemailto: info@agoraprep.com

### Complete, sign and date the application forms and mail, courier, or scan and e-mail to:

Admission Office AGORA Prep 103-126 Wellington St. W., Aurora, Ontario Office: Office@agoraprep.com E-mail: info@agoraprep.com Web: www.agoraprep.com

### **Hours of Operation:**

8:00 a.m. to 4:00 p.m. Monday through Friday Students can arrive between 8:30 am and 9 am Learning Journey ends between 3 pm and 3:30 pm

### **Campus Tours**

Campus tours are available. Please contact the Office for an appointment.