



Trafalgar Castle  
School

## Summer School Program Application Form

Once all signatures are completed, please email to [summerschool@trafalgarcastle.ca](mailto:summerschool@trafalgarcastle.ca) along with student transcript. Summer School course payments can be made via interac e-transfer to [finance@trafalgarcastle.ca](mailto:finance@trafalgarcastle.ca).

<b>FILE NUMBER</b>		<b>YEAR</b>
<b>LEGAL SURNAME</b>	<b>LEGAL FIRST NAME</b>	<b>LEGAL MIDDLE NAME</b>
<b>GENDER</b>		<b>DATE OF BIRTH (YYYY/MM/DD)</b>
<b>MALE</b>	<b>FEMALE</b>	
<b>PHONE</b>	<b>STUDENT EMAIL</b>	
<b>STREET NO.</b>	<b>STREET NAME</b>	<b>UNIT NO.</b>
<b>CITY/TOWN</b>	<b>PROVINCE</b>	<b>POSTAL CODE</b>
<b>PARENT/GUARDIAN DETAILS</b>		
<b>PARENT NAME</b>	<b>PARENT EMAIL</b>	<b>PARENT PHONE</b>
<b>SCHOOL INFORMATION</b>		
<b>GRADE</b>	<b>ONTARIO EDUCATION NO.</b>	<b>SCHOOL LANGUAGE</b>
<b>SCHOOL BOARD NAME</b>	<b>SCHOOL NAME (CURRENTLY ATTENDING)</b>	
<b>CITIZENSHIP INFORMATION</b>		
<b>COUNTRY OF BIRTH</b>	<b>PROVINCE OF BIRTH</b>	<b>DATE OF ENTRY TO CA</b>
<b>PROVINCE OF RESIDENCE</b>		<b>CITIZENSHIP STATUS</b>

SUMMER SCHOOL COURSE(S) SELECTED						
NO.	COURSE	COURSE TYPE	LOCATION	SEMESTER	GRADE	DURATION
1						
2						
3						

SIGNATURES		
STUDENT SIGNATURE	STUDENT NAME	DATE
PARENT/GUARDIAN SIGNATURE	PARENT/GUARDIAN NAME	DATE

GUIDANCE COUNSELLOR FROM CURRENT SCHOOL USE ONLY		
CURRENT GUIDANCE SIGNATURE	CURRENT GUIDANCE NAME	DATE
OFFICE USE ONLY		

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