



# Kingsway College

1200 Leland Road, Oshawa, ON L1K 2H4, Canada  
Tel: 905-433-1144 Fax: 905-433-1156  
admissions@kingsway.college  
www.kingsway.college

## Form 1: Application for Admission

Semester Applying for: (circle one) September, 2023 (1st semester) or February, 2024 (2nd semester)

### Student Information

Please print legibly

**\*\*Required fields**

Legal Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: Male Female Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade Applying for: (circle one) 9 10 11 12 Residence: (circle one) Dorm Community

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

Mandatory Student Contact Email: \_\_\_\_\_  
(for communication purposes)

Canadian Social Insurance No. \_\_\_\_\_  
(required for all students in the work program)

Canadian Health Card No. \_\_\_\_\_  
(student must always carry health card)

Primary Language Spoken: \_\_\_\_\_

How did you hear about Kingsway College?

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### Emergency Contact

\*\*In case of Emergency, please notify **(other than parent/guardian)**. We will be calling to confirm the contact is valid

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Academic Information

Are you attending, or have you ever attended an Ontario School (*circle one*): Yes No

School Last Attended: \_\_\_\_\_

Type of School (*circle one*): Private Public Separate

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

### Academic Information

- |     |    |   |
|-----|----|---|
| Yes | No | Has any previous school attendance been interrupted by illness for more than a 2-week duration?                                     |
| Yes | No | Have you ever been asked to withdraw, or withdrawn from school for any reason, including medical, emotional, or behavioral reasons? |
| Yes | No | Have you ever been suspended, dismissed, or expelled?   |
| Yes | No | Have you ever experienced emotional or behavioral difficulty?   |
| Yes | No | Have you ever used alcohol, tobacco, or illegal drugs in any form?  |
| Yes | No | Have you ever tried to harm yourself?   |
| Yes | No | Have you ever been arrested or on probation?  |

If you answered YES to any of the above questions, please explain the circumstances below:

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- |     |    |   |
|-----|----|---|
| Yes | No | Are you, or have you ever been on an independant education plan (IEP)? If yes, please submit a copy of your IEP |
|-----|----|---|

## Student Status

Yes      No      Were you born in Canada?

If **YES**, please submit a copy of your birth certificate, proceed to "Religious Affiliation" section.

If **NO**, proceed below

Status in Canada:

\_\_\_\_\_ Citizen (please submit a copy of your Passport & Citizenship card)

\_\_\_\_\_ Permanent Resident (please submit a copy of your Passport & Permanent Resident card)

\_\_\_\_\_ Study Permit (please submit a copy of your Passport & Study Permit - IMM 5269.)

\_\_\_\_\_ Refugee Status

Country of Birth: \_\_\_\_\_

If **REFUGEE**, **CITIZEN** or **PERMANENT RESIDENT**, entry date to Canada:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## Religious Affiliation

| RELIGIOUS AFFILIATION | HOME CHURCH | BAPTIZED<br>(circle one) |    |
|-----------------------|-------------|--------------------------|----|
| Student: _____        | _____       | Yes                      | No |
| Father: _____         | _____       | Yes                      | No |
| Mother: _____         | _____       | Yes                      | No |
| Legal Guardian: _____ | _____       | Yes                      | No |

## Parent/Guardian Information

### FATHER:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/ ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes      No      Do you have legal custody of the student?

Yes      No      Does the student currently live with you?

## Parent/Guardian Information Continued

### MOTHER:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/ ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes No Do you have legal custody of the student?

Yes No Does the student currently live with you?

### LEGAL GUARDIAN (if applicable):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Postal Code/ ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes No Do you have legal custody of the student?

Yes No Does the student currently live with you?

