



Print and submit the following application after completion  
Island Career Academy

## APPLICATION FORM

721 Alexandra Street  
Sydney, NS, B1S 2H4  
Phone: 902.564.6112  
Fax: 902.562.6175

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET / P.O. BOX

CITY / TOWN,

PROVINCE,

POSTAL CODE

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME

CELL / OTHER

SOCIAL INSURANCE NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DD/MM/YY

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET / P.O. BOX

CITY / TOWN,

PROVINCE,

POSTAL CODE

TELEPHONE: \_\_\_\_\_

HOME

BUSINESS / CELL

### EDUCATIONAL BACKGROUND

*PLEASE USE THE APPROPRIATE SECTION A AND/OR B*

#### A. HIGH SCHOOL

Last High School Attended: \_\_\_\_\_ Year: \_\_\_\_\_

Graduated:  Yes  No Highest Level Completed: \_\_\_\_\_

If you answered No to the above, please indicate if you obtained any further academic upgrading:

#### B OTHER COLLEGE/ UNIVERSITY ATTENDED:

Program/ Degree	College/University	Year Completed	Graduated (Y/N)
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_____	_____	_____	_____
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_____	_____	_____	_____
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*CONTINUED...*

## EMPLOYMENT BACKGROUND

PLEASE PROVIDE THE FOLLOWING DETAILS FOR YOUR LAST TWO (2) EMPLOYERS

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT
_____	_____	_____
_____	_____	_____

## ENROLLMENT INFORMATION

Please indicate the program in which you are enrolling: \_\_\_\_\_

Preferred starting period for this program would be: *EXAMPLE: SEPTEMBER 2009*

\_\_\_\_\_ IF "OTHER" PLEASE GIVE DETAILS

## FUNDING INFORMATION

Please indicate whether you intend to apply or have made application for any of the following sources of financing:

CANADA STUDENT LOAN       FEDERAL GOVERNMENT SERVICES       OTHER  \_\_\_\_\_

*PLEASE SPECIFY ANY MEDICAL CONDITION(S) WHICH WE SHOULD BE AWARE:*

\_\_\_\_\_ *DO YOU WISH TO IDENTIFY YOURSELF AS A STUDENT WITH A PERMANENT DISABILITY?*

## REGISTRATION

I, THE UNDERSIGNED, UNDERSTAND AND AGREE TO THE NOTED:

I understand that this application does not guarantee acceptance into the College and that I must meet all other entrance requirements prior to acceptance.

I understand that there is a Registration Fee of \$100.<sup>00</sup>, which is non-refundable. If accepted, the registration fee will be applied to my tuition.

I will be required to complete a Student Contract upon Acceptance/ Registration.

Upon Acceptance / Registration, I will provide to the College, a copy of my Grade 12 transcript of marks and/or copy of Grade 12 Diploma or equivalent.

Applicant Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(for applicants under 19 years of age)

In Nova Scotia this agreement is subject to the Private Career College Regulations Act, and the regulations made there under. Refunds of tuition are available in accordance with this Act.

If your reader is not linked to your email program, this form will not submit. If you are unsure of whether this document has submitted, please save to your computer and email as an attachment to: [admissions@islandcareeracademy.ca](mailto:admissions@islandcareeracademy.ca)