



# INTERNATIONAL STUDENT APPLICATION FORM

## Student Information

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First /Given Name: \_\_\_\_\_ Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Last/Family/Surname: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male  
English/Nickname: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Birth Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Passport #: \_\_\_\_\_

### When is the student applying to start at Munro Academy?

\_\_\_ September/Full Year      \_\_\_ February Start /2nd Semester      \_\_\_ Summer ESL Camp

Is the applicant seeking a homestay placement? \_\_\_ No \_\_\_ Yes

Health Insurance Company (if any): \_\_\_\_\_ Insurance #: \_\_\_\_\_

## Family Information

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Father's First Name: _____	Mother's First Name: _____
Father's Last Name: _____	Mother's Last Name: _____
Date of Birth (mm/dd/yy): ____/____/____	Date of Birth (mm/dd/yy): ____/____/____
Occupation: _____	Occupation: _____
Lives with Child(ren): ___ No ___ Yes	Lives with Child(ren): ___ No ___ Yes
Cell Phone: _____	Cell Phone: _____

## Address and Contact Information

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Apt., Flat, PO Box #: _____	Home Phone: _____
Street Address: _____	Primary Email: _____
City: _____	_____
Province/State: _____	Secondary Email: _____
Country: _____	_____
Postal Code: _____	

**Emergency Contact - person to contact if parent/custodian not available**

Name of Emergency Contact

Emergency Contact home phone:

\_\_\_\_\_

\_\_\_\_\_

Relationship to Student:

Emergency Contact Cell #:

\_\_\_\_\_

\_\_\_\_\_

## Custody

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Are there special instructions to be noted regarding custody of students? \_\_\_ No \_\_\_ Yes (explain)

\_\_\_\_\_

\_\_\_\_\_

## Academic & Background Information

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Last School Attended:

Contact Person at School:

\_\_\_\_\_

\_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

School Phone #: \_\_\_\_\_

Describe applicant's interest in seeking admission to Munro Academy:

\_\_\_\_\_

\_\_\_\_\_

Outline applicant's schooling history (schools attended, reason for leaving, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate applicant's level of previous academic work: \_\_\_ Excellent \_\_\_ Good \_\_\_ Average \_\_\_ Poor

Describe applicant's academic giftings and/or strengths:

\_\_\_\_\_

\_\_\_\_\_

Describe any diagnosed learning disabilities or other special needs:

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## Agency Information (if applicable)

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Agency Name:

Agent's Email:

Name of Agent Representative:

Agent's Phone Number ( country/code/number):

## Parental Agreement

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As parents, we give our full support to the teachers, programs and policies of the school. We pledge to pay the tuition payments fully and on time. We understand and agree with Munro Academy's refund policy(on MA website).

Parent's Signature

Student's Signature

Date

Date

## How to Complete Application

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**STEP 1** - Please email copies (no originals) to: [jpino@munroacademy.org](mailto:jpino@munroacademy.org)

- Completed Application Form
- Birth certificate
- Passport information (photocopy of picture/passport number page)
- Last year's final report card
- This year's most recent report card (official transcripts)
- All English Proficiency tests
- Any educational or psychological tests completed in the past three years

Once all documents have been received Munro Academy Admissions team will review and a response (Letter of Acceptance, etc.) will be emailed to you within 1-2 weeks.

**STEP 2** - Acquire your Canadian Student Permit: To study in Canada, students must obtain a student visa from the Canadian Government. Contact your nearest Canadian Consulate or Embassy to arrange an appointment. Bring your acceptance letter and all supporting documents. If you have additional questions, please visit Canadian Immigration online, or contact us at [info@munroacademy.org](mailto:info@munroacademy.org). Once your student visa is approved, we will communicate next steps for travel and orientation, and welcome you to Munro Academy.

**FOR SCHOOL USE ONLY**

\_\_\_\_\_ (applicant) \_\_\_\_ has/ \_\_\_\_ has not been accepted as a student at Munro Academy.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**Admissions Checklist:**

\_\_\_ Student/Parent Handbook Read      \_\_\_ Lifestyle commitment      \_\_\_ Vision

**Insurance Checklist**

\_\_\_ Insurance Info      \_\_\_ Copy of Insurance

**Finance Checklist**

\_\_\_ International Registration Fee (\$100)      \_\_\_ Tuition - Wire Transfer received

**Homestay Contact Info**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Other Info:



# INTERNATIONAL STUDENT HEALTH FORM

## Student Information

First/Given Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Last/Family/Surname: \_\_\_\_\_

Health Insurance Company (if any):  
\_\_\_\_\_

English/Nickname: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Insurance #:  
\_\_\_\_\_

Age: \_\_\_\_\_

## Diseases/Conditions

Has student ever had...	Check all that apply.	Date (mm/dd/yyyy)	Has student ever had...	Check all that apply.	Date (mm/dd/yyyy)
Diphtheria		/ /	Chicken Pox		/ /
Measles		/ /	Rheumatic		/ /
Mumps		/ /	Fever Scarlet		/ /
Polio		/ /	Whooping Cough		/ /
Rubella		/ /	Other: (Specify)		/ /
Tetanus		/ /			
Covid-19		/ /			

Has student ever been diagnosed with...	Check all that apply.	Date (mm/dd/yyyy)	Has student ever been diagnosed with...	Check all that apply.	Date (mm/dd/yyyy)
Asthma		/ /	Rheumatic		/ /
Diabetes		/ /	Visual Problems		/ /
Hearing Problems		/ /	Other: (Specify)		/ /
Heart Condition		/ /			
Pneumonia		/ /			

## Please Answer The Following Questions

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Has the applicant received required/standard immunizations?

No (If NO, specify.)  Yes

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Has the applicant received Covid-19 vaccinations?

No (If NO, specify.)  First - Type \_\_\_\_\_  Second - Type \_\_\_\_\_  
 Booster- enter date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ - Type \_\_\_\_\_

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Does the applicant have any allergies?

No  Yes (If YES , specify.)

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Does the applicant have a disability?

No  Yes (If YES , specify.)

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Has the applicant a medical problem that should be brought to the attention of the school?

No  Yes (If YES , specify.)

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Is the applicant on daily medication?

No  Yes (If YES, specify.)

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Is there any information that you feel is important for the school to know that has not been covered in this update?

No  Yes (If YES , specify.)

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# INTERNATIONAL STUDENT PERMISSION FORM

## Student Information

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First/Given Name: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last/Family/Surname: \_\_\_\_\_

Age: \_\_\_\_\_

English/Nickname: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

## Permission

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Only check if permission is granted

- School Trips:** Permission to participate in school related off campus trips that are supervised by a faculty member. Such as: Sports, Field Trips, Skating etc.
- Media Permission:** Picture, voice, video and/or work may be used by MA for promotional materials.
- Lunch hour Permission (Grades 9 – 12 Only):** Permission to leave MA grounds between the hours 12:40 pm – 1:15 pm and recognize that students will be unsupervised by school faculty.

## Parental Consent

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\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date