## Commitments and Consents

### STUDENT COMMITMENT:

"I wish to be considered for admission to Kingsway College for the 2023-2024 school year. **I have read the Student Handbook and agree to be bound by the terms and conditions therein.** I am willing to participate in the Seventh-day Adventist religious education and programs provided by Kingsway College. If accepted, I agree to willingly abide by the rules, regulations, and policies of Kingsway College, and understand that any failure to do so may jeopardize my stay at Kingsway College. I agree to have my student labour applied directly to my account. I also understand that if accepted, financial arrangements must be made with the Business Office."

STUDENT SIGNATURE: X \_\_\_\_\_

DATE:        /        /  
                 MM        DD        YYYY

## Commitments and Consents Continued

\*required to be signed before student can be registered

### PARENT/GUARDIAN COMMITMENT:\*

"I have read the Student Handbook and agree to be bound by the terms and conditions therein. To the best of my knowledge, the questions on the application have been answered honestly. I will encourage my student to cooperate with the rules, regulations, and policies of Kingsway College. I understand my financial obligation, and I agree to pay my student's account each month, unless otherwise arranged in advance. I further agree that my student's account will be paid in full before transcripts are released."

PARENT/GUARDIAN SIGNATURE: X \_\_\_\_\_

DATE:        /        /  
                 MM        DD        YYYY

### CONSENT FOR KINGSWAY ISSUED G-SUITE DOMAIN:\*

I agree to the use of a Kingsway College issued e-mail address for myself and I further acknowledge and agree that as part of the school's G-Suite domain, that the emails and documents in this account will be:

- (1) housed on servers outside of Canada;
- (2) subject to Google's terms of service contained in their General and Education policies, as well as Google Privacy Policies (<https://www.google.com/policies/privacy/>)(<https://edu.google.com/trust/>); and
- (3) fully monitored and accessed by Kingsway College at their discretion.

I also agree to the use of a Kingsway College issued e-mail address for my student and I further acknowledge and agree that as part of the school's G-Suite domain, that the emails and documents in this account will be:

- (1) housed on servers outside of Canada;
- (2) subject to Google's terms of service contained in their General and Education policies, as well as Google Privacy Policies (<https://www.google.com/policies/privacy/>)(<https://edu.google.com/trust/>); and
- (3) fully monitored and accessed by Kingsway College at their discretion.

I understand this will be in effect as long as my student is enrolled at Kingsway College

PARENT/GUARDIAN SIGNATURE: X \_\_\_\_\_

DATE:        /        /  
                 MM        DD        YYYY

**INTERNAL CONSENT FOR RELEASE OF INFORMATION:**

Kingsway College is committed to safeguarding personal information of students and meeting or exceeding the privacy standards established by the Personal Information Protection and Electronic Act (PIPEA) in Ontario.

Please read the following statement and sign below:

"I hereby: \_\_\_ give permission \_\_\_ do not give permission for my child's name and picture to be published in the following internal publications:

- (1) Whozit picture mugbook
- (2) Cedar Sentinel school newspaper
- (3) Cedar Trails yearbook

\_\_\_ I understand that this will be in effect as long as my child is enrolled at Kingsway College, or until I provide written notification of changes."

PARENT/GUARDIAN SIGNATURE: X \_\_\_\_\_

DATE:        /        /  
              MM        DD        YYYY

**EXTERNAL CONSENT FOR RELEASE OF INFORMATION:**

Kingsway College is committed to safeguarding personal information of students and meeting or exceeding the privacy standards established by the Personal Information Protection and Electronic Act (PIPEA) in Ontario.

Please complete the following statement and sign below:

"I hereby: \_\_\_ give permission \_\_\_ do not give permission for my child's name and picture to be published in the following external publications

- (1) Seventh-day Adventist Institutions
- (2) Public Relations material, including but not limited to: advertisements, articles, brochures, videos, websites, and social media
- (3) Public recognition of student work
- (4) Cedar Trails e-yearbook web pages

\_\_\_ I understand that this will be in effect as long as my student is enrolled at Kingsway College, or until I provide written notification of changes."

PARENT/GUARDIAN SIGNATURE: X \_\_\_\_\_

DATE:        /        /  
              MM        DD        YYYY