

Family Information	<u>Mother/First Parent/Guardian</u> Name _____ (family) _____ (given) Nationality(ies) _____ Home Language _____ Employer _____ Position _____ Work (Phone) _____ (Fax) _____ E-mail or other contact _____	<u>Father/Second Parent/Guardian</u> Name _____ (family) _____ (given) Nationality(ies) _____ Home Language _____ Employer _____ Position _____ Work (Phone) _____ (Fax) _____ E-mail or other contact _____
	Family's permanent address _____ Any family members who have attend <i>Canadian International Academy of Business & Technology</i> : ___ Yes ___ No	

Medical Information	Doctor Name: _____ Phone No: _____	
	Is your child on Medical Condition ?	No <input type="checkbox"/> Yes <input type="checkbox"/> please provide a Doctor's Medical Note and explain: _____
	Does your child suffer from a condition that could cause anaphylactic shock ?	No <input type="checkbox"/> Yes <input type="checkbox"/> please provide a Doctor's Medical Note and explain: _____

Emergency Contact (other than parent,	Emergency contact 1 : Name _____ Phone _____
	Emergency contact 2 : Name _____ Phone _____ (it is the parent's/student's (ago over 18) responsibility to ensure that the emergency information is correct)

Procedures for Payment:

Please send your completed application form to: **Canadian International Academy of Business & Technology**
5700 Yonge St. Suite 200 North York, Ontario M2M 4K2
Tel: 416-930-7088 Fax: 416-930-8803
Attn: Elina Tsai

A **non-refundable** application fee of **CAD\$500.00** must be sent with this form. Make drafts payable to **Canadian International Academy of Business & Technology**.

Methods of Payment (check one): Visa Master Card Bank Draft/Money Order Other

If paying by VISA or MASTER CARD, please complete the following:

Card number: _____ Expiry Date: _____
 Name on Card: _____ Signature of Cardholder: _____

Please use the following banking information for fund transferring:

Credit Account of:	Canadian International Academy of Business & Technology		
	TD Canada Trust		
	Golden Square Centre, 1177 Central Parkway West,		
	Mississauga, Ontario, L5C 4P3, Canada		
Canadian Account:	Transit No:	18682-004	U.S. Account:
	Account:	1868-5205428	Transit No:
	Tel No:	905-896-3188	Account:
	Fax No:	905-896-3911	1868-7304668
		Swift Code:	TDOMCATTOR

I authorize the executive of this registration, subscribe to the rules and regulations of the *Canadian International Academy of Business & Technology* and assume full responsibility for all school fees. I verify that the information given is accurate. I give *Canadian International Academy of Business & Technology* the permission to exchange records and other confidential information for my/ (my child's) previous school(s). Failure to provide accurate and complete information may result in cancellation of an application or acceptance.

Student Signature: _____ Date: _____
 (Students under 18 years of age must be signed by parents/Guardian)