



WESTFIELD SECONDARY SCHOOL

Student Services Information

Custodianship: Required	Not Required	Airport Pick-up: Required	Not Required
Accommodation & Care	All international students are required to live in accommodation arranged by the Academy.		

Parent and Family Information

Father					
Surname Name		First Name			
Date of Birth (mm/dd/yyyy)		Highest Education			
Email Address		Job Title			
Employer					
Cell-phone#		Work phone#			
Mother					
Surname Name		First Name			
Date of Birth (mm/dd/yyyy)		Highest Education			
Email Address		Job Title			
Employer					
Cell-phone#		Work phone#			
Home Country Mailing Address					
Province		Country		Postal Code	
Home Phone#		Emergency Contact		Father	Mother
Email Address to receive information from the Academy					
Accompanying Family Member (to the Academy)		Mother	Father	Other (please specify):	
Emergency Contact Information in Canada					
Surname Name		First Name			
Relationship to the student					
Home Phone#		Cell-phone#			
Work Phone#		Email Address			
Home Address					
Province		Country		Postal Code	



160 Commerce Valley Dr E, Markham, Ontario, Canada L3T 0A9

Tel: 905-707-9119 // 905-707-9998

Fax No.: 905-581-0285

Email: admin@westfieldsecondary.com

Web: westfieldeducation.com



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Medical Information An up-to-date immunization record is required by the Public Health Department and Academy officials. A form outlining immunizations requirements will be sent to all students accepted to the Academy.

Does the student have any medical condition or take any medication?

No Yes, please describe:

Does the student have perceived or documented learning disability, physical handicap, social integration difficulty, behavioural concerns?

No Yes, please describe:

Agency Information (if applicable)

Company		Contract Person	
I, _____, hereby authorize the above named agent to receive personal, school and accommodation information electronically of _____ (name of student) on my behalf.			
Signature of Father		Date	
Signature of Mother		Date	
Signature of Applicant		Date	

Student signature:

Date: _____

Parent/Guardian signature (for students under 18 years old):

Date: _____



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