



BRAEMAR
COLLEGE

Agency name, if applicable

Mr. Ms. Last Name: _____ Given Name(s): _____

Date of Birth: Day _____ Month _____ Year _____ Passport #: _____

Street Number _____ Street Name _____ City _____

State/Prov. _____ Country _____ Postal Code _____

Tel: _____ Fax: _____ Email: _____

HIGH SCHOOL PROGRAM

Please check start date:

Semester 1	
Semester 2	
Semester 3	
Semester 4	
Summer School	

Grades 9 to 12
Students must have completed equivalent of Grade 8 to enroll

INTEGRATED HIGH SCHOOL PROGRAM

Please check:

2 weeks	
3 weeks	
4 weeks	
5 weeks	
5 weeks +	

This program is for groups only, & is intended for students currently attending high school

UNIVERSITY PREPARATION PROGRAM

Please check start date:

Semester 1	
Semester 2	
Semester 3	
Semester 4	
Summer School	

Involves 2 courses per semester

EXPRESS PROGRAM **GO FASTER**

Please check start date:

Semester 1	
Semester 2	
Semester 3	

Involves 3 courses per semester (Summer School excepted)

CANADA EXCHANGE PROGRAM

Please check:

Semester 1	
Semester 2	
Semester 3	
Semester 4	

Students enroll in 4 or 5 courses per Half-Academic Year

Housing Required? Yes ___ No ___ (If yes, fill out Housing Form) Need Medical Insurance? Yes ___ No ___ Airport Pickup? Yes ___ No ___

I hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I have read and agree to the terms and conditions of the school's code of conduct without reservation.

Signature of Applicant: _____ Starting date: Day _____ Month _____ Year _____
(or guardian/parent if applicant is under 18 years of age)