

William Academy – Application Form

Student Information					
Last Name: <i>(as shown on passport)</i>		Date of Birth: <i>(YYYY/MM/DD)</i>		Highest Grade Completed:	
First Name: <i>(as shown on passport)</i>		Nationality:		Gender: <i>(M / F)</i>	
Email Address:		Phone Number: <i>(include country code)</i>		WhatsApp/ Wechat/Viber:	
Home Address:	<i>Street Name and Number</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>	<i>Postal Code</i>
<input type="checkbox"/> Does the student have any medical history? If yes, please complete Schedule A on page 2.					
<input type="checkbox"/> Does the student have any previous visa refusals by the US or Canada? If yes, please complete Schedule B on page 2.					
Family Information – Father of student					
Last Name:		Date of Birth: <i>(YYYY/MM/DD)</i>			
First Name:		Nationality:		Gender: <i>(M / F)</i>	
Email Address:		Phone Number: <i>(include country code)</i>		WhatsApp/ Wechat/Viber:	
Home Address:	<i>Street Name and Number</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>	<i>Postal Code</i>
Family Information – Mother of student					
Last Name:		Date of Birth: <i>(YYYY/MM/DD)</i>			
First Name:		Nationality:		Gender: <i>(M / F)</i>	
Email Address:		Phone Number: <i>(include country code)</i>		WhatsApp/ Wechat/Viber:	
Home Address:	<i>Street Name and Number</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>	<i>Postal Code</i>
Enrolment & Registration Information					
Enrolment Intake:	<input type="checkbox"/> September	<input type="checkbox"/> November	<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> Summer
If other intake desired, please specify:		Enrolment Year:		Enrolment Duration:	
IELTS, TOEFL, or other English Proficiency Test score: <i>(if completed and available)</i>		Have you studied outside of your home country before? If yes, please specify where:			
Grade applying for:	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12	<input type="checkbox"/> University Prep <input type="checkbox"/> Exchange
Desired Field of Post-Secondary Study: <i>(if other, please specify)</i>	<input type="checkbox"/> Engineering	<input type="checkbox"/> Computers	<input type="checkbox"/> Business	<input type="checkbox"/> Life Science	<input type="checkbox"/> Social Science
	<input type="checkbox"/> Arts	<input type="checkbox"/> Other:			
How did you hear about William Academy?	<input type="checkbox"/> Education Fair	<input type="checkbox"/> Website	<input type="checkbox"/> Agent	<input type="checkbox"/> Other: <i>(please specify)</i>	
If you heard about us through an Agent, please provide Agent details:	Name/ Company:		WhatsApp/ Viber/Wechat:		
	City/Branch:		Email:		
Boarding on-campus, including meals: <i>(If no, please specify where the student will live and how they will commute to school)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No:			
Student Visa Service Provider details: <i>(if applicable)</i>	Name/ Company:		WhatsApp/ Viber/Wechat:		
	City/Branch:		Email:		

Custodian Information (If applicable)					
<input type="checkbox"/> Request William Academy to provide		<input type="checkbox"/> Student's Family and/or Agent to arrange: <i>(If this option is selected, please provide details of Custodian below)</i>			
Last Name:		Date of Birth: <i>(YYYY/MM/DD)</i>			
First Name:		Nationality:		Gender: <i>(M / F)</i>	
Email Address:		Phone Number: <i>(include country code)</i>		WhatsApp/ Wechat/Viber:	
Home Address:	<i>Street Name and Number</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>	<i>Postal Code</i>
Status in Canada:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Permanent Resident			

Schedule A: Medical History
Please note that another medical form that is more detailed will be required to be completed upon student's arrival.
1. List any physical and/or mental health conditions the school should be aware of:
2. List any medications you are currently taking that you will continue to take while at William Academy:
3. Do you require assistance taking your medication?
4. List any allergies you have and the type of reaction (for example, swelling, trouble breathing, rash, etc):
5. Do you carry an EpiPen or inhaler or similar? If yes, please specify:
6. Please include any other details you would like to provide for William Academy:

Schedule B: Visa Application History			
Have you previously applied for a visa to the United States, Canada or other countries? If yes, please complete details of previous applications below, starting from the most recent:			
Date of most recent visa application submission: <i>(YYYY/MM/DD)</i>			
Visa result:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending
If visa denied, state reason for refusal:			
Date of second most recent visa application submission: <i>(YYYY/MM/DD)</i>			
Visa result:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending
If visa denied, state reason for refusal:			
If more than two previous visa application submissions, please provide details of other application submissions:			

Document Checklist – Please include the following documents with application form upon submission:

1. Photocopy of student's passport profile page (with student's photo).
2. Photocopies of student's most recent academic records beginning from grade 9, translated to English.
3. IELTS, TOEFL, or other English Proficiency Test result certificate (if completed and available).

Signature of Applicant: _____

Date: _____

Signature of Parents/Guardian: _____

Date: _____