

## TORONTO TRINITY COLLEGIATE PART TIME STUDENTS ENROLLMENT FORM

OFFICE USE:	
OEN#	
OUAC#	
Referred By	

STUDENT INFORMATION					
Last Name First Name English Name					
Gender Male Date of Birth (YYYY/MM/DD)					
Address: Street # & Street Name					
Town/City Province Postal Code					
Cell Number: Email:					
Status: Canadian Citizen Permanent Resident Study Permit Other Expiry Date					
Does the student have any health problem?					
If YES, please list them:					
Does the student have any allergies/dietary needs?					
If YES, please list them:					
EDUCATION BACKGROUND  Is the student currently attending any day school?   YES.   NO					
If YES, name of school  Address of school					
Grade 10 Ontario Secondary School Literacy Test (OSSLT) successfully completed?   YES  NO					
COURSES CHOICE					
Course Code Start From (yyyy/mm) Term Enrolled (OFFICE USE) Receipt#(OFFICE USE)					



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**PHONE**: +1 (905)-763-8788 **EMAIL**: TorontotrinityC@gmail.com WEBSITE: https://torontotrinity.ca/ **BSID**#: 669020 ADDRESS: 200 Town Center Blvd Unit 108 Markham L3R 8G5

OFFICE USE:				
OEN#				
OUAC#				
Referred B	Зу			

Date:

ADDITIONAL INFORMATION					
First Parent/Guardian (Required)	Second Parent/Guardian	Emergency Contact			
Name					
(Last Name, First Name)					
Relationship					
Cell Number					
Email					
Address (If address information is different f	rom above)				
(					
SCHOOL POLICY					
1. The application fee of \$250 is non-refundable a	and should be submitted with the comple	ted Application Form and other			
documents.	•				
2. All tuition fee and other fees (if applicable) should be paid in full before the first day of the semester. For those students					
who pay the fee later than the first week of th	e semester, a \$100 late charge will be app	lied per week. Fees can be paid			
by cash, cheque, certified cheque, or bank draft. There will be a CAD\$50 charge for any refund cheques, and the					
subsequent school fees will be accepted in cash	only.				
3. All fees are non-transferable under any condit	ions.				
4. If a student decides to drop a course for a valid	l reason before or within the first week of	the semester, 70% of the tuition			
fee will be refunded. If the student drops out within two weeks, 50% of the tuition fee will be refunded. After two					
weeks of the semester, there will be no refund					
I hereby certify that the information all and regulations of the school.	pove is correct and complete and	d I agree to abide by all rules			
Student Signature	Signature of parents/Guard	ians			
J. T.	(if applicant is below 18 years of age)				

Date: