

ENROLMENT APPLICATION FORM

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (DD/MM/YY)
STREET ADDRESS			APT. #
CITY		PROVINCE/ STATE	POSTAL CODE
PHONE	EMAIL		
SOCIAL INSURANCE NO.	EMERGENCY CONTACT NAME/ PHONE		
CITIZENSHIP	DO YOU HAVE A VALID STUDY PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS ENGLISH YOUR FIRST LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DO YOU HAVE PROOF OF ENGLISH PROFICIENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH TEST/SCORE? _____		
ARE YOU USING AN EDUCATION AGENT OR CONSULTANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENT CONTACT INFORMATION: AGENCY NAME _____		
IF YES, BY COMPLETING AND SIGNING THIS FORM, I APPROVE ALL COMMUNICATIONS BE SENT TO MY AGENT UP TO THE FIRST DAY OF MY PROGRAM.	CONTACT NAME _____		
	EMAIL _____		
	PHONE _____		

PROGRAM OF INTEREST

PROGRAM NAME	PREFERRED START DATE
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EDUCATION

HIGH SCHOOL			ADDRESS		
FROM	TO	DID YOU GRADUATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CREDENTIAL
POST-SECONDARY INSTITUTION			ADDRESS		
FROM	TO	DID YOU GRADUATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CREDENTIAL
OTHER INSTITUTION/ STUDIES			ADDRESS		
FROM	TO	DID YOU GRADUATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CREDENTIAL

PERSONAL INFORMATION

DO YOU HAVE ANY HEALTH ISSUES WE SHOULD BE AWARE OF ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN (PLEASE INCLUDE ANY ALLERGIES OR MEDICATIONS):
ARE YOU CURRENTLY BEING TREATED BY A PHYSICIAN OR COUNSELLOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
DO YOU HAVE ANY LEARNING DISABILITIES OR IEP WE SHOULD BE AWARE OF ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
ARE THERE ANY CONDITIONS WHICH MAY IMPACT YOUR PERFORMANCE IN YOUR PROGRAM WE SHOULD BE AWARE OF?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:
ARE YOU APPLYING FOR FINANCIAL AID?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:

DECLARATION AND DISCLAIMER

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE	
I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY BE CONSIDERED FRAUD AND MAY RESULT IN A TERMINATION OF MY STUDENT ENROLMENT CONTRACT	
NAME OF APPLICANT (PLEASE PRINT)	
SIGNATURE OF STUDENT	
IF APPLICANT IS UNDER 19 YEARS OF AGE, NAME OF PARENT, GUARDIAN OR AGENT (PLEASE PRINT)	
SIGNATURE OF PARENT, GUARDIAN OR AGENT	
DATE SIGNED (DD/MM/YY)	
<input type="checkbox"/> I CONSENT TO ORANE INTERNATIONAL COLLEGE SENDING ME COMMERCIAL ELECTRONIC MESSAGES INCLUDING NEWSLETTERS AND PROGRAM UPDATES BY EMAIL	EMAIL
<input type="checkbox"/> I CONSENT TO ORANE INTERNATIONAL COLLEGE SENDING ME COMMERCIAL ELECTRONIC MESSAGES INCLUDING NEWSLETTERS AND PROGRAM UPDATES BY TEXT (PLEASE PROVIDE PREFERRED CELL PHONE #)	CELL PHONE

UPON RECEIPT OF THE COMPLETED FORM, YOUR ADMISSIONS REPRESENTATIVE WILL REVIEW YOUR APPLICATION. ONCE YOU HAVE BEEN OFFERED ACCEPTANCE INTO YOUR PROGRAM OF CHOICE, A NON-REFUNDABLE REGISTRATION FEE AND AN INITIAL TUITION PAYMENT (DEPOSIT) ARE REQUIRED TO SECURE YOUR PLACE IN THE PROGRAM.

NOTE: PROGRAM OFFERINGS, SCHEDULES, TUITION AND FEES, FACILITIES AND FACULTY ARE SUBJECT TO CHANGE WITHOUT NOTICE. WE RESERVE THE RIGHT TO CANCEL OR POSTPONE CLASSES DUE TO INADEQUATE ENROLMENT.