



CENTENNIAL COLLEGE

# APPLICATION FOR ADMISSION

## SECTION 1

## Admissions Information

Student is applying for which program:	<input type="checkbox"/> Social Science (General Profile)	<input type="checkbox"/> Social Science (Commerce Profile)
	<input type="checkbox"/> Bridge to Commerce	
Student is applying to start in which semester:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	
Student is applying to start in which year:	YYYY:	
Student's present school/grade:	Secondary:	
Present CEGEP/semester:	CEGEP:	
Student's Quebec Permanent Code*:		
Student's Social Insurance Number (SIN)**:		
Student has previously applied to Centennial:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, in what year:	YYYY:	

\* A **Permanent Code** is assigned to every student studying in Quebec. If the student has never studied in Quebec and therefore does not have a Permanent Code, Centennial College will assist in obtaining one for the student.

\*\* The **Social Insurance Number (SIN)** is required for the Releve 8 and T2202 for income taxes.

## SECTION 2

## Student Information

First / given name(s):			
Last / family name(s):			
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Home address:	Street address:		Apt.:
	City:	Province:	
	Country:	Postal Code:	
Date of birth:	YYYY:	MM:	DD:
Place of birth:	City:	Province:	Country:
Citizenship(s):			
Mother tongue:	Language(s) spoken at home:		
Telephone (cell):	Email address:		

## SECTION 3

## Student's Legal Status in Canada

Please put an X in every box that applies to the student.

<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Temporary Resident – Student Visa or Work permit
<input type="checkbox"/> Permanent Resident of Quebec	<input type="checkbox"/> Diplomatic family
<input type="checkbox"/> Official Refugee Status	<input type="checkbox"/> Other (specify):

**SECTION 4****Parent / Guardian Information****PARENT 1**

First / given name(s):			
Last / family name(s):			
Relation to student (mother/father):			
Home address	Street address:	Apt.:	
(if different from student):	City:	Province:	
	Country:	Postal Code:	
Email address:			
Telephone (Cell, Work, Home):	C:	W:	H:
Occupation:			
Employer:			

**PARENT 2 (complete only if applicable)**

First / given name(s):			
Last / family name(s):			
Relation to student (mother/father):			
Home address	Street address:	Apt.:	
(if different from student):	City:	Province:	
	Country:	Postal Code:	
Email address:			
Telephone (Cell, Work, Home):	C:	W:	H:
Occupation:			
Employer:			

**LEGAL GUARDIAN (complete only if applicable)**

First / given name(s):			
Last / family name(s):			
Relation to student:			
Home address	Street address:	Apt.:	
(if different from student:	City:	Province:	
	Country:	Postal Code:	
Email address:			
Telephone (Cell, Work, Home):	C:	W:	H:
Occupation:			
Employer:			

**SECTION 5****Student's Learning Profile**

Please provide information about the schools that the student has attended, starting with the most recent.

Name of school	Grade(s) Year(s)	Main language of instruction	Reason(s) for leaving

Please answer the following questions and provide details, if applicable.

Question	Yes	No	Details
Did the student receive a derogation to start school early?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever skipped a grade? If yes, which one?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever repeated a grade? If yes, which one?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever received remediation or enrichment at school? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever had an Individualized Education Program (IEP)? If yes, please indicate in which year(s).*	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever received accommodations in school, such as extra time, a quiet space or a computer for writing exams? If yes, provide details.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever had a psycho-educational assessment? If yes, please indicate in which year(s).*	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever had a learning assessment? If yes, please indicate in which year(s).*	<input type="checkbox"/>	<input type="checkbox"/>	
What are the student's academic strengths?			
What are the student's academic weaknesses?			
What are the student's hobbies, interests, awards won and achievements?			
Please list your positions of leadership in school or in the community.			

\* Please include a copy of any IEPs, psychological assessment reports and/or learning assessment reports with this Application for Admission form.

**SECTION 6****Student's Family Profile**

Please indicate who the student lives with.

<input type="checkbox"/> Parent 1 and Parent 2	<input type="checkbox"/> Parent 1 (exclusively)	<input type="checkbox"/> Parent 2 (exclusively)
<input type="checkbox"/> Parent 1 and Parent 2 (shared)	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other (specify):

Please indicate if any of these situations applies to the student, as they may affect the student's learning.

<input type="checkbox"/>	Parents are separated or divorced.	<input type="checkbox"/>	One or both parents are deceased.
<input type="checkbox"/>	A parent or sibling is chronically ill.	<input type="checkbox"/>	One or both parents live abroad.

Please indicate with whom Centennial Academy should communicate about the student.

<input type="checkbox"/>	Parent 1 and Parent 2	<input type="checkbox"/>	Parent 2
<input type="checkbox"/>	Parent 1	<input type="checkbox"/>	Legal Guardian

Please indicate to whom Centennial Academy should send invoices.

<input type="checkbox"/>	Parent 1	<input type="checkbox"/>	Legal Guardian
<input type="checkbox"/>	Parent 2		

## SECTION 7

## Additional Information

Please let us know how you heard about Centennial College (put an X in every box that applies).

<input type="checkbox"/>	An advertisement on the internet	<input type="checkbox"/>	By searching for a school on the internet
<input type="checkbox"/>	An advertisement in a magazine or newspaper	<input type="checkbox"/>	At a school fair or education fair
<input type="checkbox"/>	An advertisement on the radio	<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	A family member or friend	Name:	
<input type="checkbox"/>	The student's current school or previous school	Name:	
<input type="checkbox"/>	The student's pediatrician, psychologist, or psychiatrist	Name:	
<input type="checkbox"/>	A learning specialist, speech therapist or tutor	Name:	

Why have you applied to Centennial College?

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## SECTION 8

## Signature and Fee

I hereby certify that the information I have provided in this form is accurate and complete.

Application forms with missing information will not be considered.

Please note that students who are 18 years and older are asked upon acceptance to sign a student waiver form permitting College personnel to communicate and release academic information to their parent(s)/guardian.

Signature of student:	
Signature of Parent or Legal Guardian: (if the student is 18 or younger)	
Date of signature:	YYYY: MM: DD:

I have enclosed the non-refundable application fee of CAD \$40, in the following form:

<input type="checkbox"/>	Cash	<input type="checkbox"/>	Personal cheque (made payable to Centennial College)
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**CENTENNIAL COLLEGE**

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