



NORTH STAR ACADEMY LAVAL

Application for Admission

Let us help you take the worry out of the admission process. We will guide you, step by step on what you need to do.

For more information call (450) 973-9797 or email admissions@northstaracademy.ca. We are here to answer all your questions.

Step 1

Registration

Submit the online Application for Admission Form located at northstaracademy.ca, or return the printed version by email to admissions@northstaracademy.ca.

Step 2

Registration Checklist

The Registration package must include all the documents listed below in the Checklist.

Step 3

Submit the Completed Registration Package

Documents should be sent by email to the Admissions Office or by mail/in person to the address below.

Step 4

File Assessment & Response

The file will be analyzed and evaluated. You will receive a response from us within a few days.

Checklist

- | | |
|---|--|
| <input type="checkbox"/> A completed application form | <input type="checkbox"/> A copy of any psycho-socio or educational evaluation (if applicable) |
| <input type="checkbox"/> An original copy of their Civil Birth Certificate | <input type="checkbox"/> The Quebec Certificate of Acceptance letter and/or the Study Permit (C.A.Q.)* |
| <input type="checkbox"/> A recent wallet-size picture of the applicant | <input type="checkbox"/> Photocopy of passport* |
| <input type="checkbox"/> A legible photocopy of the applicant's most recent report card | |
| <input type="checkbox"/> A non-refundable Application Fee of \$50 | |

*International students only

Admissions Office

North Star Academy Laval
950, rue Elodie-Boucher
Laval (QC) H7W 0C6
admissions@northstaracademy.ca

North Star Academy Laval | APPLICATION FOR ADMISSION

Secondary 1 2 3 4 5

Start Date (MM/YY): _____

Residence required: Home Stay Dormitory

Application Date (YY/MM/DD): _____

For office use

ID# _____ Start Date: _____

APPLICANT

Surname: _____ Given Name : _____

Date of Birth: (YY/MM/DD) _____ Sex: M F Other: _____

Place of Birth: City _____ Country: _____

Tel.: _____ Email: _____

Mother tongue: _____ Language spoken at home: _____

Student's permanent code: _____ Certificate of Eligibility: Yes No

Status in Canada: Canadian Citizen Permanent Resident Other: _____

FAMILY INFORMATION

Father's Surname: _____ Given Name: _____

Place of Birth: City: _____ Country: _____

Occupation: _____ Email: _____

Address: _____

City: _____ Country: _____

Postal Code: _____ Tel. (Home): _____

Tel. (Office): _____ Tel. (Mobile): _____

Mother's Surname: _____ Given Name: _____

Place of Birth: City: _____ Country: _____

Occupation: _____ Email: _____

If different than father's address

Address: _____

City: _____ Country: _____

Postal Code: _____ Tel. (Home): _____

Tel. (Office): _____ Tel. (Mobile): _____

SCHOOL HISTORY

Present school: _____

Present grade level: _____ Last grade level completed: _____

CORRESPONDANCE

PRIMARY

Father Mother Guardian Agent Other (relationship): _____

Contact information required for Guardian / Agent / Other

Name of Agency (for agents only): _____

Surname: _____ Given Name: _____

Relationship to Applicant: _____ Email: _____

Address: _____

City: _____ Country: _____

Postal Code: _____ Tel. (Home): _____

Tel. (Office): _____ Tel. (Mobile): _____

SECONDARY (if applicable)

Father Mother Guardian Agent Other (relationship): _____

Contact information required for Guardian / Agent / Other

Name of Agency (for agents only): _____

Surname: _____ Given Name: _____

Relationship to Applicant: _____ Email: _____

Address: _____

City: _____ Country: _____

Postal Code: _____ Tel. (Home): _____

Tel. (Office): _____ Tel. (Mobile): _____

ADDITIONAL INFORMATION

Please complete the following if you have been in the country for less than 3 years OR are entering the country to study for the first time.

1. Do you have a high school diploma from your country? Yes No

2. Do you plan on earning a Quebec High school diploma? Yes No

3. Is this going to be your first year studying in Canada? Yes No

5. Is your primary goal with us? Learn English Earn a high school diploma

PERSON RESPONSIBLE FOR THE APPLICATION

Father Mother Guardian Agent Other (relationship):

Surname:

Given Name:

Signature:

Referred by: Friend Internet School Newspaper/Magazine Ad Trade Show

Other (please specify):

STUDENT PROFILE

For office use	
ID# _____	Start Date: _____

Secondary

1 2 3 4 5

To be completed by parent / guardian

What are your child's strengths?

What skills would your child like to improve?

What are your expectations of North Star Academy Laval for your child?

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List your child's athletic interests and achievements.

List the languages that your child can speak.

1.	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
2.	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
3.	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
4.	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
5.	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Does your child receive support to enhance or improve his/her academic skills? If so, what is the nature of this support?

Has your child been diagnosed with a learning disability? If yes, please specify.

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Has your child ever repeated or skipped a grade?

Does your child have any physical restriction or special requirements? If yes, please provide details below.

Additional comments.
