



OSSD PROGRAM


(Ontario Secondary School Diploma)
APPLICATION FORM
 (2023 Intake)

In partnership with:

SECTION A: STUDENT INFORMATION

Office use only

STUDENT DETAILS:

Family name:		Recent student photograph with white/blue background:		
First names:				
Preferred name:				
ID/Passport No.:				
Gender:				
OSSD Entry Grade:				
Religion:				
Nationality:				
Address:		City:		
		Province:		
		Postcode:		
		Country:		
Email address:		Email address No.2: <i>(optional)</i>		
Home Phone No.:		Student Phone No.:		
Present school:		Present school City:		
Date of birth:		Place of birth:		

PARENT/GUARDIAN 1 - INFORMATION:

Office use only

Family name:		Gender:		
First names:		Relationship:		
Preferred name:		Occupation:		
ID/Passport No.:		Nationality:		
Address:		City		
		Province:		
		Country:		
		Postcode:		
Email address:		Email address No.2: <i>(optional)</i>		
Home Phone No.:		Mobile Phone No.:		
Place of Work:		Work phone No.:		

PARENT/GUARDIAN 2 - INFORMATION:				Office use only
Family name:		Gender:		
First names:		Relationship:		
Preferred name:		Occupation:		
ID/Passport No.:		Nationality:		
Address:		City		
		Province:		
		Country:		
		Postcode:		
Email address:		Email address No.2: <i>(optional)</i>		
Home Phone No.:		Mobile Phone No.:		
Place of Work:		Work phone No:		

SECTION B: EMERGENCY INFORMATION:

CONTACT IN CASE OF AN EMERGENCY:

CONTACT 1:	Name:		Email address:	
	Phone No.:		Work phone No.:	
	Relationship:			
CONTACT 2:	Name:		Email address:	
	Phone No.:		Work phone No.:	
	Relationship:			

SECTION C: STUDENT EDUCATION BACKGROUND: *(Please begin with the most recent)*

Office use only

PRIOR LEARNING DETAILS:

Name of School/City/Country	Years attended	Highest level attained	Language of instruction	

PRIOR LEARNING EXPERIENCE:

1.	Has the student previously submitted an OSSD course application?	Yes/No	<i>If yes give details:</i>	
2.	Has the student ever been on an ESL program?	Yes/No	<i>If yes give details:</i>	
3.	Has the student ever been diagnosed with any prior learning conditions that may require extra support?	Yes/No	<i>If yes give details:</i>	
4.	Has the student ever been rejected from an OSSD program application?	Yes/No	<i>If yes give details:</i>	
5.	Is there anything about the students prior learning you feel needs to be detailed?	Yes/No	<i>If yes give details:</i>	

LANGUAGE PROFICIENCY: *(No. 1-3 where 1 = high proficiency)*

E.g. 1. English 2. Bahasa Melayu 3. Mandarin

1.	2.	3.	
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SECTION D: OSSD COURSES APPLYING FOR:

PROGRAM OPTIONS:

Office use only

Track/Stream:					
Full time (8+ courses):		Yes/No	Part time (1-7 courses):	1 2 3 4 5 6 7 <i>(Circle number of courses to be taken)</i>	
Courses:		Course name:	Grade Level:	Course code:	
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

PAYMENT:

Office use only

Method of payment:	Credit Card	Cash <i>(Circle)</i>	Bank transfer	
Application fee receipt attached:	Yes/No <i>(Circle)</i>	If no, why:		

SECTION E: TERMS AND CONDITIONS:

1. All cancellations must be made in writing
2. Application fees are non refundable under any circumstances
3. Upon Registration, Application/Tuition/PLAR and examination fees are non refundable under any circumstances
4. Discounts are not allowed under any circumstances
5. No student can commence any course unless the full fees are paid in advance.
6. Groveville Collegiate will refund 100% of Tuition/Examination and PLAR fees paid in the event that they are not able to offer the courses as advertised
7. In the event that a student is ineligible to be admitted to a course 100% of all Tuition/PLAR and Examination fees will be refunded

I have read and agree to the terms, conditions and fees of this program. I am aware of the cancellation policies and agree not to dispute or attempt to charge back the above signed for and/or acknowledged fees. I am aware that it is my responsibility to ensure there are sufficient funds available in all accounts specified to make the full payment.

Signed:

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<hr/> Parent/Guardian 1 or 2 (If under 18)	<hr/> OSSD Representative	<hr/> Date	
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