

# FULL-TIME ACADEMY APPLICATION 2024-2025

REGISTRATION FORMS MUST BE COMPLETED ACCURATELY AND IN THEIR ENTIRETY TO ENSURE A SPOT IS RESERVED FOR YOUR CHILD. PLEASE ENSURE ALL SECTIONS ARE FILLED OUT FULLY BEFORE SUBMISSION TO AVOID REGISTRATION DELAYS.

I AM A RETURNING STUDENT AND MY CONTACT INFO **HAS NOT** CHANGED (PLEASE FILL IN STUDENT NAME, ENTRY GRADE, IEP AND GENDER)

I AM A RETURNING STUDENT AND MY CONTACT INFO **HAS** CHANGED (PLEASE FILL OUT THE ENTIRE APPLICATION FORM)

I AM A NEW STUDENT (PLEASE FILL OUT THE ENTIRE APPLICATION FORM)

## STUDENT INFORMATION

STUDENT NAME:	DOB:	GENDER:	F	M	NON-BINARY	ENTRY GRADE:
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:			
HOME PHONE:	STUDENT PHONE:	STUDENT EMAIL:				
HAVE YOU BEEN A STUDENT AT BLYTH ACADEMY IN THE LAST 365 DAYS?		YES	NO			
IF SO, WHERE?:	DO YOU HAVE AN INDIVIDUAL EDUCATION PLAN?					
CITIZENSHIP:	CANADIAN	OTHER:				

International Students please contact [admissions@blytheducation.com](mailto:admissions@blytheducation.com) for International Admissions process and application form.

## PARENT/GUARDIAN INFORMATION

PRIMARY CONTACT:	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2	BOTH
STUDENT RESIDES WITH:	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2	BOTH

### PARENT/GUARDIAN 1

NAME:			
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
HOME PHONE:	BUSINESS PHONE:	CELL PHONE:	EMAIL:

### PARENT/GUARDIAN 2

NAME:			
ADDRESS:	CITY:	PROVINCE:	POSTAL CODE:
HOME PHONE:	BUSINESS PHONE:	CELL PHONE:	EMAIL:

## ENROLMENT OPTIONS

ENTRY TERM:	TERM ONE	TERM TWO	TERM THREE	TERM FOUR
PROGRAM:	REGULAR FULL-TIME ACADEMIC PROGRAM		TERM-BY-TERM ACADEMIC PROGRAM	
CAMPUS:	BURLINGTON ORBIT(VIRTUAL)	DOWNSVIEW PARK THE GLEBE, OTTAWA	ETOBICOKE LAWRENCE PARK	WHITBY MISSISSAUGA



