



WESTFIELD SECONDARY SCHOOL

160 Commerce Valley Dr E Markham, ON L3T0A9 CANADA

Application Form

Student Information

Surname (Family name)		First name (Given name)	
Other name (English name)		Gender	Male Female
Date of Birth	(MM/DD/YYYY)	Age	
Citizenship		Country of Birth	
Email Address		Phone Number	

Current Education Information (attach recent original or certified copies of transcripts translated into English)

Name of your current school			
Email Address		Current Grade Attending	
Current School Year Start Date		End Date	
Certificate/Diploma Received		Received Date	
TOEFL Score/Year Taken (if Applicable)		IELTS Score/Year Taken (if Applicable)	
Other Language Proficiency Test Taken (if Applicable)		Scores (if Applicable)	

Study Plan

Grade Applying	7	8	9	10	11	12	Pre-U
Semester Applying	September	November	February	April	July		
Specific Ontario Courses/Credits Needed (for Current Ontario students)							
Goals	Ontario Secondary School Diploma			University Preparation Courses			
Area of Interest	Arts	Business	Computer Studies	English	Science		
Post-Secondary Goals	Mathematics	Social Scienc	Engineering	Other (please specify): _____			
Extra-Curricular (please specify if necessary)	Attend University in Canada		Attend College in Canada		Attend University in the USA		
	Other (please specify): _____						
	Sports: _____		Musical Instruments: _____		Arts: _____		Journalism
	Film or Video Production		Photography		Other: _____		



香港區招生代理: www.lklhk.com 查詢: +852 35948515/ +852 35979373
 Student Recruitment Agent-HK Region: education@lklhk.com Enquiry: +852 61104813 (Whatsapp/Wechat)
LKL INTERNATIONAL CONSULTING COMPANY (HONG KONG) LIMITED
樂意仕國際移民升學顧問(香港)有限公司
 Room 504,5/F, Kenbo Commercial Building, 335-339 Queen's Road West Hong Kong
 香港皇后大道西 335-339 號崑崙商業大廈 5 樓 504 室



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Student Services Information

Custodianship	Required	Not Required	Airport Pick-up	Required	Not Required
Accommodation & Care	All international students are required to live in accommodation arranged by the Academy				

Parent and Family Information

Father		Mother	
Surname (Family name)		Surname (Family name)	
First Name (Given name)		First Name (Given name)	
Date of Birth (mm/dd/yyyy)		Date of Birth (mm/dd/yyyy)	
Email Address		Email Address	
Cell-phone#		Cell-phone#	
Highest Education		Highest Education	
Employer		Employer	
Job Title		Job Title	
Work phone#		Work phone#	
Home Country Mailing Address	Apt/Unit Province/State	Street no. Country	District Postal Code
Home Phone#		Emergency Contact	Father Mother
Email Address to receive information from the Academy			Mother Father Both
Accompanying Family Member (to the Academy)		Mother Father Other (please specify): _____	

Emergency Contact Information in Canada

Surname (Family name)		First Name (Given name)	
Relationship to the student		Email Address	
Home Phone#		Work Phone#	
Home Address	Apt/Unit Province/State	Street no. Country	District Postal Code

Medical Information (An up-to-date immunization record is required by the Public Health Department and Academy officials. A form outlining immunizations requirements will be sent to all students accepted to the Academy.)

Does the student have any medical condition or take any medication?	Yes No	If yes, please describe: _____
Does the student have perceived or documented learning disability, physical handicap, social integration difficulty, behavioural concerns?	Yes No	If yes, please describe: _____



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Agency Information (if applicable)

Company		Contract Person	
I, [], hereby authorize the above named agent to receive personal, school and accommodation information electronically of [] (name of student) on my behalf.			
Signature		Date	

TERMS AND CONDITIONS

◆ **Medical Insurance: Students are required to have medical insurance PRIOR to arriving in Canada.**

◆ **Both homestay and medical insurance are MANDATORY. ALL students are required to have medical insurance AND homestay placement PRIOR to arrival to Canada.**

◆ Westfield Secondary School (WSS) is not liable for losses/expenses that may incur as a result of WSS being unable to provide education owing to labour disputes, inclement weather conditions or other causes beyond its control.

◆ WSS will not be held liable, should the student be injured while studying in Canada.

◆ WSS reserves the right to dismiss a student and send the student home without refund and at the parents' own expense as a result of any inaccuracy in the application.

◆ WSS will not be held responsible for any injury, loss or injury suffered by a student during periods of travel and study. If a student becomes ill or incapacitated, WSS and its representatives may take such action as it considers necessary, including securing medical treatment and transporting the student home at his/her expense.

I have read and understand the TERMS and CONDITION as outlined above, and verify that everything stated in the application is true and accurate.

The undersigned hereby agrees to indemnify WSS, its officers, employees, agents, volunteers and representatives for any loss or damage to my child or my child's personal property arising from participating in WSS's programs or expense incurred, resulting from my/our child's willful or negligent behavior or actions.

Signature of Father		Date	
Signature of Mother		Date	
Signature of Applicant		Date	



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