



# Reaching Your Promised Land

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## APPLICATION FORM SUMMER SPECIALS

Application No.
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### STUDENT INFORMATION

First Name:	Last Name:	
Date of Birth:	Gender:	OEN:
Current Grade:	School Attending:	
Email:	Cell:	
Address:		
City:	Postal Code:	

### PARENT/GUARDIAN INFORMATION

<b>Parent 1 (Primary Contact):</b> Dr. / Mr. / Mrs. / Ms. / Rev. First/Last Name:	<b>Parent 2:</b> Dr. / Mr. / Mrs. / Ms. / Rev. First/Last Name:
Relationship to Student:	Relationship to Student:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

### COURSE APPLIED (please check the appropriate boxes below)

<b>SUMMER CREDIT COURSE</b>	<input type="checkbox"/> 4-WEEK OPTION <input type="checkbox"/> 6-WEEK OPTION	NAME OF CREDIT COURSE:	GRADE:
<b>STEP AHEAD PROGRAMS</b>	<input type="checkbox"/> MORNING CLASS <input type="checkbox"/> AFTERNOON CLASS	SUBJECTS:	GRADE:
<b>TUTORIALS: LANGUAGE CREATIVE ARTS</b>	<input type="checkbox"/> JUNE 1-JULY 20 <input type="checkbox"/> JULY 6-AUGUST 24	NAME OF COURSE:	
<b>OTHERS:</b>	NAME OF COURSE:		

(For students aged under 18)	
Parent/Guardian's Name	Parent/Guardian's Signature

### OFFICE USE ONLY:

Handled by: \_\_\_\_\_

Submission Date/Time: \_\_\_\_\_